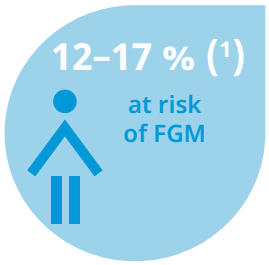
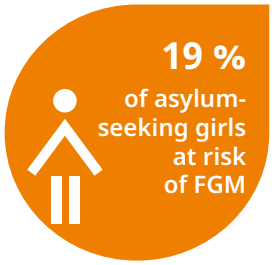
Female genital mutilation
How many girls are at risk in Luxembourg?



Girls at risk

The European Institute for Gender Equality (EIGE) estimates that **12–17 % of girls (102–136 girls aged 0–18) are at risk** of female genital mutilation (FGM) in Luxembourg, out of a total population of 822 girls aged 0–18 in 2019 and originating from countries where FGM is practised. Of these 822 migrant girls, 24 % (201) are second generation.

Girls at risk of FGM in Luxembourg mostly originate from Eritrea. Smaller groups of girls originate from Egypt, Ethiopia, Guinea, Somalia, and Sudan ([2]).



Asylum-seeking and refugee girls

In 2019, there were 121 asylum-seeking girls in Luxembourg (this number is separate from resident migrants). EIGE estimates that **19 % of asylum-seeking girls** aged 0–18 in Luxembourg are at risk of FGM.

FGM is a severe form of gender-based violence, leaving deep physical and psychological scars and affecting 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. It is a violation of women's and girls' human rights.

According to the World Health Organization, FGM 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' ([3]).

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About the study

EIGE has developed a methodology to estimate the number of girls at risk of FGM in the EU and has applied it to a total of 13 Member States. The calculation of FGM risk considers two scenarios. In the high-risk scenario, it is assumed that there is no influence of migration and that girls originating from an FGM-practising country and living in an EU Member State face the same risk as if they had never migrated. In the low-risk scenario, it is assumed that migration and acculturation influence changing attitudes and behaviours regarding FGM ([4]).

The latest study, 'Estimation of girls at risk of female genital mutilation in the European Union – Denmark, Spain, Luxembourg and Austria' was conducted in 2020. It provides the EU institutions and EU Member States with accurate information on FGM and its risks among girls in the EU. This enables the design of targeted policies to eradicate FGM.

([1]) This percentage refers to girls aged 0-18 originating from countries where FGM is practised. Data for Denmark, Luxembourg and Austria is from 2019. Data for Spain is from 2018.

([2]) EIGE, *Estimation of girls at risk of female genital mutilation in the European Union – Denmark, Spain, Luxembourg and Austria*, Publications Office of the European Union, Luxembourg, 2021.

([3]) World Health Organization, factsheet on female genital mutilation, 2020, (http://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation).

