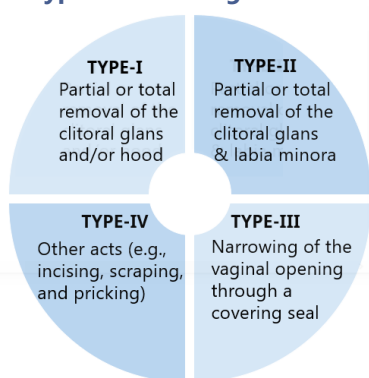


## Prevalence and health impacts of FGM

**Female genital mutilation (FGM)** is a severe form of gender-based violence, that violates the human rights of women and girls. The practice entails “all 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.”<sup>(1)</sup>

There are four types of FGM, presented below.<sup>(2)</sup>

**Figure 1: Types of female genital mutilation**



Globally, **over 200 million women and girls** in 31 countries have been subjected to FGM.<sup>(3)</sup> FGM is typically practiced on young girls under the age of 18.

FGM is neither a religious nor health requirement. Rather, it is often a social norm performed to uphold cultural attitudes relating to sexuality, and marriageability.

All forms of FGM are harmful and can adversely affect the physical and psychological well-being of women and girls.<sup>(4)</sup>

**Figure 2: Impacts of FGM on women and girls**

**Physical impacts:** Excessive pain, infections, childbirth complications, and other severe immediate and long-term consequences that can result in death.

**Psychological impacts:** Issues related to mental health, such as depression, anxiety, and post-traumatic stress disorder (PTSD).

## Laws and policies combating FGM

### Legislative frameworks

FGM is **criminalised in all 27 EU Member States**. The practice is criminalised at the national level through specific and general provisions in the penal codes of EU countries. Member States can prosecute FGM abroad, based on the **principle of extra-territoriality**, which prevents families from taking girls abroad to undergo the practice.

At the EU level, the **Victims' Rights Directive** (2012/29/EU) recognises FGM as a form of gender-based violence and obliges Member States to ensure that victims have access to free specialist support services, counselling, and shelters in emergency scenarios.

Member States that have ratified the Council of Europe Convention on preventing and combating violence against women and domestic violence (**Istanbul Convention**), are also obliged to ensure that FGM is criminalised (Article 38).

Moreover, the **Convention on the Elimination of All Forms of Discrimination against Women** (CEDAW) and the **Convention on the Rights of the Child** also oblige States to take steps to prevent and eliminate FGM.

### Policy frameworks

In 2020, the European Commission adopted **the EU Strategy on Victims' Rights** (2020–2025). While the Strategy does not explicitly refer to FGM, it aims to ensure that victims of all crimes, including gender-based violence, always have access to support and protection.

This includes measures to improve reporting systems, support provisions, and cooperation between relevant actors and institutions.

Combating FGM is also tackled in several other EU-level **action plans, strategies and communications** including the:

- Gender Action Plan III (2021–2025)
- Action on Human Rights and Democracy (2020–2024)
- Strategy on the Rights of the Child (2021)
- Communication Towards the Elimination of FGM (2013)

The continued **commitment of policymakers** at the EU and national levels is needed to effectively combat FGM and work towards the elimination of the practice.

<sup>1</sup> World Health Organization (2022) *Female Genital Mutilation*. Available at: <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

<sup>2</sup> Ibid.

<sup>3</sup> UNICEF (2022) *Female Genital Mutilation (FGM)*. Available at: <https://data.unicef.org/topic/child-protection/female-genital-mutilation/>

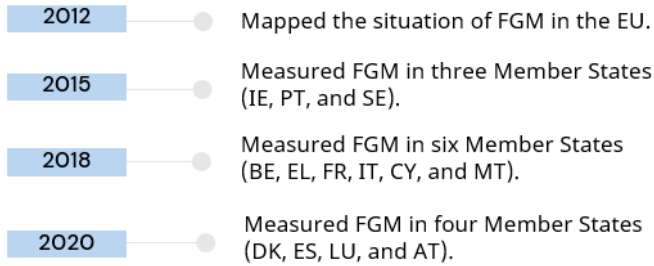
<sup>4</sup> World Health Organization (2022) *Female Genital Mutilation*. Available at: <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

## EIGE's research on FGM in the EU

Since 2012, EIGE has monitored FGM in the EU, identified good practices to tackle it and developed a methodology to estimate the number and proportion of girls at risk.

