ANALYSIS OF DATA COLLECTION ON FEMALE GENITAL MUTILATION

The European Institute for Gender Equality (EIGE) is an autonomous body of the European Union, established to contribute to and strengthen the promotion of gender equality, including gender mainstreaming in all EU policies and the resulting national policies, and the fight against discrimination based on sex, as well as to raise EU citizens' awareness of gender equality.

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The views expressed herein are those of the consultants alone and do not necessarily represent the official views of EIGE.

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Abbreviations

Frequently used abbreviations

CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CoE	Council of Europe
EIGE	European Institute for Gender Equality
FGM	Female Genital Mutilation
FRA	European Union Agency on Fundamental Rights
EU	European Union
ICCS	International classification of crimes for statistical purposes
ICD-10	International Classification of Diseases, 10th revision
MS	Member States
NGO	Non-Governmental Organisation
OHCHR	United Nations High Commissioner for Human Rights
TFEU	Treaty on the Functioning of the European Union
UN	United Nations
UNICEF	The United Nations Children's Emergency Fund
UNFPA	United Nations Population Fund
UNODC	United Nations Office on Drugs and Crimes
WHO	World Health Organisation

1 INTRODUCTION

This analysis of data collection on female genital mutilation is divided into three main parts. In the first part, the Analysis aims to provide an overview of definitions and typologies concerning female genital mutilation, recognised at both the EU and international levels. The second part focuses on analysing existing national data collection on female genital mutilation. The last part proposes recommendations for data collection on female genital mutilation. In particular, it proposes an International Classification of Crime for Statistical Purposes code for female genital mutilation.

2 DEFINITIONS AND TYPOLOGIES

2.1 EU and international definitions and typologies

2.1.1 European Union

European Institute for Gender Equality

The EU-wide ***Gender Equality Glossary and Thesaurus***, prepared by EIGE, defines female genital mutilation as '*female circumcision or female genital cutting, is the practice of partially or wholly removing the external female genitalia or otherwise injuring the female genital organs for non-medical or non-health reasons*' (1).

The Glossary adds that female genital mutilation *is* '*a harmful practice that constitutes an extreme form of discrimination against women and is internationally recognised as a violation of the human rights of girls and women. Female genital mutilation is performed in every region of the world and, within some cultures, is a requirement for marriage and believed to be an effective method to control women's and girls' sexuality. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death*'.

EIGE's report ***Female Genital Mutilation in the European Union and Croatia***, 2012 (2), also specifies that the term 'mutilation', used *inter alia* by the European Parliament and the European Commission, gives weight to the severity and mutilating nature of any act of female genital mutilation. The report emphasises that female genital mutilation is an expression of gender inequality, recognised as a serious form of gender-based violence against girls and women, and a gross violation of their human rights (3).

2.1.2 Council of Europe

The Council of Europe describes female genital mutilation as '*a gross violation of the human rights of women and girls and a serious concern for the Council of Europe and Amnesty International alike*' (4).

Istanbul Convention

The Istanbul Convention (5) requests that State Parties criminalise female genital mutilation. Under Article 38 of the Istanbul Convention female genital mutilation refers to:

a) 'Excising, infibulating or performing any other mutilation to the whole or any part of a woman's labia majora, labia minora or clitoris.

b) Coercing or procuring a woman to undergo any of the acts listed in point a.

c) *Inciting, coercing or procuring a girl to undergo any of the acts listed in point a*'.

The Istanbul Convention Explanatory Report (6) specifies that point a) above includes *'acts performed by medical professionals, as enshrined in the WHO World Health Assembly Resolution 61.16 on accelerating actions to eliminate female genital mutilation*'. This refers to the medicalisation of the practice.

The aforementioned Explanatory Report adds that the term 'excising' refers to the 'partial or total removal of the clitoris and the labia majora'. 'Infibulating', on the other hand, covers the 'closure of the labia majora by partially sewing together the outer lips of the vulva in order to narrow the vaginal opening'. The term 'performing any other mutilation' refers to 'all other physical alterations of the female genitals'. The Explanatory Report highlights that this practice causes irreparable and lifelong damage and is usually performed without the consent of the victim (7).

