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Home Office

Country Information and Guidance

Iraq: Female Genital Mutilation (FGM)

Version 1.0

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Preface

This document provides country of origin information (COI) and guidance to Home Office decision makers on handling particular types of protection and human rights claims. This includes whether claims are likely to justify the granting of asylum, humanitarian protection or discretionary leave and whether – in the event of a claim being refused – it is likely to be certifiable as ‘clearly unfounded’ under s94 of the Nationality, Immigration and Asylum Act 2002.

Decision makers must consider claims on an individual basis, taking into account the case specific facts and all relevant evidence, including: the guidance contained within this document; the available COI; any applicable caselaw; and the Home Office casework guidance in relation to relevant policies.

Country Information

The COI within this document has been compiled from a wide range of external information sources (usually) published in English. Consideration has been given to the relevance, reliability, accuracy, objectivity, currency, transparency and traceability of the information and wherever possible attempts have been made to corroborate the information used across independent sources, to ensure accuracy. All sources cited have been referenced in footnotes. It has been researched and presented with reference to the [Common EU \[European Union\] Guidelines for Processing Country of Origin Information \(COI\)](#), dated April 2008, and the [European Asylum Support Office’s research guidelines, Country of Origin Information report methodology](#), dated July 2012.

Feedback

Our goal is to continuously improve the guidance and information we provide. Therefore, if you would like to comment on this document, please email [the Country Policy and Information Team](#).

Independent Advisory Group on Country Information

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Information about the IAGCI’s work and a list of the COI documents which have been reviewed by the IAGCI can be found on the Independent Chief Inspector’s website at <http://icinspector.independent.gov.uk/country-information-reviews/>

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Guidance

Updated: 10 August 2016

1. Introduction

1.1 Basis of Claim

- 1.1.1 That a woman or girl is at risk of persecution or serious harm by undergoing Female Genital Mutilation (FGM) on return to Iraq; and/or
- 1.1.2 That a parent is at risk of persecution or serious harm by virtue of their response to their (minor) daughter(s) being forced to undergo FGM on return to Iraq.

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1.2 Other points to note

- 1.2.1 Accompanying parent(s) cannot be treated as dependents on their child's application. Where a child is granted protection, the accompanying parent(s) will not automatically be granted protection in their own right. Unless successful in making their own asylum or humanitarian protection application, accompanying parent(s) will need to apply for leave as a parent of a child settled in the UK or apply for leave outside the rules (for further guidance, see [Gender Issues in the Asylum Claim](#)).

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2. Consideration of Issues

2.1 Credibility

- 2.1.1 For information on assessing credibility, see the [Asylum Instruction on Assessing Credibility and Refugee Status](#).
- 2.1.2 Decision makers must also check if there has been a previous application for a UK visa or another form of leave. Asylum applications matched to visas should be investigated prior to the asylum interview (see the [Asylum Instruction on Visa Matches, Asylum Claims from UK Visa Applicants](#)).
- 2.1.3 Decision makers should also consider the need to conduct language analysis testing (see the [Asylum Instruction on Language Analysis](#)).

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2.2 Particular social group

- 2.2.1 For further guidance, see [Gender Issues in the Asylum Claim](#) and the section on particular social groups in the [Asylum Instruction on Assessing Credibility and Refugee Status](#).

Women and girls who fear FGM

- 2.2.2 Women and girls who fear FGM do form a particular social group (PSG) within the meaning of the Refugee Convention because they share a

common characteristic that cannot be changed and have a distinct identity which is perceived as being different by the surrounding society.

- 2.2.3 In [AMM and others \(conflict; humanitarian crisis; returnees; FGM\) Somalia CG \[2011\] UKUT 445 \(IAC\) \(28 November 2011\)](#) the Upper Tribunal (UT) noted that ‘...having regard to the sexually discriminatory nature of the practice [FGM], its infliction upon a woman engages the Refugee Convention by reference to the “particular social group” category’ (paragraph 557).
- 2.2.4 Although women and girls fearing FGM form a PSG, this does not mean that establishing such membership will be sufficient to be recognised as a refugee. The question to be addressed in each case is whether the particular person will face a real risk of persecution on account of their membership of such a group.