The figure below provides an overview of EIGE's efforts to collect data on FGM in the EU.

**Figure 3: Overview of EIGE's studies on FGM**



Source: EIGE (2021)

EIGE's methodology estimates the number and proportion of first and second-generation migrant girls at risk of FGM, as well as the risks for asylum-seeking and refugee girls.

## EIGE's methodology: Quantitative

The **quantitative component** of EIGE's methodology entails the collection of data relating to both countries of origin where FGM is commonly practiced, and to EU Member States as countries of destination.

### Data on countries of origin

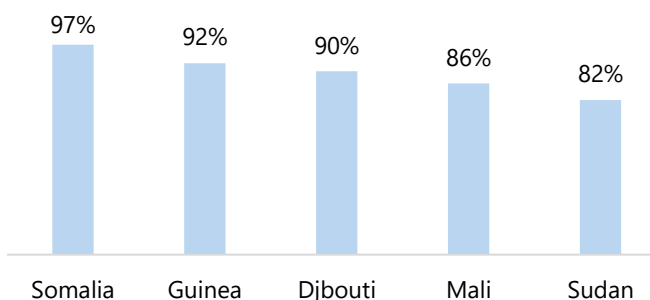
For countries where FGM is commonly practiced, EIGE collects data on:

- The national and/or regional FGM prevalence rates for women and girls.
- The national median age of typical FGM occurrence for women and girls.

EIGE's 2020 study found that the countries with the highest FGM prevalence rates internationally are Somalia, Guinea, Djibouti, Mali, and Sudan.

EIGE's study also found that the median age of FGM in these five countries of origin ranges between 6-10 years.

**Figure 4: Countries of origin with highest FGM prevalence rates (2020)**



Source: EIGE (2021).

**First-generation migrant girls** are defined in EIGE's studies as girls born in an FGM-practising country to parents who were also born in those countries, and who have established residence in an EU Member State.

**Second-generation migrants girls** are defined in EIGE's studies as girls *not* born in an FGM-practising country that have at least one parent born in an FGM-practising country and have established residence in an EU Member State.

When estimating the number of girls at risk of FGM for both first and second-generation migrants, EIGE's methodology also presents two scenarios:

**High-risk scenario:** This scenario assumes that migration and acculturation have no effect on FGM prevalence for both first and second-generation migrants.

**Low-risk scenario:** This scenario assumes that migration and acculturation have influenced FGM prevalence among first-generation migrants and that FGM risk remains among second-generation migrants, albeit at a lower level.

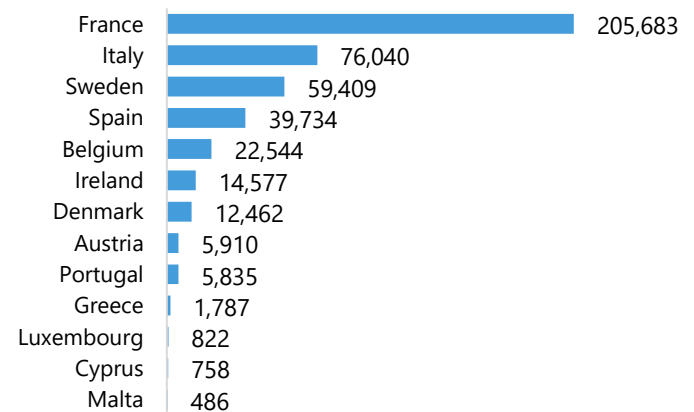
### Data on countries of destination

For countries of destination (EU Member States), EIGE collects data on:

- The female migrant population aged 0-18.
- The population of female asylum-seekers, refugees and irregular migrants aged 0-18.
- Female live births to mothers from FGM-practising countries.

