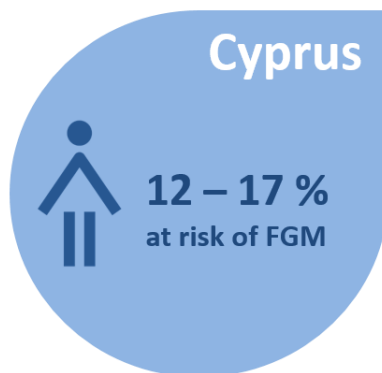


Female genital mutilation

How many girls are at risk in Cyprus?



It is estimated that **12 % to 17 % of girls are at risk** of female genital mutilation in Cyprus, out of a total population of 758 girls aged 0-18 originating from countries where female genital mutilation is practiced.

Girls who are at risk of female genital mutilation in Cyprus originate mostly from Egypt, Sudan, Iraq and Ethiopia.

These findings are from the latest research conducted by the European Institute for Gender Equality on female genital mutilation in the EU (1).

Female genital mutilation is a severe form of gender-based violence, leaving deep physical and psychological scars on the lives of victims around the world. It is a violent form of subordination of women and girls and it stands in gross contradiction to the principles of gender equality.

Female genital mutilation refers to all procedures involving the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons according to the World Health Organisation.

Female genital mutilation in the context of migration

Migration from FGM-practising countries is a recent phenomenon and an increase in the number of unaccompanied children is observed in Cyprus. Exact numbers on the in- and outflows of migrants is unavailable.

Gender-sensitive asylum procedures are in place to the extent that women are interviewed by women, they are offered interviews separately, there is a choice of interpreters and upon medical certificate international protection can be granted on the basis of female genital mutilation. In general, there is no mechanism in place to ensure systematic identification of vulnerable asylum-seekers. Travel restrictions are imposed on persons in the asylum system, discouraging visits to the home country and therefore reducing the risk of female genital mutilation.

About the European Institute for Gender Equality and the Study

The European Institute for Gender Equality (EIGE) is the EU knowledge centre on gender equality. EIGE supports policymakers and all relevant institutions in their efforts to make equality between women and men a reality for all Europeans by providing them with specific expertise and comparable and reliable data on gender equality in Europe.

The study 'Female genital mutilation: estimating girls at risk in the EU' was conducted in 2017. It supports the EU institutions and EU Member States in providing more accurate information on female genital mutilation and its risks among girls in the European Union.

More information on www.eige.europa.eu

¹ The European Institute for Gender Equality, Female genital mutilation: estimating the numbers of girls at risk in the EU, 2018.

How is female genital mutilation tackled in Cyprus

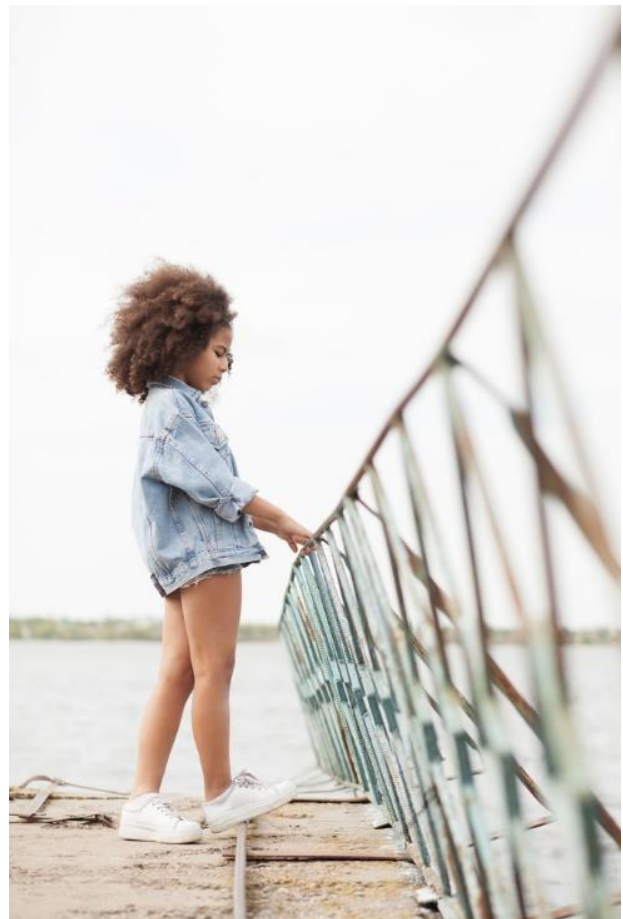
Female genital mutilation is specifically incorporated in the **Criminal Code** since 2003 under Art. 233A, section 1. The practice is punishable with up to five years' imprisonment and the principle of extraterritoriality is applied, making persecution of crimes committed abroad possible.

The **Istanbul Convention** ⁽²⁾ was ratified in July 2017 and legislation is being drafted to bring the national framework on violence against women in line with the Convention.

