

Understanding FGM risk in the EU: From estimates to effective prevention

Executive summary

Female genital mutilation (FGM) remains a significant concern in the European Union, affecting hundreds of thousands of women and girls and posing risks for some migrant and diaspora communities. Existing risk estimates provide an important evidence base for prevention and policy planning, but they cannot fully capture the social, cultural, institutional and migration-related factors that influence risk after migration to the EU.

FGM risk is dynamic and context-dependent. It is shaped by interacting factors operating at the individual, family, community, institutional and structural levels. Migration, education, changing social norms, legal frameworks and access to services can reduce risk, while social pressure, family expectations, discrimination, marginalisation and transnational influences may reinforce it. Risk may therefore increase or decrease over time depending on individual circumstances, family dynamics and the wider social environment.

FGM risk is not the same as FGM prevalence or actual occurrence. Risk estimates identify populations potentially exposed to FGM-related pressures, but they do not mean that FGM will occur. Country-of-origin prevalence remains an important starting point for risk estimation, but it cannot fully capture the family, social and institutional conditions that shape risk after migration. Quantitative estimates therefore need to be interpreted alongside qualitative and contextual evidence.

Risk changes across generations. Legal protection, education, peer networks and access to trusted services can strengthen the capacity of individuals and families to resist pressure and support the abandonment of FGM. At the same time, family expectations, social norms and transnational ties may continue to influence decisions, demonstrating that risk cannot be understood through a single factor or characteristic.

These findings have important implications for prevention and policy development. Effective responses require coordinated action across sectors and levels of society. Legal frameworks play a critical role, but they are most effective when combined with culturally competent services, community dialogue, professional capacity building and support for individuals and families seeking to resist FGM-related pressure. Interpreting risk estimates in light of contextual evidence can help policymakers target prevention efforts more effectively while avoiding stigmatisation or the assumption that risk is fixed.

This brief translates recent evidence ⁽¹⁾ on FGM-related risk in migration and diaspora contexts into practical messages for policy, prevention and the interpretation of risk estimates. It is intended for EU and national policymakers, equality bodies, statistical authorities, professionals working in child protection, asylum, health and education, and civil society organisations involved in preventing FGM and supporting affected women and girls. The findings also contribute to ongoing discussions on future approaches to estimating girls at risk of FGM in the EU.

⁽¹⁾ The findings draw on a structured review of academic and policy literature, complemented by practitioner insights (key informant interviews). The structured literature review covered eight academic databases, screened 502 records (170 after deduplication) and included 50 peer-reviewed studies published in the last 10 years, alongside 32 policy-relevant grey literature sources, guided by a socioecological framework to analyse risk, protective factors and structural drivers.