Parents who fear that their daughter(s) will be subjected to FGM

- 2.2.5 Parents who fear that their daughter(s) will be subjected to FGM do form a particular social group (PSG) within the meaning of the Refugee Convention because they share a common characteristic that cannot be changed and have a distinct identity which is perceived as being different to the surrounding society.
- 2.2.6 The Upper Tribunal (UT) in [K and others \(FGM\) The Gambia CG \[2013\] UKUT 62 \(IAC\) \(9 April 2013\)](#) concluded that parents of a minor child who are opposed to FGM, where there is a real risk of its infliction and where FGM is prevalent in the country, fall within the meaning of the Convention (paragraph 13).
- 2.2.7 Although parents who fear that their daughter(s) will be subjected to FGM do form a PSG, this does not mean that establishing such membership will be sufficient to be recognised as a refugee. The question to be addressed in each case is whether the particular person will face a real risk of persecution on account of their membership of such a group.

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2.3 Assessment of risk

- 2.3.1 The World Health Organisation defines FGM as ‘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’. FGM is a practice primarily carried out on young girls by older female community members.
- 2.3.2 In [KM and others \(FGM\)](#) the Upper Tribunal (UT) noted: ‘The parties agreed that FGM in any of forms 1-4 (see paragraph 23) is persecution for a Convention reason not only of a girl but also of the parents of a minor child where they are opposed to the procedure and where there is a real risk of its infliction, and that FGM is prevalent [in the country of origin]’ (paragraph 13).
- 2.3.3 A girl or woman will not be entitled to protection just because they have already undergone FGM. An assessment of risk must be future-facing i.e. on the likelihood that a person will be subjected to FGM (or further FGM) on return.

- 2.3.4 FGM mainly occurs in the Kurdistan Region of Iraq (KRI), concentrated in the governorates of Erbil and Sulamaniyah. Studies found that 41-72% of women and girls had experienced the procedure (see [Prevalence in the Kurdistan Region of Iraq \(KRI\)](#)).
- 2.3.5 The prevalence of FGM outside the KRI is less clear. The Iraqi government officially denies that it occurs outside the KRI. Some studies showed that it does occur in other parts of Iraq, although it is far rarer than in the KRI. An exception may be Kirkuk governorate, geographically and culturally close to the KRI, where one study found a prevalence of 38% (see [Prevalence outside the Kurdistan Region of Iraq](#)).
- 2.3.6 Organisations that have campaigned against FGM have made progress in raising awareness and changing attitudes. A 2014 study conducted by the Kurdistan Regional Government (KRG) and UNICEF found that there was a lower prevalence among lower age brackets for those who had experienced FGM, suggesting that the practice is decreasing (see [Support](#)).
- 2.3.7 Factors to be taken into account when assessing risk include, but are not limited to, the person's:
- place of residence - FGM is most prevalent in the KRI, particularly in Erbil and Sulamaniyah governorates, and more common in rural areas;
 - ethnicity - FGM is most prevalent amongst those of Kurdish ethnicity;
 - age - FGM is typically carried out on girls aged 4-12;
 - background - poorly educated or illiterate girls or women are at greater risk
- 2.3.8 A person may face social pressure to subject their daughter to FGM. If the parent(s) is not from a socio-economic background that is likely to distance themselves from mainstream social attitudes, or if there is not some other mitigating factor, a parent(s) opposition to the procedure may not be enough, as a general matter, to eliminate the real risk that their daughter will be forced (particularly by relatives) to undergo FGM.
- 2.3.9 For further guidance on gender issues in asylum claims, see the [Asylum Instruction on Gender Issues in the Asylum Claim](#).
- 2.3.10 For further guidance on assessing risk, see the [Asylum Instruction on Assessing Credibility and Refugee Status](#).

