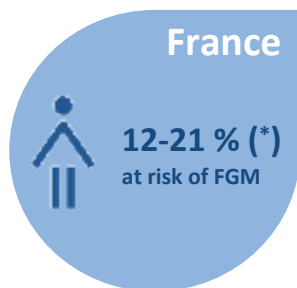


Female genital mutilation

How many girls are at risk in France?



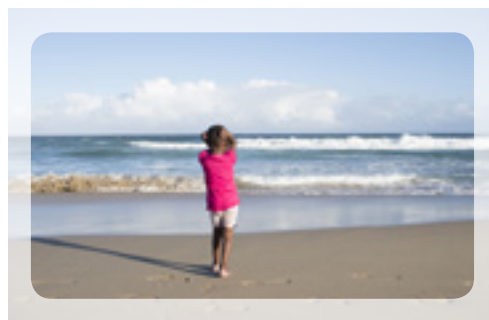
It is estimated that **12 % to 21 % of girls are at risk** of female genital mutilation (FGM, or 'cutting') in France, out of a total population of 205 683 girls aged 0-18 originating from countries where female genital mutilation is practised.

Girls at risk of female genital mutilation in France mostly originate from Mali, Guinea, Côte d'Ivoire and Egypt.

These findings are from the latest research conducted by the European Institute for Gender Equality (EIGE) 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.

According to the World Health Organisation, 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' (²).



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About the study and the European Institute for Gender Equality

The study 'Estimation of girls at risk of female genital mutilation in the European Union — Belgium, Greece, France, Italy, Cyprus and Malta' was conducted in 2017-2018. 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.

EIGE is the EU knowledge centre for gender equality. It supports policymakers and all relevant institutions in their efforts to make equality between women and men a reality for all EU citizens, by providing them with specific expertise and comparable and reliable data on gender equality in the EU.

More information is available at www.eige.europa.eu

What are the trends over time? The percentage of girls at risk in the high-risk scenario (³) increased from 20 % in 2011 to 21 % in 2014. The absolute number of girls at risk also increased. The total population of migrant girls from FGM-practising countries living in France has increased significantly, from 41 552 to 205 683 over the same time frame. This growth is mostly due to an increase in the size of the second generation of migrant girls from FGM-practising countries living in France.

(*) This percentage refers to girls aged 0-18 originating from countries where female genital mutilation is practised.

(¹) The European Institute for Gender Equality, *Estimation of girls at risk of female genital mutilation in the European Union — Belgium, Greece, France, Italy, Cyprus and Malta*, 2018.

(²) World Health Organisation, Factsheet on female genital mutilation (<http://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>).

(³) For a detailed description of the low-risk and high-risk scenarios, please consult the report: *Estimation of girls at risk of female genital mutilation in the European Union — Belgium, Greece, France, Italy, Cyprus and Malta*, 2018.

How is female genital mutilation tackled in France?

Female genital mutilation is a crime in France, pursuant to Articles 222-9 and 222-10 of the French **Penal Code**, which refer to 'intended bodily harm causing permanent infirmity or mutilation'. The principle of extra-territoriality is also applied, criminalising female genital mutilation when committed abroad.

General provisions for **child protection** can be applied. Female genital mutilation can be incorporated into general professional secrecy provisions under Article 226-14 of the Penal Code and Article 44 of the Code of Medical Ethics, annexed to the Code of Public Health. Specific guidelines for professionals are also in place.

Asylum can be granted to women and girls who have undergone female genital mutilation through a specific provision under Law No 2015-925 (amended in 2015).

The fifth interministerial plan for the prevention of violence against women (2017–2019) has defined **specific policies** to tackle female genital mutilation. It sets out specific actions related to health and education, and it promotes cooperation between governmental institutions and civil society.



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Community perspectives

To gain in-depth knowledge and understanding about FGM among the diaspora living in France, focus-group discussions were held with women and men originating from Guinea, Mali, Senegal and The Gambia.



The participants shared the notion that female genital mutilation is not practised in France, and that they would need to travel back to their countries of origin to carry out FGM. Many of the participants said that FGM remains a common practice in their countries of origin, in both rural and urban areas. Social pressure from family, connected to beliefs surrounding marriage and virginity, and the desire to respect religious demands were said, by older and younger women participants, respectively, to be the main reasons that the practice continues.