Of the 13 countries surveyed in EIGE's studies, the largest population of migrant girls from FGM-practising countries resided in France, Italy, Sweden, Spain, and Belgium.

**Figure 5: Member States with the largest female migrant population from FGM-practising countries (2011-2019)**



Source: EIGE (2021). The data presented in Figure 5 is from the following years: CY, IE, MT, PT and SE (2011); FR (2014); BE, EL, IT (2016); ES (2018); and AT, DK, and LU (2019).

## EIGE's methodology: Qualitative

The **qualitative component of EIGE's methodology** includes consultations with national stakeholders, and focus groups with first-and second-generation women and men from FGM-practicing countries.

Findings from the focus groups are essential for understanding the drivers of FGM in the EU. In the 13 countries included in EIGE's studies, focus group participants shared their thoughts on the following topics:

**Identity and attitudes towards FGM:** Most focus group participants (and especially younger participants) had a negative perception of FGM. Participants stressed that FGM is traditionally linked to the marriageability of women and girls. However, most participants shared that FGM is often not a condition for marriage in EU host-countries.

**Perceptions of the risk of FGM in host countries:** Most participants believed that FGM is not regularly practiced in Europe, particularly amongst second and third-generation migrants. However, participants noted that the risk of FGM heightens when girls aged 0-18 return to their countries of origin.

**Knowledge of FGM legislation and services among migrant communities:** Most participants were aware that FGM is criminalised in the EU. However, they had less awareness of the legal status of FGM in their countries of origin. Women who had undergone FGM were mostly unaware of specific medical services related to FGM, such as reconstructive surgeries. They expressed facing discrimination in the health sector and feeling judged and shamed by medical staff in EU countries.

**Factors encouraging FGM:** According to most participants, tradition was the main factor encouraging families to practice FGM. Social pressure from families in countries of origin can also contribute to the continuation of the practice. Participants also stated that the medicalisation of FGM can perpetuate the practice, due to the misconception that FGM performed by medical professionals would be safe for women and girls.

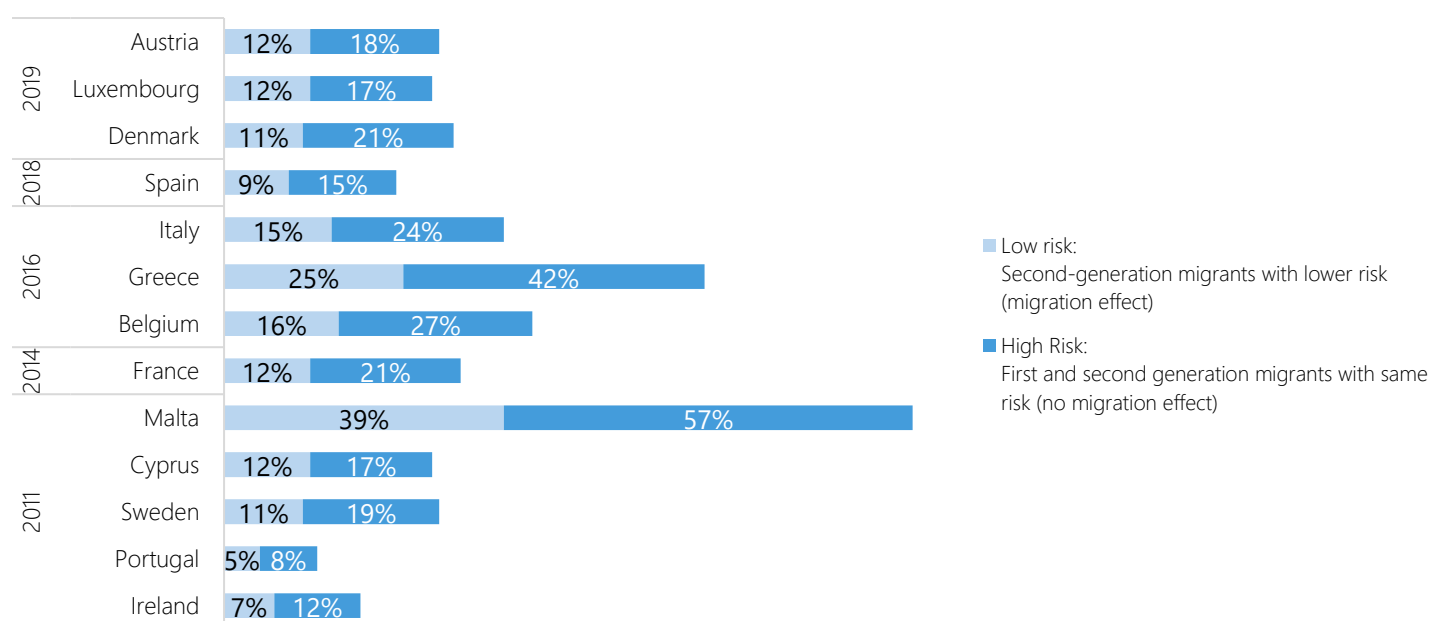
**Key actors in decision making:** All participants agreed that women (mothers and grand-mothers) are key decision-makers in the continuation of FGM. However, participants also argued that men from affected communities can play an important role in awareness-raising and prevention.