Understanding FGM risk

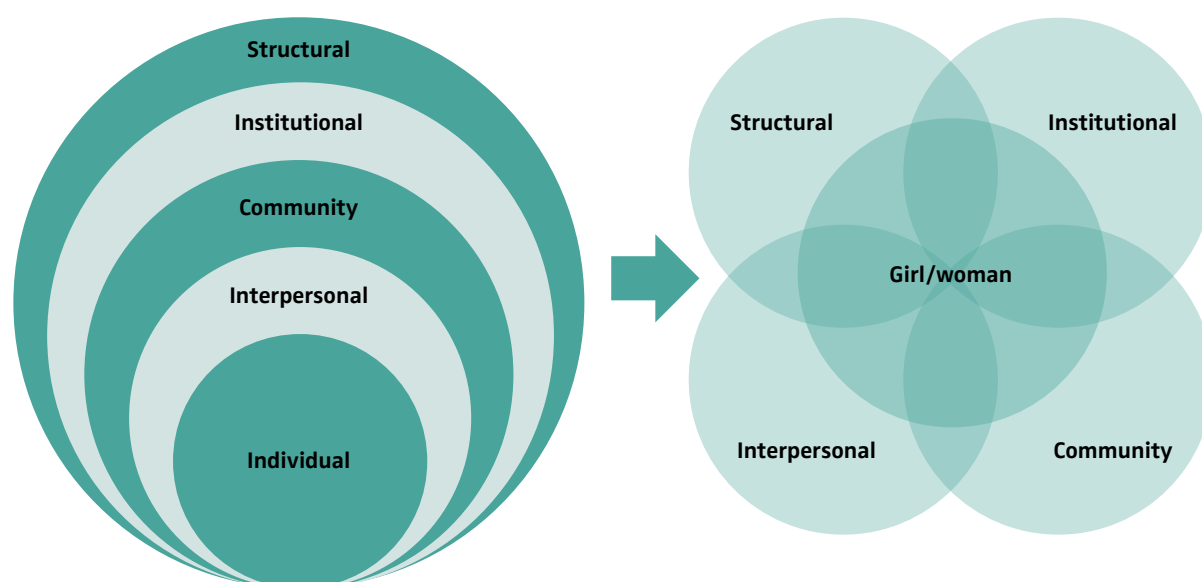
Female genital mutilation (FGM) is a form of gender-based violence and a violation of the human rights of women and girls, encompassing procedures that involve the partial or total removal of the external female genitalia, or other injury to the female genital organs, for non-medical reasons ⁽²⁾. More than 600 000 women and girls are estimated to be living with the consequences of FGM in Europe, while around 190 000 girls may be at risk in 17 EU Member States for which risk estimation studies were available ⁽³⁾. Comparable estimates do not currently exist across all Member States.

The European Union has strengthened its commitment to preventing and combating FGM through a range of legislative and policy measures, including the Istanbul Convention, the gender equality strategy 2026–2030 and Directive (EU) 2024/1385 on combating violence against women and domestic violence ⁽⁴⁾. The directive requires that Member States criminalise FGM, strengthen prevention and protection measures, and collect administrative data while entrusting EIGE with seeing to the collection of comparable administrative data and the development of common standards. In this context, strengthening the evidence base on girls at risk of FGM remains an important policy priority.

Building on EIGE's work on estimating girls at risk of FGM in the EU ⁽⁵⁾, growing attention is being paid to the contextual factors that shape how risk is experienced in migration and diaspora settings. Existing estimates largely rely on data from countries of origin and cannot fully capture how migration, family dynamics, social norms, institutional responses and broader social conditions shape risk after arrival in the EU.

At the same time, FGM-related risk in migration and diaspora settings is shaped by interacting factors operating at the individual, interpersonal, community, institutional and structural levels. A socioecological perspective helps explain how these factors reinforce or counteract one another, how risk changes across contexts and generations, and why similar groups may experience different levels of exposure depending on the social and institutional environments in which they live. Its added value lies in showing how these factors interact over time and what this means for interpreting risk estimates and designing proportionate prevention responses.

Figure 1 | Child-centred socioecological model from the Multi-Country Study on Drivers of Violence against Children (Maternowska et al., 2018)



⁽²⁾ World Health Organization (WHO), 2025.

⁽³⁾ End FGM European Network, 2024.

⁽⁴⁾ Directive (EU) 2024/1385 of the European Parliament and of the Council of 14 May 2024 on combating violence against women and domestic violence (OJ L, 2024/1385, 24.5.2024, ELI: <http://data.europa.eu/eli/dir/2024/1385/oj>).

⁽⁵⁾ See EIGE's work on the estimation of FGM risk for women and girls across the EU: EIGE, 'Female genital mutilation', EIGE website, https://eige.europa.eu/gender-based-violence/female-genital-mutilation?language_content_entity=en.

Understanding these interactions is important for both prevention and risk estimation. Country-of-origin prevalence remains an important starting point, but quantitative estimates alone cannot fully reflect how risk evolves over time or how protective factors may support abandonment of FGM. Interpreting estimates alongside qualitative and contextual evidence can support more targeted, proportionate and non-stigmatising policy responses.