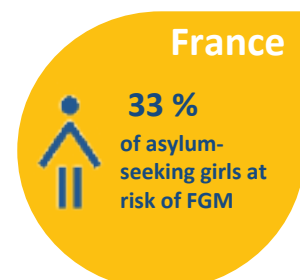
In France, knowledge of the law and its application, gained through the media and via awareness-raising campaigns, was named by the participants as the deterrent against FGM. First- and second-generation women showed that they were fully aware that the practice is illegal in France. Men had a different perspective, however, as they insisted on the importance of maintaining female genital mutilation. Many reported feeling pressure to conform to the practice of FGM to avoid their daughters being perceived negatively.



Through the discussions, it became evident that there is a conflict between expectations and norms in the participants' countries of origin and their host countries — in this case, France. What is a tradition and social norm in one, is prohibited by law in the other. Participants pointed out that French legislation is not sufficiently strong to counterbalance the strength of social pressure from older generations and extended family members, and younger women expressed concern that French protection measures were not enforced adequately in countries of origin.

Female genital mutilation in the context of migration

Looking at the number of asylum-seeking girls (kept separate from resident migrants as the push factors for migration differ), it is estimated that **33 % of asylum-seeking girls are at risk** of female genital mutilation in France (2016), out of a total population of 1 283 asylum-seeking girls aged 0-18 originating from FGM-practising countries. While proportions of risk are lowering over the years, the actual numbers are on the rise.



Recommendations for France

- ✓ **Make all aspects of the law heard.** Awareness of French law prohibiting female genital mutilation was highlighted by focus-group participants as a deterrent factor. However, awareness of the extraterritoriality principle was much lower. Continuing to raise awareness of the law, highlighting the extraterritorial aspect will help to discourage the practice further.
- ✓ **Strengthen prosecution and monitor the impact of legislation and policy.** Prosecutions must be more robust and an official monitoring system for judicial investigations and prosecutions should be established. This will allow trends to be assessed and the effectiveness of the institutional response to be better understood.
- ✓ **Adopt a gender-sensitive asylum system.** FGM-related applications should be facilitated by protecting victims at reception structures, gender-sensitive risk assessment upon arrival and onward referral and care. Gender-sensitive provisions should be adopted even when fast-track border systems are installed.
- ✓ **Allow for cross-border cooperation.** Data-sharing among Member States and with countries of origin should take place concerning departures, arrivals, and re-entry to and from FGM-practising countries, by families with young girls, as this supports prevention. Cooperation at airports and border control points is key: here, awareness should be raised about the principle of extraterritoriality, and parents should be asked to make a signed commitment not to get their daughters 'cut' while visiting their country of origin.
- ✓ **Build bridges with countries of origin.** There is a risk of female genital mutilation being performed on girls upon their return to their countries of origin, as a result of social pressure. It is important to educate and raise awareness in both the Member States and FGM-practising countries. This can be achieved by increasing the level and variety of communication between affected migrant communities and countries of origin, facilitated by the work of international institutions, civil society organisations and online communication tools.
- ✓ **Provide multidisciplinary support services.** Access to multidisciplinary services, offering care and assistance, should be established, increased and promoted. These services could include general practitioners, gynaecologists, midwives, sexologists, psychologists, cultural mediators and interpreters. Awareness should be raised about these services, and about prevention initiatives and campaigns.
- ✓ **Train professionals and educate.** Technical and gender-sensitive training should be coordinated in a systematic and sustainable way, ensuring staff working in education, health, social, border control and asylum services are reached. Guidelines on the early identification of victims of FGM should provide for safeguarding, reporting and referral.
- ✓ **Tackle misbeliefs about religious requirements.** The view that female genital mutilation is a religious obligation sustains the practice. Community change agents can effectively challenge misbeliefs in the public sphere and give credibility to campaigns and messages against the practice.
- ✓ **Engage men for change.** Views on the practice are changing more slowly among men than among women. Awareness-raising for men on the related health consequences and stigma should be targeted, and spaces should be created for men to discuss and learn about the practice openly.
- ✓ **Improve the availability of quantitative data.** Terminology concerning the migrant population, specifically regarding second-generation migrants, should be harmonised with the definitions in use by EIGE and Eurostat. Data should be disaggregated in one-year age intervals, instead of five-year groupings. The missing data concerning the second generation aged 10-18 in 2011 should be completed. Data on irregular/undocumented migration should be collected. EIGE's refined 'mixed-methods approach' should be adopted and regular risk estimations carried out, to facilitate evidence-based policymaking.