General **child protection** provisions can be used in cases of female genital mutilation and parents can be held accountable if female genital mutilation is performed on their child.

Professional secrecy provisions apply to cases of female genital mutilation (Commissioner for the Protection of Children's Rights Laws 2007 and 2014). Guidelines on reporting cases of female genital mutilation are not yet in place and specific policies, services and training combating female genital mutilation should be increased.

Asylum can be granted to women and girls who have undergone female genital mutilation or who are in danger under Provision 3(c) of the Refugee Law 2009.



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Community perspectives

To gain in-depth knowledge and understanding about female genital mutilation among diaspora living in Cyprus, focus group discussions were held with women and men originating from Somalia, Ethiopia, Nigeria, Côte d'Ivoire and Gambia.



Feelings against female genital mutilation were strong. The practice was described by the participants as a widespread and standard tradition, particularly in the countryside, but nevertheless an undesirable and objectionable practice that must be stopped.



Female genital mutilation was not seen as based on religion. Expectations around marriage and fear of rejection from the community emerged as the key encouraging factors for parents to allow the cutting of their daughters. However, both of these considerations lose their significance for the African diaspora in Europe, who appear largely to have abandoned the practice.



Key incentives for the African diaspora in Europe when it comes to abandoning female genital mutilation are the loss of sexual pleasure for both women and men, the health complications, FGM-related marital problems, the information campaigns and the laws in Europe prohibiting female genital mutilation. Community pressure to get a girl cut when they return to the country of origin can be a major risk factor, but it was described as 'bearable' if the visit was brief.

² Council of Europe (2011), Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention), Council of Europe Treaty Series – No 210, Istanbul.

Recommendations for Cyprus

✓ **Strengthen prosecution.** For the law to be effective, enforcement is needed, both in Cyprus and abroad. FGM-related prosecutions are rare and monitoring the impact of legislation and court cases will allow for better data collection and knowledge on the practice in Cyprus.

✓ **Adopt systematic gender-sensitive asylum procedures.** Applications on the grounds of FGM should be facilitated by protecting victims at reception structures, gender-sensitive risk assessment upon arrival and onward referral and care.

✓ **Implement a national prevention strategy.** A specific action plan will support prevention. Relevant stakeholders from health, education, migration sectors, civil society organisations and migrant representatives should be involved to address FGM in a multidisciplinary way.

✓ **Create and implement policies with communities.** Involving FGM-affected communities and civil society organisations is critical to implement effective policies that match the needs of the primary beneficiaries. When reaching out to communities it is important to acknowledge their heterogeneity and to adopt targeted strategies to widen the approach.

✓ **Provide multidisciplinary support services.** Member States are called to establish minimum standards on the rights, support and protection of victims of crimes, even when committed abroad, as outlined under the Victims' Rights Directive. Create, increase and promote access to multidisciplinary services offering care and assistance. These could include general practitioners, gynaecologists, midwives, sexologists, psychologists, cultural mediators and interpreters.

✓ **Raise awareness about the law and health consequences.** Targeted and systematic campaigns for women and men, with informative tools accessible in different languages, both offline and online will help discourage the practice.

✓ **Train professionals and educate.** Coordinate technical and gender-sensitive training in a systematic way, ensuring staff working in education, health, social and asylum services are reached. Training should start during the qualification and be included in the curricula of different professions, for example gynaecology and midwifery. Guidelines on the early identification of victims of FGM should provide for safeguarding, reporting and referral.

✓ **Collect information on asylum-seeking girls.** As this data is not available the risk of FGM could not be estimated in Cyprus for this group. Information on FGM-related asylum applications received and granted would further inform policy-making.

✓ **Engage men for change.** Views on the practice are changing more slowly among men. Target awareness raising for men on the health consequences and stigma and create spaces for men to discuss and learn about the practice openly.

✓ **Undertake regular risk estimations with better available data.** Collect disaggregated data on the female migrant population, not only those with a valid residence permit. Provide data on female live births to mothers originating from FGM-practising countries and on total in- and outflows from FGM-practising countries. Make data and metadata on irregular migration available.