Table 1 | Domains of the socioecological model

	Individual: age, education, beliefs, awareness, personal agency and integration.
	Interpersonal: family dynamics, caregiving arrangements, peer pressure and decision-making processes.
	Community: social and gender norms, stigma, honour, diaspora dynamics, community expectations or enforcement of expected behaviour.
	Institutional: laws, policies, child protection systems, health and education services, and migration and asylum processes.
	Structural: broader social, economic, political and humanitarian drivers including conflict, poverty and gender inequality.

Key risk and protective factors by domain

Individual domain	Attitudes towards FGM often change through education, migration experiences and exposure to wider social networks. Awareness of the health consequences of FGM, motherhood, economic independence and social integration can strengthen resistance to the practice ⁽⁶⁾ . However, rejecting FGM personally does not always lead to abandonment because social pressure remains a powerful force. Younger generations are generally less supportive of FGM, but abandonment is not automatic ⁽⁷⁾ . Personal opposition may coexist with strong social pressure, while digital spaces can both challenge and reinforce FGM-related norms ⁽⁸⁾ .
Interpersonal domain	FGM decisions are rarely made by a single individual. Family dynamics, intergenerational authority, peer influence and transnational ties shape whether girls are exposed to pressure or protected from it ⁽⁹⁾ . Older female relatives often play an influential role, while men's attitudes and involvement can be decisive ⁽¹⁰⁾ . Risk may increase during key life stages, such as adolescence, marriage negotiations or travel to countries of origin, when family and community expectations become more salient ⁽¹¹⁾ .

⁽⁶⁾ Barrett et al., 2020; Habte et al., 2023; Agboli et al., 2020b; Pastor-Bravo et al., 2022; Diabate et al., 2019; Vogt et al., 2017.

⁽⁷⁾ FORWARD et al., 2023; Gele et al., 2015; Wahlberg et al., 2017a.

⁽⁸⁾ O'Neill et al., 2016; Norman et al., 2016; UN General Assembly, 2024.

⁽⁹⁾ Agboli et al., 2020a; 2020b; Ali et al., 2020; Pastor-Bravo et al., 2022.

⁽¹⁰⁾ Alhassan et al., 2016; Axelsson et al., 2020; O'Neill et al., 2016.

⁽¹¹⁾ Eshraghi et al., 2024; UN General Assembly, 2024; Building Bridges to End FGM, 2020.

Community domain	Community norms surrounding honour, sexuality, marriageability and belonging remain central drivers of FGM ⁽¹²⁾ . In diaspora settings, however, these norms are neither uniform nor static. Attitudes often vary across generations and social groups, and change can be accelerated through peer networks, community dialogue and public opposition from trusted leaders ⁽¹³⁾ . At the same time, stigma, discrimination and distrust of institutions may reinforce community isolation and slow norm change ⁽¹⁴⁾ .
Institutional domain	Laws, safeguarding systems, healthcare services and education can play a protective role by strengthening awareness, accountability and access to support ⁽¹⁵⁾ . Their effectiveness depends on professional capacity, trust and culturally sensitive implementation ⁽¹⁶⁾ . While legal frameworks can deter FGM and support families resisting pressure, overly punitive approaches may discourage help-seeking, increase distrust or shift practices into less visible settings ⁽¹⁷⁾ .
Structural domain	Broader social, economic and political conditions shape FGM risk indirectly by influencing migration experiences, integration opportunities and access to resources ⁽¹⁸⁾ . Secure legal status, education, employment and social inclusion can reduce dependence on social networks that sustain FGM-related pressure ⁽¹⁹⁾ . Conversely, poverty, discrimination, exclusion and anti-migrant rhetoric may increase vulnerability by reinforcing isolation and limiting access to support systems ⁽²⁰⁾ .