## Estimated number and proportion of girls at risk of FGM

Based on the findings of the quantitative and qualitative research activities, EIGE has estimated the number and proportion of girls at risk of female genital mutilation in 13 EU Member States.

In these 13 countries, the estimated number of girls at risk of FGM ranged from **53,878 girls in a low-risk scenario, and 93,042 girls in a high-risk scenario** between 2011-2019. Figure 6 presents the proportion of resident migrant girls at risk in these countries.

Figure 6: Estimated proportion of girls (aged 0-18 years) in the resident migrant population at risk of FGM in 13 Member States (2011-2019)



Source: (EIGE 2021)

Note: While EIGE's methodology aims to estimate the risk of FGM as accurately as possible, the results should be interpreted prudently. As each scenario includes a set of assumptions, they cannot be considered as absolute certainties.

## Estimated number and proportion of girls at risk of FGM

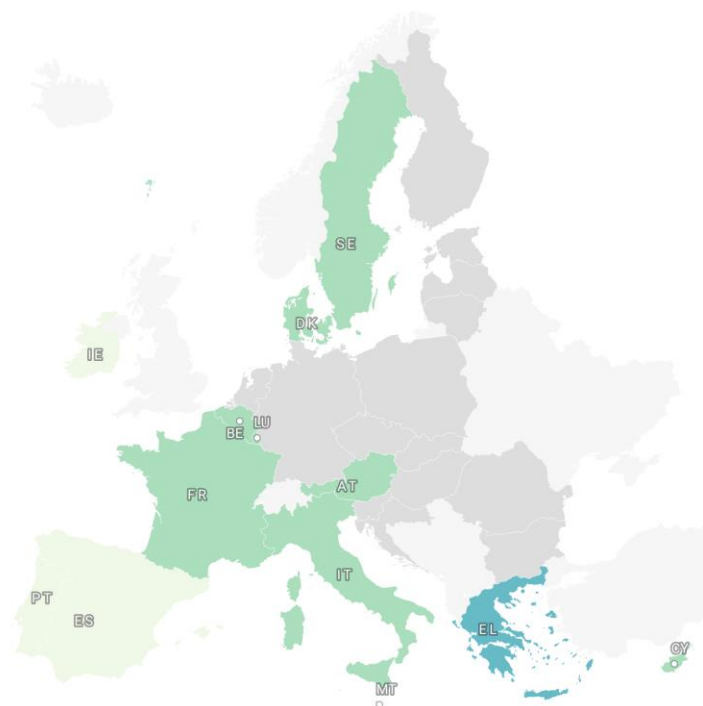
The estimated proportion of resident migrant girls (aged 0-18) at risk of FGM in the 13 EU Member States ranges from **5-39% in a low-risk scenario, and 8-57% in a high-risk scenario**.