2.1.3 United Nations

Two United Nations (UN) General Assembly resolutions on female genital mutilation — resolution 67/146, reaffirmed by resolution 69/150 in 2014, provide broad agreement that female genital mutilation/cutting represents an extreme violation of the human rights of women and children, a danger to sexual and reproductive health, and a form of gender-based violence that must be brought to an end. A statement on the elimination on female genital mutilation/cutting, agreed to by 10 UN agencies that deal with women's health and rights, specifically refers to the term female genital mutilation to emphasise the gravity of the act (8). The statement specifies that some UN agencies use the term female genital mutilation/cutting where the addition of the term 'cutting' is intended to reflect the importance of using non-judgmental terminology with practising communities (9).

World Health Organisation

The World Health Organisation (WHO) defines female genital mutilation in the broadest sense, as '*all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons*' (10).

There are several forms of female genital mutilation and these differ from community to community. The WHO provides the following classification of different types of female genital mutilation:

Classification of Female Genital Mutilation (World Health Organisation) (11)

- **Type I** — Partial or total removal of the clitoris and/or the prepuce (clitoridectomy). When it is important to distinguish between the major variations of Type I mutilation, the following subdivisions are proposed:
  - Type I a, removal of the clitoral hood or prepuce only;
  - Type I b, removal of the clitoris with the prepuce.
- **Type II** — Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision). The following subdivisions are proposed when it is important to distinguish between the major variations that have been documented:
  - Type II a, removal of the labia minora only;
  - Type II b, partial or total removal of the clitoris and the labia minora;
  - Type II c, partial or total removal of the clitoris, the labia minora and the labia majora.
- **Type III** — Narrowing of the vaginal orifice with the creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation). When it is important to distinguish between variations in infibulations, the following subdivisions are proposed:
  - Type III a, removal and apposition of the labia minora;
  - Type III b, removal and apposition of the labia majora.
- **Type IV** — All other harmful procedures to the female genitalia for non-medical purposes; for example: pricking, piercing, incising, scraping and cauterisation.

The WHO adds that female genital mutilation is recognised internationally as a violation of the human rights of girls and women, reflects deeply rooted inequality between the sexes, and constitutes an extreme form of discrimination against women (12).

The United Nations Children's Emergency Fund and the United Nations Population Fund

Both the United Nations Children's Emergency Fund (UNICEF) and United Nations Population Fund (UNFPA) use the same definition of female genital mutilation/cutting as the WHO (13).

UNICEF refers to female genital mutilation/cutting to capture the significance of the term 'mutilation' at the policy level and highlights that the practice is a violation of the rights of women and girls. At the same time, it recognises the importance of employing respectful terminology when working with practising communities.
UNICEF highlights that female genital mutilation/cutting is a fundamental violation of the rights of girls and is typically upheld by a deeply entrenched social norm, especially in areas in which it is widespread. It is a manifestation of gender discrimination (14).

3 OVERVIEW AND ANALYSIS OF EXISTING NATIONAL DATA COLLECTION

EIGE's report ***Female Genital Mutilation in the European Union and Croatia*** *(*2012), highlighted that there were no ongoing, systematic, representative surveys that employed a harmonised approach to gathering comparable data on female genital mutilation prevalence (15). While some countries have undertaken prevalence or other studies to understand the extent of female genital mutilation, inconsistencies between their methodologies and approaches have made comparisons between the data gathered by these studies and assessments difficult.

EIGE's report ***Estimation of girls at risk of female genital mutilation in the European Union*** stated that by July 2014, only five Member States had estimated the female genital mutilation risk for their country: Belgium, Germany, Italy, the Netherlands, and the United Kingdom. The most recent female genital mutilation risk estimations took place between 2007 and 2014. Only Belgium has repeated its risk (and prevalence) estimates over time, with the two most recent estimates using the same methodology, which allows for trends to be assessed (16).

EIGE's method for estimating the risk of female genital mutilation by using an 'extrapolation-of-FGM-practising-countries-prevalence-data-method' (applying the age cohort 15-49) is presented below (17).

Quantitative estimation:

- Female genital mutilation risk estimation in a Member State is defined as the number of minor girls (either born in, or born to mothers from, female-genital-mutilation-risk-countries), aged 0-18, living in a Member State who might actually be at risk of female genital mutilation, expressed as a proportion of the total number of girls living in the country, who originate from or are born to a mother from female genital mutilation risk countries.

- National (and regional) female genital mutilation prevalence rates and age of female genital mutilation was collated for the countries in which female genital mutilation is commonly practised. These figures can be collected through the **Demographic and Health Surveys** published by ICF International and from **Multiple Indicator Cluster Surveys** published by UNICEF (15-19 age cohort). Data collection is focused on the female migrant population residing in an EU Member State, including residents, asylum seekers, refugees and irregular migrants. These data are not accessible in open sources and are not gathered by the same institution.

