

Female genital mutilation

How many girls are at risk in Austria?

12–18 % ⁽¹⁾



Girls at risk

The European Institute for Gender Equality (EIGE) estimates that **12–18 % of girls (735–1 083 girls) aged 0–18 are at risk** of female genital mutilation (FGM) in Austria out of a total population of 5 910 girls aged 0–18 in 2019 and originating from countries where FGM is practised. Of these 5 910 migrant girls, 38 % (2 243) are second generation.

Girls at risk of FGM in Austria mostly originate from Egypt and Somalia. Smaller groups originate from Ethiopia, Guinea, Iraq, Nigeria and Sudan ⁽²⁾.

Asylum-seeking and refugee girls

31 %

of asylum-seeking girls
at risk
of FGM

From 2016 until the first half of 2020, there were 2 899 asylum-seeking girls aged 0–18 originating from FGM-practising countries. No official data on the number of people granted asylum and living in Austria was found. Taken separately from resident migrants, EIGE estimates that **31 % of asylum-seeking girls are at risk of FGM in Austria** (2019).

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.

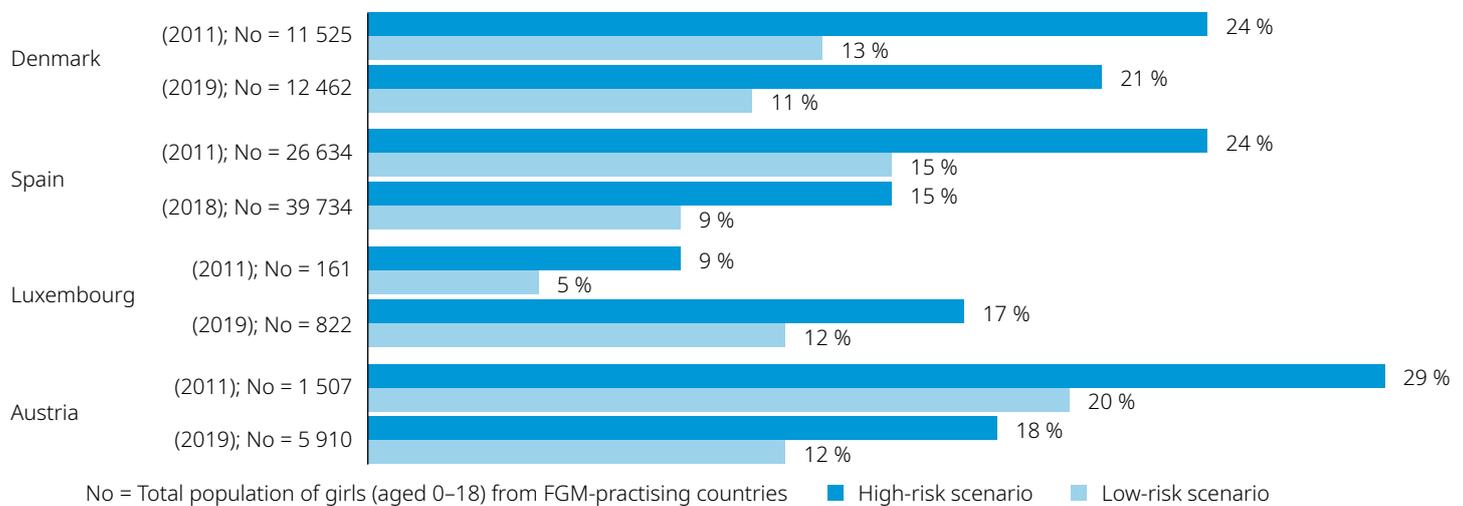
- ⁽¹⁾ This percentage refers to girls aged 0-18 originating from countries where FGM is practised. Data for Denmark, Luxembourg and Austria is from 2019. Data for Spain is from 2018.
- ⁽²⁾ EIGE, *Estimation of girls at risk of female genital mutilation in the European Union – Denmark, Spain, Luxembourg 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 Austria has increased due to an increase in the number of migrant girls from FGM-practising countries (from 1 507 in 2011 to 5 910 in 2019). However, the percentage of girls at risk in the high-risk scenario has decreased, from 29 % in 2011 to 18 % in 2019.

The decrease in the share of girls in the high-risk scenario may be attributed to a change in the countries of origin of migrant girls. In 2011, the largest group of girls was from Ethiopia, which has an FGM prevalence rate of 47 % for girls and women aged 15–19. In 2019, the largest group was girls from Iraq, which has a much lower prevalence rate of FGM at 5 % 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 Austria, four focus groups were held with women and men from Egypt and Sudan.

All participants stated that FGM is a historical practice that mostly continues in rural areas in the countries of origin among less-educated people. Despite not seeing the practice as belonging to their social group, FGM was given a certain sociocultural importance by all participants in terms of marriageability, beautification and control of sexuality and virginity. Participants agreed that not being cut is viewed negatively in Egyptian and Sudanese societies and especially in their home countries. Both men and women consider men the most important decision-makers about FGM due to familial power dynamics.

Second-generation Egyptian participants had the clearest standpoint against FGM, while first-generation women from Egypt and Sudan were more ambivalent and several had had

at least one of their daughters cut. Egyptian young women spoke about having experienced anti-Islamic sentiment and discrimination (for example while wearing a hijab), and highlighted that FGM's perceived association with Islam reflects badly on their religion.

