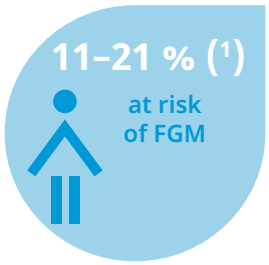
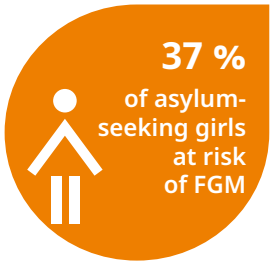
Female genital mutilation
How many girls are at risk in Denmark?



Girls at risk

The European Institute for Gender Equality (EIGE) estimates that **11–21 % of girls (1 408–2 568 girls) aged 0–18 are at risk** of female genital mutilation (FGM) in Denmark, out of a total population of 12 462 girls aged 0–18 in 2019 originating from countries where FGM is practised. Of these 12 462 migrant girls, 82 % (10 269) are second generation.

Girls at risk of FGM in Denmark mostly originate from Iraq and Somalia. Smaller groups originate from Egypt, Eritrea, Ethiopia, Sierra Leone and Sudan ([2]).



Asylum-seeking and refugee girls

In 2019, there were 257 asylum-seeking girls aged 0–18 originating from FGM-practising countries, and 338 girls were granted asylum. Taken separately from resident migrants, EIGE estimates that **37 % of asylum-seeking girls are at risk** of FGM in Denmark (2019). Although refugees who have been granted asylum in Denmark are included in the 'regular' migrant figures (11-21%), EIGE estimates that a higher percentage **(25 %) of refugee girls are at risk** of FGM compared to regular migrants.

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).

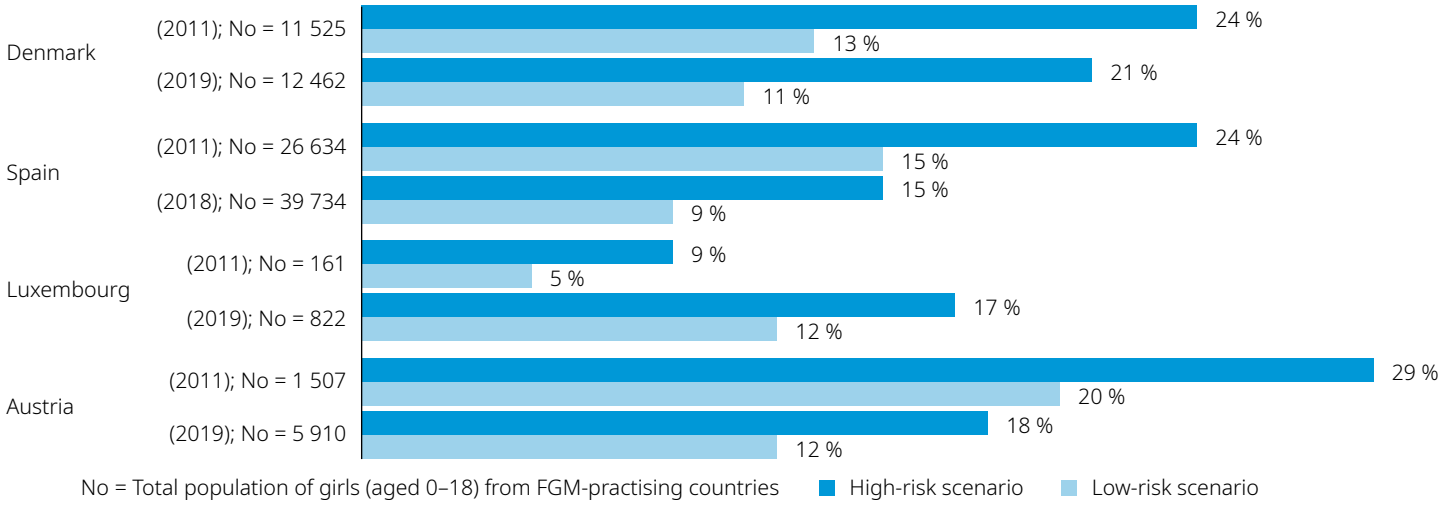
([4]) EIGE, *Estimation of girls at risk of female genital mutilation in the European Union - Denmark, Spain, Luxembourg, and Austria*, Publications Office of the European Union, Luxembourg, 2021.

What are the trends over time?

The absolute number of girls at risk of FGM in Denmark has slightly decreased despite a slight increase in the number of migrant girls from FGM-practising countries (from 11 525 in 2011 to 12 462 in 2019). The percentage of girls at risk in the high-risk scenario has also decreased, from 24 % in 2011 to 21 % in 2019.

The decrease in the share of girls at risk may be attributed to a change in the countries of origin of migrant girls. In both 2011 and 2019, the largest group of girls at risk of FGM were from Somalia, which has a high FGM prevalence rate of 97 % for girls and women aged 15-19. In 2019, there were 224 fewer first-generation girls from Somalia in the resident migrant population compared to 2011. The largest group of girls in the resident migrant population in both 2011 and 2019 were from Iraq, which has a much lower prevalence rate of FGM, at 4 % 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 Denmark, two focus groups and eight individual interviews were held with women and men from Somalia, as well as with Kurdish women.

Participants across all focus groups and interviews held negative views on the practice of FGM, including negative consequences for the victims and for the sex lives of men. Participants indicated that attitudes to FGM are changing because people have become more aware of the consequences of the practice, including through educative talks given by imams, at women's centres and through individual women's testimonials.