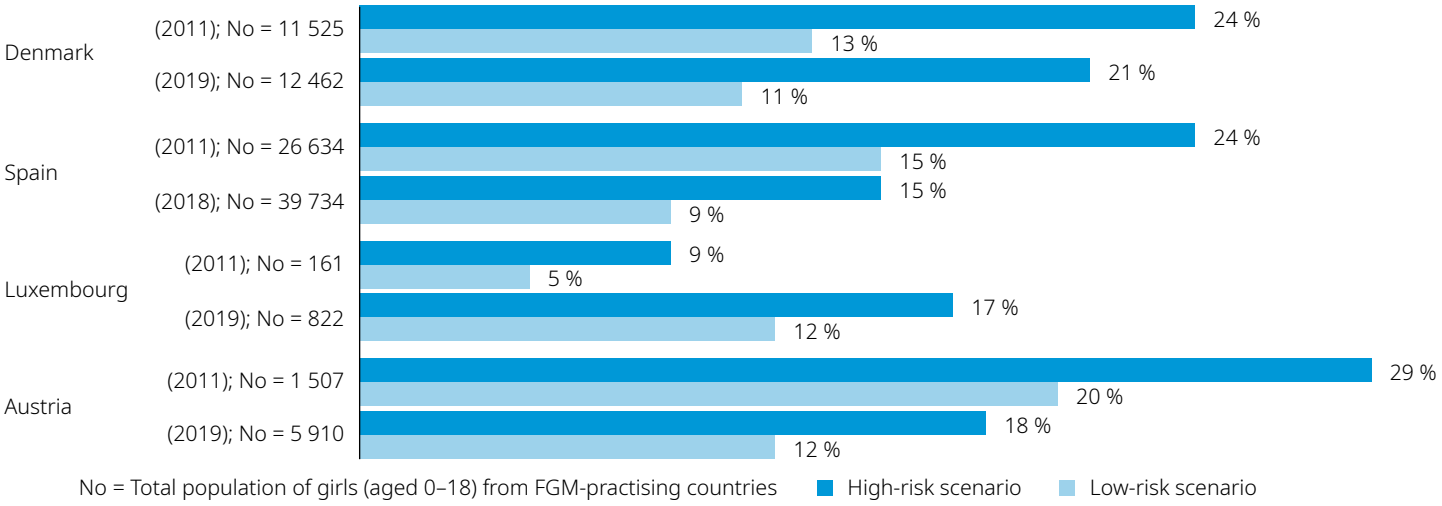
([4]) EIGE, *Estimation of girls at risk of female genital mutilation in the European Union - Denmark, Spain, Luxembourg, and Austria*, Publications Office of the European Union, Luxembourg, 2021.

What are the trends over time?

The absolute number of girls at risk of FGM in Luxembourg has increased due to an increase in the number of migrant girls from FGM-practising countries (from 161 in 2011 to 822 in 2019). The percentage of girls at risk in the high-risk scenario also increased from 9 % in 2011 to 17 % in 2019.

The increase in the share of girls in the high-risk scenario may be attributed to a change in the countries of origin of migrant girls. In 2011, the largest group of girls was from Cameroon, which has an FGM prevalence rate of 0.4 % for girls and women aged 15–19. In 2019, the largest group was girls from Eritrea, which has a much higher prevalence rate of FGM at 69 % of girls and women aged 15–19. See **Figure 1** for an illustration of the changes over time.

Figure 1. Estimated proportion of resident migrant girls (0-18) at risk of FGM in DK, ES, LU, AT



The overall size of the female migrant population from FGM-practising countries differs substantially across the four Member States. FGM is a problem that consequently affects countries to varying extents. The current estimated proportion of girls at risk varies from 15 % in Spain to 21 % in Denmark in the high-risk scenario for this study and from 9 % in Spain to 12 % in both Luxembourg and Austria in the low-risk scenario. There have also been variations in the trends over time. Luxembourg is the only Member State examined in which the estimated percentage of girls at risk has increased since 2011.

Source: EIGE, *Estimation of girls at risk of female genital mutilation in the European Union - Denmark, Spain, Luxembourg, and Austria*, 2021.

Community perspectives

To gain in-depth knowledge and understanding about FGM among the diaspora living in Luxembourg, four focus groups were held with women and men. Most participants were from Eritrea or Guinea-Bissau, and there were also participants from Guinea and Senegal.

Participants agreed that the prevalence and importance of FGM has been gradually decreasing in recent decades. Participants believed that FGM is now performed more in rural and isolated areas rather than in urban areas in their countries of origin, though some said that the practice still exists secretly in the cities. There was some disagreement on the reasons behind the practice, but most participants agreed that FGM is more a cultural than a religious issue. Increasing awareness of the illegality of the practice was cited as a reason for FGM being abandoned.

Some participants expressed feelings of shame for being cut and being unable to experience sexual pleasure, with others stating that no blame should be attached to women whose families had done this to them. Among participants from Guinea-Bissau, some older participants maintained that FGM has positive aspects and refused to admit any related health problems. Some younger participants appeared to disagree, suggesting a clear difference between generations.

Participants from all countries believed that FGM is not performed on girls living in Europe. However, a few participants mentioned that going back to the country of origin may increase the risk of girls being cut while there.