Below, Figure 7 further illustrates how EIGE's analysis of both low and high-risk scenarios impacts the estimated proportion of resident migrant girls at risk of FGM.

**Figure 7: Estimated proportion of girls (aged 0-18 years) in the resident migrant population at risk of FGM in 13 Member States (2011-2019)**

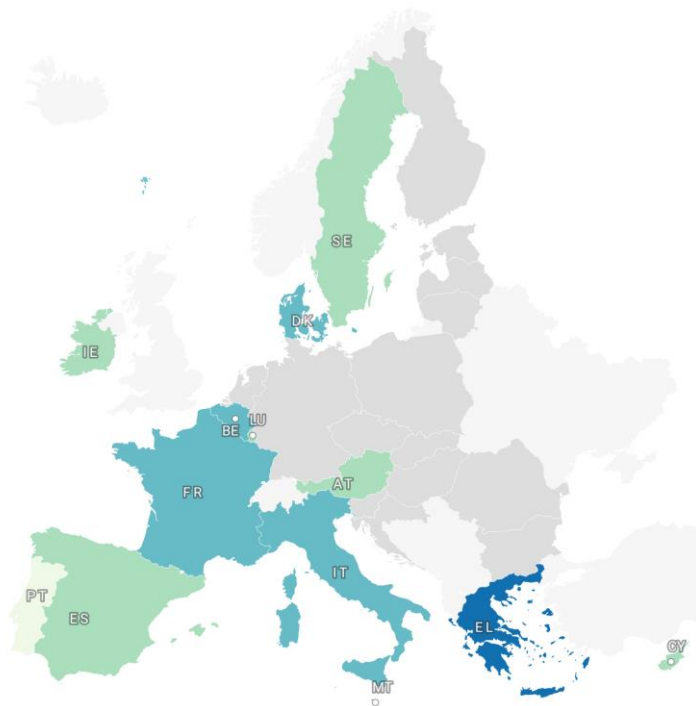
0-9% 10-19% 20-29% 30-39% 40-49% 50-59%

**Low-risk scenario**



Created with Datawrapper

**High-risk scenario**



Created with Datawrapper

## Factors to consider when analysing FGM risk estimations

**The prevalence of FGM in countries of origin drives the expected risk of FGM in an EU country.** However, the number of people from FGM-practicing countries residing in a Member State does not necessarily translate into greater risk of FGM in that country.

To estimate the number and proportion of girls at risk, various other contextual factors must be considered as well, including:

- Changes in the proportion of migrants that are first- and second-generation in an EU country (as second-generation migrants are typically less 'at-risk' of FGM).
- Existing legal and policy frameworks in an EU Member State to combat FGM, and awareness of these laws and policies amongst affected communities.
- Access to specialised support services (i.e., sexual healthcare and psychological support).
- Changes in perceptions about FGM, and cultural attitudes reinforcing the practice amongst FGM-practicing communities.

EIGE's findings also indicate that the number of girls at risk of FGM in an EU country, does not necessarily reflect the *percentage* of migrant girls at risk in that country.

For example, of the 13 EU countries considered, Malta hosts the smallest population of migrant girls (486 in 2011). However, 39-57% of these girls were at risk of FGM in a low-risk and high-risk scenario.

Conversely, of the 13 EU countries considered, France hosts the largest population of resident migrant girls from FGM practicing countries (205,683 in 2014). However, the percentage of girls at risk of FGM (12-21% in a low-risk and high-risk scenario) was lower (than in Malta).

In addition, the extent to which policy intervention is necessary to combat FGM in an EU country cannot be determined solely based on the risk estimations.





To understand the efforts needed to prevent FGM, countries must engage with FGM-practicing communities, and commit to the collection of quantitative and qualitative data on FGM.

## Barriers preventing data collection on FGM

Only with a strong evidence base and solid data, is it possible to implement appropriate knowledge-based measures to combat FGM.

The collection of data on FGM plays an important role in monitoring the implementation of policies and in assessing the effectiveness of the state response.