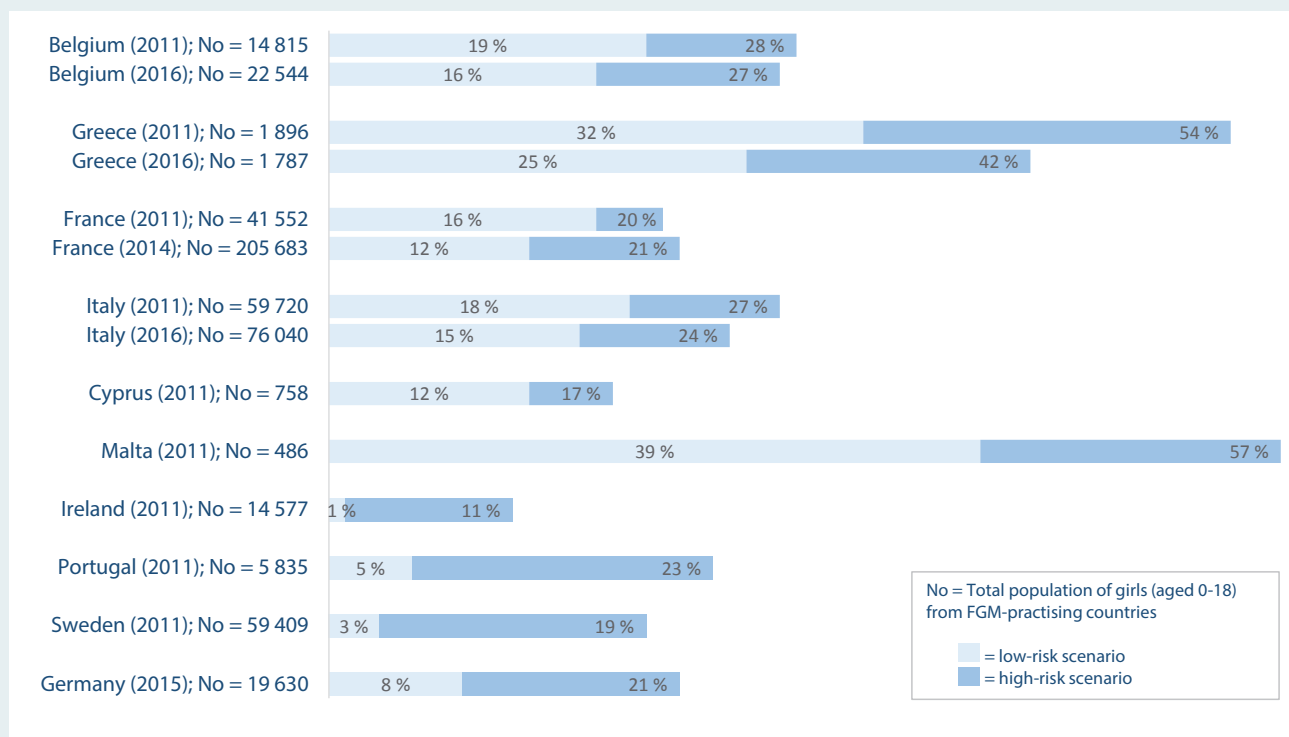
Female genital mutilation is a concern in the European Union

EIGE has developed a methodology to estimate the number of girls at risk of FGM in the EU. It has been applied in 10 Member States, and demonstrates that the phenomenon affects girls living in the European Union.

Recommendations for the European Union

- ✓ **Ratify the Istanbul Convention.** This 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.** Enhancing gender equality in the European Union asylum process and taking gender-related aspects into account in any future Common European Asylum System 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 and reception centres and in health services.
- ✓ **External actions to prevent female genital mutilation.** For girls in the European Union, a return visit to their home

Figure 1. Estimated number and proportion of girls aged 0-18 in the resident migrant population at risk of FGM ⁽⁴⁾



Sources: EIGE, *Estimation of girls at risk of female genital mutilation in the European Union — Belgium, Greece, France, Italy, Cyprus and Malta, 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*.

country is a serious risk indicator of female genital mutilation. Targeted external actions can militate against this risk in the country of origin. The scope of prevention should be broadened to lesser-known practising communities in the Middle East and Asia, specifically in rural areas. Cooperation with all actors involved is key: EU bodies, the United Nations, civil society organisations and local community actors.

✓ **Incentives through EU integration strategies.** Findings show that successful integration has a positive impact on the abandonment rate of female genital mutilation. EU strategies on the integration of nationals from non-EU countries should take into account this dimension and, through integration policies, explicitly provide for incentives to tackle the risk of FGM.

⁽⁴⁾ Council of Europe, Convention on preventing and combating violence against women and domestic violence (the Istanbul Convention), Council of Europe Treaty Series, No 210, Istanbul, 2011.

European Institute for Gender Equality, EIGE

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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