The participants generally agreed that the health system in Luxembourg is very good and accessible, but were not aware of specific services available to women who have undergone FGM and are experiencing related difficulties.

Eritrean women almost all agreed that the mother and the grandmother are key decision-makers when it comes to FGM, although two participants mentioned that it is decided jointly in the family. All participants agreed that even if a father opposed FGM, the women would still proceed if they had decided to do it.

EIGE European Institute for Gender Equality

How does Luxembourg tackle female genital mutilation?

✓ **Specific criminal law provision on FGM**
✓ **FGM-related child protection interventions**
✓ **FGM-specific asylum legal provisions**
✓ **Official process for professionals to report**

LEGAL FRAMEWORK

Criminal law. Luxembourg has explicitly prohibited FGM since 2008. In 2018, a more detailed explanation of the different forms of FGM was added to the Penal Code (The Law of 20 July 2018 implementing the Istanbul Convention introduced Article 409bis into the Penal Code). The same law states that anyone who practises, facilitates or promotes the different forms of FGM, with or without the woman's consent, shall be punished by imprisonment for 3–5 years and receive a fine of EUR 500–10 000. The principle of extraterritoriality is also applicable; therefore, FGM is punishable when committed outside the country. The Ministry of Justice provides information on the number of prosecutions for FGM. This information shows that there have been no prosecutions for FGM committed against girls aged 0–18 in Luxembourg.

Child protection law. The national government, municipalities and organisations providing support to children at the national or municipal government level are obliged to ensure respect for the principles of dignity, value of the human person, non-discrimination and equal rights, in particular with regard to gender, race, physical and mental capacity (the Law of 16 December 2008 on Child and Family Assistance). The law expressly prohibits all forms of physical and sexual violence, inhuman and degrading treatment and FGM.

Asylum law. FGM-specific asylum provisions exist regarding reception conditions, and these provisions explicitly recognise victims of FGM. The Law of 18 December 2015 (Article 15) on International Protection and Temporary Protection states that 'the special reception needs of vulnerable persons such as … persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence, and in particular victims of female genital mutilation' should be taken into account. Subsidiary protection can be granted to women who have been subject to FGM under this law. The evaluation is made on a case-by-case basis and not for reasons of membership to a particular social group.

Official process for professionals to report FGM. Authorities, public officers and other professionals are obliged to report any legitimate suspicion of crime or physical abuse to the law enforcement authorities (Article 23 of the Code of Criminal Proceedings, 2011). Doctors must inform authorities if they find that a patient has been subjected to ill treatment, as well as report any identified crimes against minors (Articles 12 and 59 of the Code of Medical Ethics, 2013). However these are general provisions which are not specific to FGM.

POLICY FRAMEWORK

There is no national action plan to tackle FGM in Luxembourg. The Ministry of Equal Opportunities published its new **national action plan for equality between women and men** in September 2020 which, unlike the previous national action plan (2015–2018) does not mention FGM at all. Moreover, the **national action plan to promote emotional and sexual health** contains only one reference to FGM, in the context of a general prohibition of all forms of physical and sexual violence.

There is a **lack of services available** for women and girls who have undergone FGM. Some initiatives exist in Luxembourg to support the integration of migrant women and to provide them with a safe space, but these do not explicitly focus on FGM.

Prevention efforts against FGM have so far been rather scarce in Luxembourg, limited to several **awareness-raising campaigns** organised by the City of Luxembourg in partnership with civil society organisations. The first campaign was organised in 2011 and it has since been repeated several times around the international day against FGM on 6 February.

The **National Reference Centre for Emotional and Sexual Health** (CESAS) has developed a guide on sex and sexuality for school students in Luxembourg, which touches upon the issue of FGM. The guide is expected to be launched at the end of 2020 and will be presented in schools by trained professionals ([6]).