### Socio-cultural barriers preventing data collection

-  Fear and stigma of reporting FGM amongst women and girls in affected communities.
-  Lack of access to comprehensive support services for women and girls that have undergone FGM.
-  Lack of trust and culturally sensitive dialogue between affected communities and health practitioners.
-  Language barriers preventing communication between affected communities and support service providers.

The lack of comparable data in the EU on the prevalence of FGM hampers the appropriate allocation of funds and the development of effective national and Europe-wide policies to prevent FGM.

As illustrated below, several socio-cultural and institutional barriers exist that stall the collection of data on FGM.

### Institutional barriers preventing data collection

-  Lack of funding dedicated to the collection of data and monitoring of FGM at the national levels.
-  Lack of national action plans, policies and strategies that commit to data collection on FGM.
-  Lack of sufficient training for professionals that interact with FGM-affected communities in the health, education, police, and justice sectors.
-  Limited coordination between communities affected by FGM, NGOs, policymakers, and actors in the health, education, police, and justice sectors.

## Recommendations for the EU and Member States

Proactive and harmonised measures must be adopted at the EU and Member State levels to effectively combat FGM and monitor its prevalence in the EU.

The following recommendations can be adopted at the EU and Member State levels to improve data collection on female genital mutilation.

**Table 1: Recommendations for combating FGM and improving data collection on the practice**

EU level recommendations	
1	<b>Accede to the Istanbul Convention</b> to ensure that the minimum standards for criminalising FGM, as well as standards for providing support to women that have undergone FGM are adopted at the national level.
2	<b>Adopt an EU Directive</b> on all forms of violence against women to complement the implementation of the Istanbul Convention.
3	Ensure the <b>protection and safeguarding of FGM-affected women and girls</b> seeking asylum, and provide these applicants with access to medical care, legal support, and psycho-social care throughout the asylum procedure.
4	Increase the use of EU external action to prevent FGM in countries of origin.
5	Facilitate the <b>cross-border exchange of good practices</b> and information sharing between NGOs, policymakers, professionals in the health, education, police and justice sectors, and FGM-affected communities across the EU.
Member State level recommendations	
6	<b>Criminalise FGM</b> and related acts in line with Article 38 of the Istanbul Convention and improve the enforcement and monitoring of existing FGM-related laws and policies.
7	<b>Adopt a national action plan</b> that tackles female genital mutilation and involve affected communities in the creation and implementation of FGM-related policies.
8	Provide women and girls affected by FGM with <b>access to comprehensive and culturally sensitive medical, psycho-social, and legal support services</b> .
9	Ensure that medical professionals receive <b>culturally sensitive, prevention-related training</b> and are adequately skilled to support women and girls affected by FGM.
10	Facilitate the exchange of <b>information sharing and dialogue</b> between NGOs, policymakers, professionals in the health, education, police and justice sectors, and FGM-affected communities.

## Further reading on FGM

Further reading related to female genital mutilation, and EIGE's work to combat FGM through data collection are listed below.

All data is published in [EIGE's Gender Statistics Database](#), which provides a one-stop source for all gender statistics at the Member State and European Union levels.

### More on FGM

EIGE (2022) Female genital mutilation.

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

EIGE (2018) Estimation of girls at risk of female genital mutilation in the European Union: Belgium, Greece, France, Italy, Cyprus and Malta.

EIGE (2015) Estimation of girls at risk of female genital mutilation in the European Union.

EIGE (2013) Female genital mutilation in the European Union.

END FGM (2022) What is FGM?

European Commission (2021) Questions and Answers about Female Genital Mutilation (FGM).

UNHCR (2018) Too Much Pain: Female genital mutilation and asylum in the EU (Statistical Update).

UNHCR (2013) Too Much Pain: Female genital mutilation and asylum in the EU (Statistical Overview).

UNICEF (2022) Female Genital Mutilation (FGM) Statistics - UNICEF Data

UNICEF (2016) Female Genital Mutilation/Cutting: A global concern.

World Health Organisation (2022) Female genital mutilation.

### 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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