Evolution of risk and protective factors across generations

Newly arrived families may face stronger transnational family pressure, legal insecurity, economic dependence and limited access to trusted services. These conditions can reduce families' capacity to resist pressure, even where individuals personally oppose FGM.

Among second-generation populations, schooling, legal awareness, peer networks and institutional engagement can increase autonomy and support abandonment. However, risk does not automatically disappear. Family expectations, conservative norms, travel to countries of origin and social pressure can continue to shape decisions. This means that generational status should not be treated as a simple proxy for lower risk. It is better understood as one factor that changes how risk and protective conditions operate.

The figure below illustrates how risk factors interact in practice and over time. FGM-related risk can be understood through two dimensions (UNICEF et al., 2021), represented on the chart by the vertical and horizontal axes. The first is social pressure – how strongly people feel that their community expects them to comply with FGM and may punish refusal. The second is autonomy – freedom to decide and the ability to act on a preference to abandon FGM despite that pressure.

Where normative pressure is strong and autonomy is limited, conformity is more likely. Where autonomy increases and pressure weakens, abandonment of FGM becomes more feasible. Factors are positioned on the chart based on their influence on social pressure and freedom to decide. Bubble colours show to which domain each factor belongs.

⁽¹²⁾ Johansen et al., 2021; Wahlberg et al., 2019; Berthe-Kone et al., 2021.

⁽¹³⁾ Barrett et al., 2020; Wahlberg et al., 2017b; EIGE, 2021.

⁽¹⁴⁾ Baillot et al., 2018; Gangoli et al., 2018; Linde et al., 2024.

⁽¹⁵⁾ Gele et al., 2015; Pastor-Bravo et al., 2020; Baillot et al., 2018; EIGE, 2021.

⁽¹⁶⁾ Connelly et al., 2017; Correa-Ventura et al., 2023; Eshraghi et al., 2024.

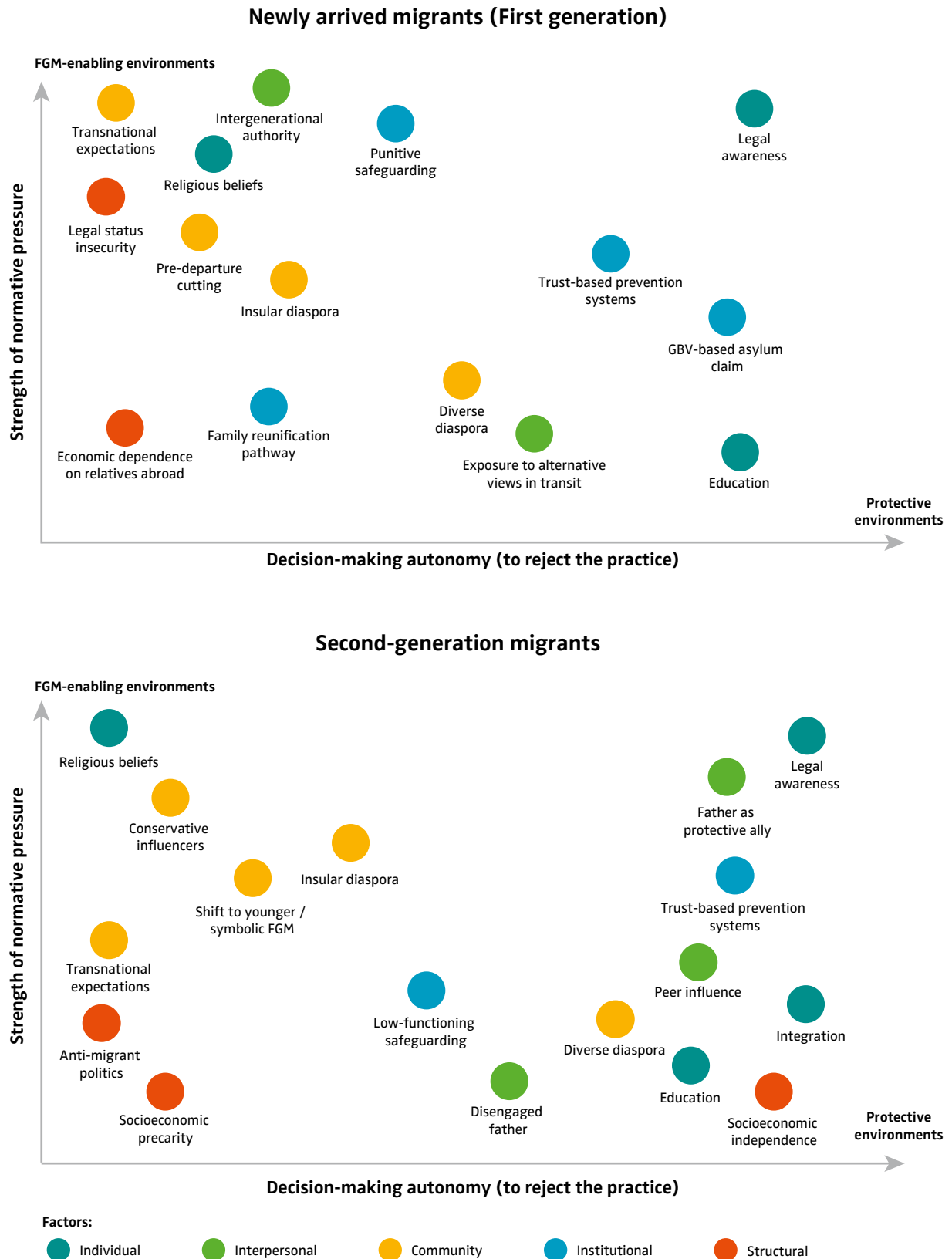
⁽¹⁷⁾ Carver et al., 2022; Karlsen et al., 2020; Médicos del Mundo Castilla-La Mancha, 2018.