- The so-called 'extrapolation-of-FGM-practising-countries-prevalence-data-method' is used to calculate female genital mutilation risk: the national female genital mutilation prevalence rate of the age cohort 15-19 is multiplied by the total number of girls coming from, or born to a mother originating from, a particular country in which female genital mutilation is commonly practised. In order to avoid over-estimations, the median age of female genital mutilation (the customary age of cutting in the country of origin) represents an important variable in estimating female genital mutilation risk.

- The lack of ethnicity information on migrants in EU countries remains an issue throughout all of the studies. To overcome this limitation, the Dutch study used places female migrants' birth and regrouped them into regions within the country of origin to obtain more accurate female genital mutilation risk estimations (applying regional, instead of national, female genital mutilation prevalence rates which are detailed in the Demographic and Health Surveys and/or Multiple Indicator Cluster Surveys).

Possible indicators of trends in female genital mutilation risk

- Indicators used to assess trends refer to female live births and female asylum seekers.
- Additional indicators may be considered in assessing trends in future studies, such as the number of female migrants who originate from countries in which female genital mutilation is commonly practised and who are registered in an EU Member State and the migration flows of these girls.
- More qualitative research is needed to give greater insight into the factors that influence the practice of female genital mutilation. Monitoring the evolution of these indicators remains crucial, in order that policies can be designed to target the particular needs of these groups (female migrants, asylum seekers, girls born to parents originating from countries where female genital mutilation is documented, among others). These indicators need to be monitored regularly (e.g. on a yearly basis) so that trends can be assessed.

Administrative data records

EIGE's report ***Female Genital Mutilation in the European Union and Croatia*** noted the potential of administrative records to enhance female genital mutilation data across the EU (18). There are a number of challenges related to keeping these records, including the lack of their systematic use, the fact that existing data are not collated centrally and access to data from such records is often restricted or extremely limited (19).

Type of records	Information on female genital mutilation	Challenges
Health and social services sectors	In some countries, hospital and/or medical records already contain information about female genital mutilation. This is the case, for example, in Belgium, France, Ireland, the Netherlands, Portugal, Sweden and the United Kingdom (20). Rigorous data collection on health care and complications related to female genital mutilation (including maternal and neonatal deaths, de-infibulation, surgical repair and reconstruction, and postnatal care in patients with female genital mutilation) should allow for both female genital mutilation prevalence data collection and insights into the clinical care pathways and patient outcomes that are recommended (21).	Under-recording of female genital mutilation (including due to a lack of knowledge about female genital mutilation by certain health professionals).
Child protection records	In the EU-28, child protection systems, registers and processes are in place to protect children from child abuse and neglect. These systems could also be used for collecting numbers of girls at risk of, or who have already been subjected to, female genital mutilation and all investigations regarding cases of girls at risk of or having already undergone female genital mutilation (22).	France, the Netherlands, Spain and the United Kingdom documented such recording systems or records of investigations or interventions on the grounds of child protection and female genital mutilation.
Asylum records	Belgium, France, Italy (through regional commissions) and Luxembourg have some mechanisms to collate this data, and Belgium has a department that monitors asylum applications based on the fear of	The limited data available across Member States on the number of cases where international protection was

Type of records	Information on female genital mutilation	Challenges
	female genital mutilation happening to them (23). For example, in France, the 2009 and 2010 Annual Reports of the 'Office de Protection des Réfugiés et Apatrides' published an overview of numbers of asylum seekers, including the female population granted subsidiary protection on grounds of female genital mutilation (Office Français de Protection des Réfugiés et Apatrides, 2011; Office Français de Protection des Réfugiés et Apatrides, 2013) (24).	requested, granted or rejected on the grounds of female genital mutilation.
Prosecution records	By February 2013, nine EU countries (Austria, Belgium, Cyprus, Denmark, Ireland, Italy, Spain, Sweden and the United Kingdom) have put specific legislation in place with regard to female genital mutilation (25).	Challenge to obtaining data on numbers of reports of suspected or performed female genital mutilation to police, numbers of investigations, outcomes of investigations and numbers of court cases, as there are no central registration systems to provide such information.
Police and judiciary records	Ireland, Portugal and Sweden registered no cases of female genital mutilation in 2012.	One issue that emerged during the research is that female genital mutilation did not have a classification code or no unified classification systems exists across the services in a number of Member States making the recording of such offence more difficult.