Participants in all focus groups thought that at least some people in their communities in Europe had practised FGM and travelled to their countries of origin for that purpose. Participants in all four focus groups were generally aware of the existence of a law against FGM in Austria, or at least assumed that there might be one. However, some were not aware of the law in Austria, nor in their country of origin (FGM is against the law in both Egypt and Sudan).

One of the central risks highlighted by participants is the medicalisation of FGM in Egypt and the assumption that negative health consequences can be avoided if it is performed in a 'safe way'.

How does Austria 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 Austria, FGM is a crime against sexual integrity and autonomy under the Penal Code, and a criminal offence that is punishable even when committed abroad. The most recent amendments to relevant laws in Austria came into effect on 1 January 2020. Section 85(1) of the Austrian Penal Code (subsection 2a on bodily harm with severe and sustainable adverse effects) specifically mentions genital mutilation. The practice can be penalised with up to 10 years' imprisonment. However, there is no data available on FGM-related prosecutions in Austria.

Child protection law. A recently amended law places a legal obligation on health professionals to immediately provide written notification to the local child and youth welfare office if, during a professional activity concerning the birth or registration of a birth, a health institution suspects that the welfare of a child (whose mother is a victim of FGM) is in danger and that this danger cannot be prevented otherwise. The current version of this law (the National Children and Youth Services Law Section 37(1a)) came into effect in January 2020.

Asylum law. Austria's Asylum Act (2005) does not specifically mention FGM or gender-based persecution. However, asylum on the grounds of FGM can be granted in Austria if the applicant is at risk in their country of origin due to membership to a particular social group (FGM would be considered gender-based persecution), as outlined in the Geneva Convention. Case-law analysis indicates that FGM has been accepted as grounds to grant asylum in some cases, or at least a right to residence.

Official process for professionals to report FGM. Medical doctors are obliged to report a crime of bodily harm that was caused by an illegal act under Section 54(4) of the amendment of the Physicians Law, which came into effect in October 2019.

POLICY FRAMEWORK

The **governmental action plan** 'Women's Health – 40 measures for the health of women in Austria' entered into force in 2017. The action plan outlines measures for violence prevention, including specific issues faced by migrant women. However, FGM is not explicitly mentioned.

In 2019, the Austrian Ministry of Health published a document on **intercultural care in the context of sexual and reproductive health**. It contains key details for health professionals, including a list of all institutions that are concerned with migrant women's health in Austria, such as those working with victims of FGM. Education and information points, support services such as translation and interpretation and those supporting women during pregnancy and childbirth.

From 2018 to 2019, the Austrian government (Ministry for Europe, Integration and Foreign Affairs) funded the project **INTACT**, a cooperation between FEM Süd (Vienna) and women's health centres in Salzburg and Linz. As part of the project, individuals from different FGM-affected communities were trained to become peer educators on FGM eradication in their communities. The individuals who took part had backgrounds in education, pharmacy, interpretation, social work, healthcare and nursing.

Since 2018, the government's **Austrian Integration Funds** have provided courses on Austrian values to recent migrants and people granted asylum, including one on FGM.

In early 2020, the **Viennese Programme for Women's Health** published an online training programme on FGM for teachers and other educators to be better prepared if girls require their support. It was developed together with experts in the field.

The first health counselling establishment in Austria to exclusively target women from countries where FGM is prevalent (FGM Süd) was established in September 2007 and remains one of the key institutions dealing with FGM in Austria. Today, there are other **women's health and migrant counselling centres** that provide education and counselling to victims of FGM – including Diakonie, Caritas and the Red Cross. There are also three FGM clinics in hospitals in Vienna, all led by gynaecologists experienced in providing healthcare for women with FGM and trained in defibulation and other reconstructive surgery.

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 Austria

• **Improve monitoring of reported FGM cases that result in prosecution and conviction.** There is limited information on the number of cases and prosecutions. This makes it difficult to assess the extent to which anti-FGM legislation has been enforced. Monitoring should be enhanced to include systematic collection of data on the number of FGM cases reported, the number of FGM-related prosecutions and convictions, and the number and nature of punitive measures imposed.

• **Develop a national action plan on FGM with accompanying budget.** The government should create a working group with relevant ministries, professional networks, civil society and community-based organisations to establish what measures are needed to better tackle FGM. A national action plan on FGM should be put together based on their findings, outlining what human and financial resources are needed to implement the required measures. A multi-stakeholder platform including professional networks, civil society

and community-based organisations should be put in place to coordinate implementation. A single ministry, such as the Federal Ministry for Social Affairs, Health, Care and Consumer Protection should oversee the action plan, which should run for multiple years.

• **Build trust with FGM-affected communities.** Fear of detection by healthcare professionals can hinder the creation of relationships of trust. Healthcare professionals should be trained on FGM, the law, ethical professional principles and non-stigmatising interventions. Healthcare professionals should establish respectful dialogue and, in cases of FGM risk, ensure quick referral to specialised organisations and social services. A risk assessment tool should be created, for example by the Federal Ministry for Social Affairs, Health, Care and Consumer Protection for all professionals to ensure evidence-based, systematic case analysis. FGM-affected communities should be involved in the design of anti-FGM awareness campaigns.

⁽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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