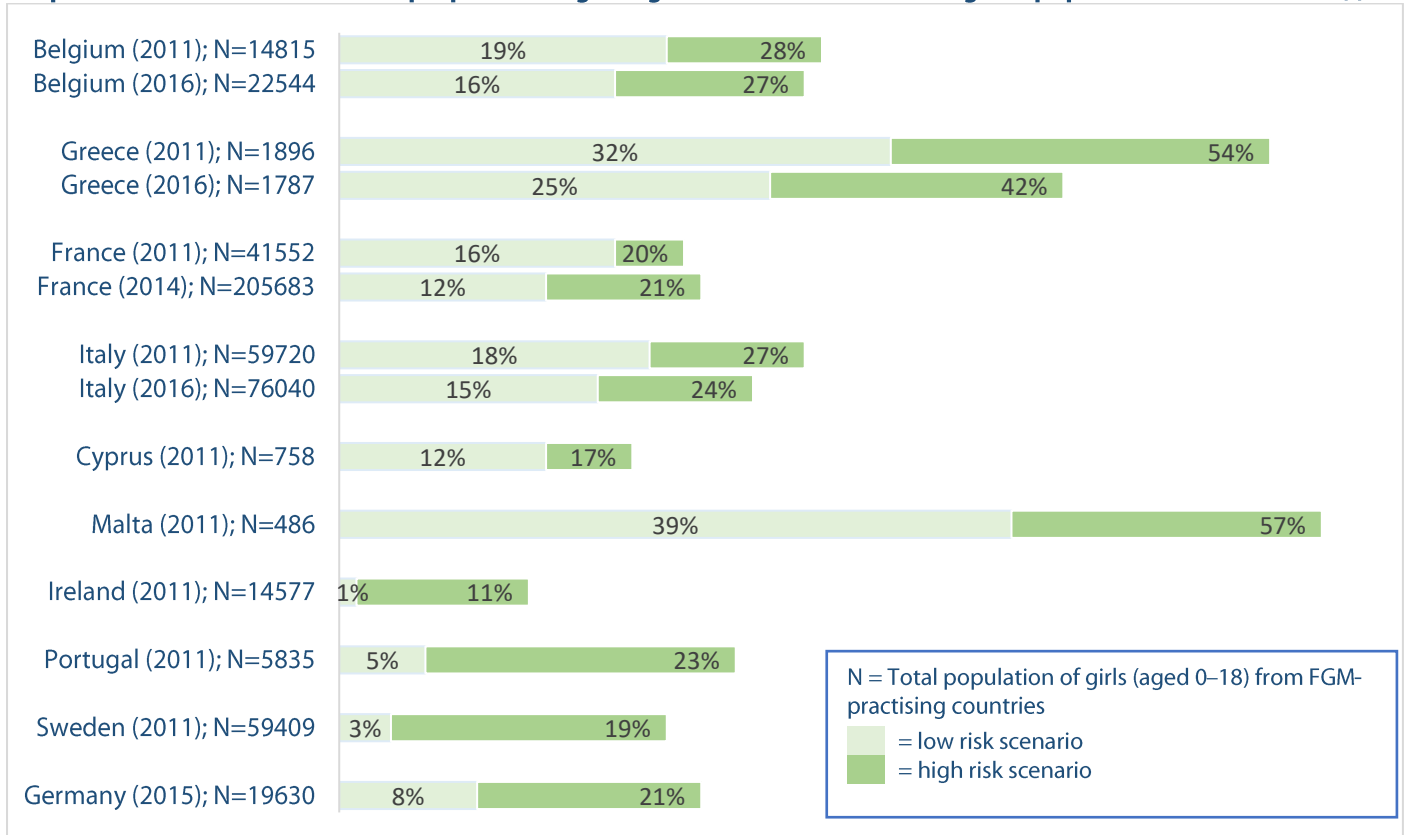
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Female genital mutilation is a concern in the EU

EIGE developed a methodology to estimate the number of girls at risk of FGM in the EU. It has been applied in ten Member States, showing that the phenomenon affects girls living in Europe.

Graphic 2: Estimated number and proportion of girls aged 0-18 in the resident migrant population at risk of FGM ⁽³⁾



EIGE, Female genital mutilation: estimating the numbers of girls at risk in the EU, 2018; EIGE, Estimation of girls at risk of female genital mutilation in the European Union, 2015 and Integra, Eine empirische Studie zu weiblicher Genitalverstümmelung in Deutschland, 2017.

Recommendations for the European Union

✓ **Ratify the Istanbul Convention.** It is a legally binding instrument, dedicated to combating violence against women, including female genital mutilation. The Convention calls for a broad implementation of the extraterritoriality principle, the adoption of gender-sensitive asylum provision and reception procedures and the collection of comparable and disaggregated data on female genital mutilation.

✓ **A gender-sensitive Common European Asylum System (CEAS).** Enhancing gender equality in the European asylum process and taking gender-related aspects into account in any future CEAS legislation will allow for cases of female genital mutilation to be handled carefully and appropriately. EU-wide guidelines on gender-sensitive asylum procedures would allow for harmonised early warning systems and procedures for frontline officials at border agencies, reception centres and health services.

✓ **External actions to prevent female genital mutilation.** Returning to the home country is a serious risk indicator of female genital mutilation for girls in Europe. Targeted external actions can mitigate this risk in the country of origin. The scope of prevention should be broadened to less-known practising communities in the Middle East and Asia, specifically rural areas. Cooperation with all actors involved is key: EU-bodies, United Nations, civil-society organisations and local community actors.

✓ **Incentives through EU integration strategies.** Findings show that successful integration impacts the abandonment of female genital mutilation. EU strategies on the integration of third-country nationals should take into account this dimension and explicitly provide for incentives to tackle the risk of female genital mutilation through integration policies.

³ Comparison is indicative, as different methodologies were used in the three different study sources.