There was a general perception that FGM is no longer an issue in relation to marriageability and that FGM is not something that men expect or want in relation to marriage.

Both women and men felt that FGM is an outdated practice that is close to being abandoned, with participants saying it should end completely. Participants said there are differences between their countries of origin and Europe, with all participants believing that FGM is not practised in Denmark or elsewhere in Europe. Though most participants believed that FGM is still practised in some areas in their country of origin, they did not think that second- or third-generation migrant women in Denmark would be at risk of being cut when visiting their parents' country of origin.

Participants were generally of the opinion that women, especially mothers and grandmothers, have been the key decision-makers with regard to FGM.

European Institute for Gender Equality

How does Denmark 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. In 2003, the Danish Criminal Code made FGM illegal. A 6-year maximum penalty applies to anyone who performs FGM, as well as anyone who is complicit, including parents and doctors. The law also applies if FGM is carried out in a foreign country. There were three prosecutions under the Danish Act against FGM between 2010 and 2019. Two led to a conviction in 2017, while the third resulted in a not-guilty ruling in 2010. Interviews and focus groups carried out for this study with Somali women (first and second generation) indicate that Somalis have been hugely involved in communicating the law and educating minority communities in Denmark about the harmful consequences of FGM over the last 15 years, which has led to a change of attitude and practices among many Somalis in Denmark.

Child protection law. The Social Services Act of 2005 states that people who have knowledge of someone who intends to have their daughters cut have an obligation to report it to the authorities. Public professionals, such as doctors and midwives, have an official process for reporting FGM. The law also states that children can be removed from their home if poor treatment occurs, such as abuse or criminal behaviour. However, this is not specific to FGM.

Asylum law. Asylum can be granted if there is reasonable risk of inhuman and degrading treatment (Section 7(2) of the Danish Aliens Act (consolidated in 2013)). However, FGM is not explicitly mentioned as grounds for asylum. Asylum is granted based on an overall evaluation, which can include a consideration of the risk of FGM. There have been some instances of asylum being granted where claims of risk of FGM were stated.

Official process for professionals to report FGM. As per the Social Services Act of 2005, public professionals are legally obliged to report suspected cases to authorities where a girl is at risk of FGM. There is an FGM diagnosis code in the Danish health registry where doctors can register FGM when they see a woman in labour, although the extent to which this is used in practice is unclear. It may therefore not give a correct estimate of the number of women living with FGM in Demark.

POLICY FRAMEWORK

In 2009, **a voluntary steering committee developed an action plan** for prevention of FGM in Denmark. The action plan identified key priority areas such as improving knowledge and developing role models amongst ethnic minority groups, including speaking up on FGM and improving public debate about the law against FGM. However, the **action plan was not implemented** by the Danish government and no subsequent action plan focused on FGM has been introduced since.

More general action plans exist in Denmark, though they do not focus on FGM specifically. In 2016, the Danish government implemented a national action plan that aims to prevent honour-related conflicts and negative social control. The latest action plan was implemented in 2019 by the Danish government and focuses on preventing psychological and physical violence in intimate relationships. Whilst the 2019 plan outlines initiatives related to honour-related conflicts and violence, there is no specific mention of FGM.

FGM awareness is part of the medical training of some Danish doctors and midwives, though this training is not consistently available across all hospitals or medical programmes. For those who receive the training, the aim is to make them aware of the issue in case they see a patient who has been cut, for instance during labour. However, findings from this study indicate that they may not be able to identify smaller cuts. Pregnant women who have undergone FGM are referred to an obstetrician and guided through the pregnancy with a special focus on potential complications. The woman is offered the option of having the infibulation opened (defibulation) in the second trimester and if she does not wish to do so, a tailored plan for the birth is made. The general practitioner is informed of the anatomical changes during the birth registry. The Danish health authorities do not recommend reinfibulation after a woman has given birth, and it is the duty of the healthcare professional to inform the woman about the health consequences of FGM and that it is forbidden by law in Denmark to cut girls and women. The findings of this study indicate that the subject of reinfibulation after birth is a grey zone – the law does not forbid a doctor to reinfibulate a woman if she requests for it and it is viewed as in her best interests.

EIGE European Institute for Gender Equality

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 ([5]).** 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 Denmark

• **Enhance local initiatives on FGM within municipalities.** As there is no national framework in place for combating FGM and protecting girls at risk, municipalities in Denmark implement initiatives at the local level. However, only a few municipalities have implemented specific action plans to tackle FGM. There is also limited information on FGM available for citizens and relevant professionals. There are also limited prevention initiatives to combat FGM.

A national action plan and mandatory procedures would ensure all municipalities are required to disseminate information on FGM and to refer citizens at risk to professionals. FGM-affected communities and civil society organisations should be involved in developing and implementing local initiatives to ensure suitable messaging on the harmful effects of FGM. This would help ensure outreach efforts are effective.

A single ministry, such as the Ministry for Children, Education and Gender Equality, should oversee the action plan, which should run for multiple years.

• **Implement a national registration system to record cases of FGM.** The FGM diagnosis code in the Danish Health Registry, which doctors can use to register a case of FGM encountered during labour, does not seem to be used. This may limit appropriate treatment and means the registry may not provide a correct estimate of the number of women living with FGM.

([5]) Office of the United Nations High Commissioner for Refugees, Guidance Note on Refugee Claims relating to Female Genital Mutilation, 2009, available at 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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