⁽¹⁸⁾ Johansen et al., 2021; Salmon et al., 2020; key informant interviews with EIGE experts.

⁽¹⁹⁾ Diabate et al., 2019; Vogt et al., 2017.

⁽²⁰⁾ Key informant interviews with EIGE experts; Johansen et al., 2021.

Figure 2 | Evolution of risk environments in first- and second-generation migrants



NB: This model is illustrative. It synthesises patterns identified in the literature and expert interviews and is intended to support conceptual understanding – not to predict individual behaviour or quantify risk. The positioning of factors on the chart reflects analytical judgement rather than formal weighting or empirical measurement and should not be read as a precise or definitive mapping. ‘GBV’: gender-based violence.

How risk evolves through interacting factors

FGM risk is shaped not only by individual factors, but by the way risk and protective factors interact. These interactions help explain why risk may vary across contexts, generations and migration experiences, and why similar risk factors can lead to different outcomes (see Table 2 on four common patterns through which risk and protective factors may interact).

Table 2 | Typology of interactions between factors

Interaction	What happens	Illustrative examples
Compounding	When multiple risk factors reinforce each other, they create greater exposure than any single factor alone.	Legal insecurity, economic dependence and family pressure can combine to create greater risk than any one factor would on its own.
Displacing	When an intervention lowers visible risk in one setting, risk shifts rather than disappearing.	Strong enforcement may reduce visible cases while increasing transnational or hidden forms of FGM.
Buffering	Protective factors weaken the influence of risk factors.	Trusted services, peer support and legal awareness help families resist pressure.
Transformative	When protective factors align across multiple levels, they transform the underlying conditions that sustain FGM.	Community norm change, supportive institutions and family dialogue reinforce abandonment.

Together, these interaction patterns demonstrate why FGM risk cannot be understood through isolated factors or demographic characteristics alone. They highlight the importance of considering context when designing prevention measures and interpreting risk estimates.