([6]) 'Let's Talk about Sex!' can be ordered via email: letstalkaboutsex@cesas.lu

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Recommendations for Denmark, Spain, Luxembourg and Austria

• Strengthen professional capacity. There are gaps in the proficiency and sensitivity of public services offered to women and girls who have undergone – or are at risk of – FGM, including in the healthcare, education, law enforcement, child protection, asylum and migration sectors. Specialised training for staff in these sectors can give them the knowledge they need to provide an effective service. Training should be tailored to each professional field and should be provided by relevant ministries and agencies responsible for establishing professional training and workplace standards and guidance.

• Align the implementation of asylum provisions with the Office of the United Nations High Commissioner for Refugees guidance note on FGM ([7]). Asylum claims should recognise FGM as a form of gender-based persecution and an act of violence against women, as per international conventions. Women and girls who have undergone FGM should be considered refugees and the asylum procedure strengthened through additional guidance or law changes.

• Engage men. FGM is a taboo topic within affected communities and is often considered 'women's business'. However, men are often considered the key decision-makers about FGM, so awareness campaigns should aim to improve their knowledge of the harm caused by FGM, as well as the legislative consequences. Support should be provided for community members raising awareness on FGM to develop platforms of dialogue within their communities.

• Strengthen local initiatives on FGM within municipalities. Affected communities and civil society organisations should be involved in developing and implementing local initiatives to ensure effective messaging and outreach on the harmful effects of FGM. In order for local initiatives to be relevant and well targeted, with specific cultural factors taken into consideration, it is important to identify communities where FGM is prevalent. This should be based on available data on migrant populations. Community-based organisations and individuals should be recognised for their awareness-raising work and initiatives should receive adequate long-term funding.

• Implement a national registration system to record cases of FGM. In Spain, Luxembourg and Austria there is no national registration system to record cases of FGM, while in Denmark the registry exists but is not systematically used. There should be a mandatory requirement for all healthcare professionals to register cases of FGM using the diagnosis code consistently and anonymously. Healthcare professionals should be trained on this mandatory recording requirement.

Recommendations for Luxembourg

• Improve implementation of Luxembourg's existing law criminalising FGM. The Ministry of Justice must properly implement the existing law criminalising FGM. This must include education campaigns and the dissemination of information to affected communities on the law including its extraterritorial applicability.

• Improve support provided during the asylum procedure to victims of FGM and monitor reasons for requesting and granting asylum. Asylum seekers and refugees should be clearly informed of the law and reception conditions should adequately address the needs of FGM victims and women and girls at risk. This should include rehabilitation services for psychological and medical support, as well as access to appropriate accommodation. Data should be collected on the reasons given by asylum seekers for seeking asylum and the basis on which international protection has been granted.

• Develop a national action plan on FGM with accompanying budget. The government should create a working group with relevant ministries, professional networks, civil society and community-based organisations to establish what measures are needed to better tackle FGM. A national action plan on FGM should be put together based on their findings, outlining what human and financial resources are needed to implement the required measures. A multi-stakeholder platform including professional networks, civil society and community-based organisations should be put in place to coordinate implementation. A single ministry, such as the Ministry of Equality between Women and Men, should oversee the action plan, which should run for multiple years.

• Strengthen existing services for migrant women and victims of gender-based violence and expand those services to victims of FGM in Luxembourg. Existing social and healthcare services for migrant women and victims of gender-based violence should be mapped by the Ministry of Health, and gaps in services for victims of FGM assessed. Services should work as a network, with referral systems between different services established and with the Ministry of Health responsible for ensuring its implementation.

• Organise awareness-raising campaigns targeting recent migrant communities. Efforts to engage with migrant communities should be increased. This requires community members to be involved in the design and delivery of campaigns to ensure appropriate language and methods are used to raise awareness. Campaigns should target recent migrant communities, such as the Eritrean and Iraqi communities.

([7]) Office of the United Nations High Commissioner for Refugees, *Guidance Note on Refugee Claims relating to Female Genital Mutilation*, 2009 (https://www.refworld.org/docid/4a0c28492.html).

European Institute for Gender Equality

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.

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