4 RECOMMENDATIONS FOR DATA COLLECTION ON FEMALE GENITAL MUTILATION

4.1 The need for a specific International Classification of Crime for Statistical Purposes code on female genital mutilation

The inclusion of a specific International Classification of Crime for Statistical Purposes (ICCS) tag would make international comparisons possible, allowing for the assessment of trends over time, as well as the provision of a total figure for the incidence of this type of violence in the EU.

In the current ICCS (26), female genital mutilation is only included under 'assault', meaning that figures on female genital mutilation specifically will not show up in data collection that uses ICCS.

Given the lack of knowledge about the extent to which female genital mutilation is an issue in Europe, its inclusion in the ICCS will move towards solving the problem of the lack of information. Specific codes for female genital mutilation will make it visible and provide insights into the extent of female genital mutilation, at least with respect to related prosecutions.

There is an urgent call throughout Europe for female genital mutilation to be prosecuted. However, at present, the number of cases reported is unknown, so is the number of cases investigated and so are their outcomes. A specific code could help to either substantiate or dismiss claims of the

increasing number of court cases recorded. This coding could also show Member States' responses to female genital mutilation, within their respective criminal frameworks. Codes could help to inform policies on reporting, penalising female genital mutilation, protecting potential victims, in evaluating strategies and projects against female genital mutilation. They could also assist in identifying concentrations of female genital mutilation by city, country or region.

The ICCS relies on criminal statistics and takes a different approach to coding than that used in the health sector, such as through the 10th revision of the International Classification of Diseases (ICD-10). The health sector coding relies on illness, injury and health problem classifications, while the ICCS is based on behavioural and contextual descriptions of the criminal offences. In addition, the ICCS provides more details for each types of act in comparison with the ICD-10.

4.2 Unit of classification: the act of female genital mutilation

Female genital mutilation comprises 'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons' (27). It includes the cutting or incising of parts or all of the labia minora, labia majora or clitoral tissue, as well as the insertion of substances into the vagina. Additional elements that need to be taken into account are the intentionality (e.g. parents having their daughters cut with the best of intentions according to their cultural beliefs, parents are often not the perpetrators, excisors are, but they do facilitate (aid or abet) the commission of the act. Most female genital mutilation is carried out on girls, creating an additional layer of complexity.

The crime statistics on female genital mutilation should also include the threat of female genital mutilation, as girls are often taken abroad to have the procedure performed during school holidays.

There are three ICCS categories under which female genital mutilation could be included:

- Category 1: Acts leading to death or intending to cause death

  Female genital mutilation would be relevant only in cases in which the victim subsequently dies as a result of female genital mutilation.

- Category 2: Acts causing harm or intending to cause harm to the person

  It could be included under this category, given that female genital mutilation is recognised as a harmful practice. However, evidence of the harm caused by some forms of female genital mutilation type IV, such as pricking/piercings, is scarce or non-existent.

- Category 3: Injurious acts of a sexual nature

  Female genital mutilation causes injuries to the sexual organ and can have a range of consequences for sexual health and wellbeing. On the other hand, female genital mutilation is not itself an act of a sexual nature.

Female genital mutilation thus best fits under Category 2, 'Acts causing harm or intending to cause harm to the person', division 0201 'Assaults and threats'. A new group could be added to that division, for which the code for Group 'Other acts causing threatening injury or harm' could be turned into 02014 and a new group code created for **02013 'Female genital mutilation'**.

Two classes of crimes could be added under this new group**: 020131 'Female genital mutilation'**, which would cover female genital mutilation already committed, and **020132 'Threat of female genital mutilation'**, which would enable the recording of data on reported threats of female genital mutilation and, therefore, could record data about the girls and women at risk of female genital mutilation.

For the proposed class 020131 'Female genital mutilation', the definition of the Istanbul Convention could be used: '*Excising, infibulating or performing any other mutilation to the whole or any part of*

a woman's labia majora, labia minora or clitoris. Coercing or procuring a woman or a girl to undergo any of the acts listed in the previous sentence.' (See 2.1.2).