Implications for risk estimation

Risk estimates are essential for policy planning, but they should not be read as direct predictions of FGM occurrence. Country-of-origin prevalence can indicate baseline exposure to FGM-supporting norms, but it cannot show how risk is reshaped by migration pathways, legal status, integration, family dynamics, community norms or trust in services. This has three implications.

First, context cannot be captured by numbers alone, and they should clearly distinguish between **potential exposure** and **actual occurrence**. The structural and social drivers of FGM should not be translated directly into quantitative proxies. Factors such as social norms, institutional trust and family dynamics shape risk in ways that data from countries of origin cannot reflect.

Second, quantitative estimates should be accompanied by **qualitative and contextual information** from Member States, including evidence on community dynamics, institutional capacity and prevention systems.

Finally, numbers need context to be **meaningful**. Estimates should be communicated carefully to avoid stigmatising communities or triggering disproportionate safeguarding responses.

Policy and practice recommendations

For EU institutions and agencies

Support implementation of EU and international commitments on FGM. Support Member States in implementing obligations under the Istanbul Convention and Directive (EU) 2024/1385 on violence against women and domestic violence, including prevention, protection, professional training, data collection and access to specialist support services. Facilitate the exchange of promising practices and strengthen the evidence base for policy development.

Promote integrated prevention frameworks. Encourage coordination across health, education, child protection, asylum and social services. The evidence reviewed suggests that risk is shaped by factors operating at multiple levels and is most effectively addressed through coordinated, multi-sectoral responses.

Promote more context-sensitive approaches to risk estimation. Risk estimates remain essential for planning and resource allocation, but they should be interpreted alongside qualitative and contextual evidence on migration experiences, social norms, institutional trust and access to services. Such evidence can help avoid overestimating or underestimating actual exposure.

Strengthen the evidence base on protective factors and pathways to abandonment. Existing research and monitoring systems focus primarily on risk. Greater attention should be given to understanding the factors that enable individuals, families and communities to resist pressure and support abandonment of FGM, including the role of education, social inclusion, trusted services and community-led change.

For Member States

Strengthen implementation of legal and policy obligations on FGM. Continue strengthening measures required under the Istanbul Convention and the EU directive on violence against women and domestic violence, including prevention, protection, professional training, data collection and access to specialised support services for affected women and girls.

Combine safeguarding with trust building. Legal frameworks and child protection measures are essential, but their effectiveness depends on trust, accessibility and culturally sensitive implementation. Prevention strategies should avoid approaches that inadvertently discourage help-seeking or increase stigma.

Prioritise key moments of vulnerability. Prevention efforts should focus on periods when social pressure may intensify, including adolescence, marriage negotiations, newly arrived migration contexts and travel to countries of origin.

Strengthen professional capacity across frontline services. Health, education, social care, asylum and child protection professionals should receive practical guidance on recognising risk, responding appropriately, supporting affected women and girls and making referrals to relevant services.

For practitioners and community organisations

Support community-led norm change. Sustainable abandonment is most likely when change occurs across families, communities and institutions simultaneously. Supporting dialogue across generations and working with trusted community and faith leaders can help reduce social pressure and strengthen protective environments.

Engage men and boys as part of prevention efforts. Men's attitudes may play a more important role than is often recognised. Creating opportunities for men and boys to openly oppose FGM can help challenge assumptions that support its continuation.

For researchers and data producers

Move beyond static understandings of risk. Future research and monitoring should examine how risk and protective factors interact across different contexts, migration trajectories and generations. This can improve both policy responses and the interpretation of risk estimates.

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This policy brief was commissioned by the European Institute for Gender Equality (EIGE) and carried out by Tsunagu B.V. It presents selected findings from EIGE's ongoing work on contextual factors influencing FGM risk. A forthcoming report will provide a more detailed assessment of the evidence and examine how these findings can inform future refinements to EIGE's methodology for estimating girls at risk of FGM.

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