Inclusions and exclusion of the proposed of class 020131 'Female genital mutilation'

Inclusions:
- Inflicting female genital mutilation
- FGM-related death
- Aiding/abetting/accessory to the crime
- Accomplice to the crime
- Conspiracy/planning the crime

Exclusions:
- Threat to inflict female genital mutilation
- Incitement to commit the crime

In line with the Istanbul Convention, and the existing ICCS definitions of threat, the proposed class 020132 'Threat of female genital mutilation' could be defined as '*inciting or any type of threatening behaviour with the intention to cause female genital mutilation if it is believed that the threat could be enacted*'.

Inclusions and exclusion of the proposed of class 020132 'Threat of female genital mutilation'

Inclusions:
- Threatening to commit female genital mutilation
- Threatening female genital mutilation of a family member, friend or another person
- Using the threat of force to demand female genital mutilation to be performed
- Conspiracy/planning to commit female genital mutilation, such as recruitment, transportation, transfer, or receiving of persons to carry out the female genital mutilation
- Incitement to commit female genital mutilation

Exclusions:
- Apply exclusions listed in 02012

ENDNOTES

1 European Institute for Gender and Equality (EIGE), Gender Equality Glossary and Thesaurus, Female genital mutilation, accessed on 6 October 2016.

2 Female genital mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons (WHO, 2008). The practice has serious immediate and long-term consequences at multiple levels (WHO, 2010), source: EIGE (2013), *Female Genital Mutilation in the European Union and Croatia*.

3 Ibid.

4 Council of Europe -Amnesty International (2014), *The Council of Europe Convention on Preventing and Combatting Violence against Women and Domestic Violence, A tool to end female genital mutilation*.

5 Council of Europe (2011), *Convention on preventing and combating violence against women and domestic violence*, Article 36, Council of Europe Treaty Series - No. 210, May, Istanbul, Article 38.

6 Council of Europe (2011), *Explanatory Report to the Council of Europe Convention on preventing and combatting violence against women and domestic violence*, para. 199.

7 Council of Europe (2011), *Explanatory Report to the Council of Europe Convention on preventing and combatting violence against women and domestic violence*, para. 198-201.

8 The World Health Organisation (2008), *Eliminating Female genital mutilation An interagency statements: OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO*, p.8.

9 The World Health Organisation (2008), *Eliminating Female genital mutilation An interagency statements: OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO.* p. 9 To capture the significance of the term 'mutilation' at the policy level and, at the same time, to use less judgemental terminology for practising communities, the expression 'female genital mutilation/cutting' is used

by UNICEF and UNFPA. For the purpose of the Interagency Statement, and in view of its significance as an advocacy tool, all UN agencies agreed to use the single term 'female genital mutilation'.

10 The World Health Organisation (WHO) (2016), *Female genital mutilation*, factsheet, updated February 2016.

11 The World Health Organisation (WHO), *Classification of female genital mutilation*, accessed on 6 October 2016.

12 The World Health Organisation (WHO) (2016), *Female genital mutilation*, factsheet, updated February 2016.

13 The United Nations Children's Emergency Fund (UNICEF) (2016), *Female genital mutilation*, updated 26 February 2016, and United Nations Population Fund (UNFPA) (2015), *Female genital mutilation (FGM) frequently asked questions*, updated December 2015.

14 The United Nations Children's Emergency Fund (UNICEF) (2016), *Female genital mutilation*, updated 26 February 2016.

15 Leye, E., Mergaert, L., Arnaut, C., O'Brien Green, S. (2014), *Towards a better estimation of prevalence of female genital mutilation in the European Union: interpreting existing evidence in all EU Member States*, University of Gent.

16 European Institute for Gender Equality (EIGE) (2015), *Estimation of girls at risk of female genital mutilation in the European Union*, Vilnius, p. 10.

17 Ibid, p. 10-11.

18 European Institute for Gender Equality (EIGE) (2013), *Female Genital Mutilation in the European Union and Croatia*, Vilnius.

19 Leye, E., Mergaert, L., Arnaut, C., O'Brien Green, S. (2014), *Towards a better estimation of prevalence of female genital mutilation in the European Union: interpreting existing evidence in all EU Member States*, University of Gent, p. 115.

20 Ibid, p. 114.

21 Ibid, p. 115.

22 Ibid, p. 115.

23 Ibid, p. 116.

24 Ibid, p. 110.

25 Ibid, p. 116.

26 United Nations Office on Drugs and Crime (2015), *International Classification of crime for statistical purposes (ICCS)*, March 2015.

27 World Health Organisation (2016), Female genital mutilation factsheet.