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2.4 Protection

- 2.4.1 Where the person's fear is of persecution and/or serious harm from non-state actors, decision makers must assess whether the state can provide effective protection.
- 2.5.1 The Family Violence Bill of 2011 banned FGM in the Kurdistan Region of Iraq (KRI). There have been no successful prosecutions under the 2011 law. The lack of prosecutions under these laws may be because it is unlikely that a person would report family members, the usual perpetrators of FGM, and also because of a fear of reprisals from the local community (see [Legal](#)

[status](#) and [Prevalence in the Kurdistan Region of Iraq \(KRI\) - Enforcement of the law](#)).

- 2.5.2 There is no law specifically against FGM outside of the KRI because the Iraqi government denies that it occurs outside the KRI. Article 412 of the Iraqi Penal Code, which penalises any person who ‘mutilates human organs for the purpose of inducing damage and distortion’, has never been applied against any person who has practised FGM (see [Legal status](#)).
- 2.5.3 The Government runs family protection units and shelters, but service is poor (see [Shelters](#)).
- 2.5.4 The state appears able to offer effective protection, but there is not much evidence of its willingness to do so. The onus will be on the person to demonstrate why they cannot obtain such protection.
- 2.4.2 For further guidance on assessing the availability or not of state protection, see the [Asylum Instruction on Assessing Credibility and Refugee Status](#).

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2.5 Internal relocation

- 2.5.1 A person may be able to relocate elsewhere in Iraq to escape the threat of FGM. Decision makers must consider whether internal relocation is reasonable, taking into account the person’s circumstances and the likelihood and ability of the agent of persecution (i.e. the family or community members) to pursue the person.
- 2.5.2 For further guidance on internal relocation considerations, see [Country information and guidance – Iraq: Internal relocation \(including documentation and feasibility of return\)](#).
- 2.5.3 For further guidance on internal relocation, see the [Asylum Instruction on Assessing Credibility and Refugee Status](#).

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2.6 Certification

- 2.6.1 Where a claim falls to be refused, it is unlikely to be certifiable as ‘clearly unfounded’ under section 94 of the Nationality, Immigration and Asylum Act 2002.
- 2.6.2 For further guidance on certification, see the [Certification of Protection and Human Rights claims under section 94 of the Nationality, Immigration and Asylum Act 2002 \(clearly unfounded claims\)](#).

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3. Policy Summary

- 3.1.1 Female Genital Mutilation (FGM) is a form of gender-based violence which amounts to serious harm or persecution.
- 3.1.2 Women and girls who fear FGM, and parents who fear that their daughter(s) will be subjected to FGM, form particular social groups (PSG) within the meaning of the Refugee Convention.

- 3.1.3 Those most likely to experience FGM are poorly educated Kurdish girls aged 4-12 from the Kurdistan Region of Iraq (KRI), although others may also be at risk. Each case must be decided on its merits.
- 3.1.4 If a person is at risk, the onus will be on them to demonstrate why they cannot obtain protection from the state.
- 3.1.5 As the risk of FGM comes from the family, internal relocation s likely to be an option in most cases, if not unduly harsh taking into account the person's circumstances.
- 3.1.6 Where a claim falls to be refused, it is unlikely to be certifiable as 'clearly unfounded' under section 94 of the Nationality, Immigration and Asylum Act 2002.

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4. Overview

- 4.1.1 An article by the Network of Iraqi Reporters for Investigative Journalism (NIRIJ), undated but which won the Seymour Hersh Prize for best investigative report in the Arab world in 2010 ('the NIRIJ article') explained reasons behind the FGM phenomenon:

'Law experts and women's rights activists attribute the continuation of this phenomenon to authorities' fear to confront religious extremists and those who support such practices because they have misconceptions about religion and they mix between traditions and Islam.

'Abdul-Karim Sheikh Bizini, a researcher, attributes "this phenomenon to the wide spread of religiosity in Kurdistan after the 1991 uprising." Religious movements after this date have been able to openly practice their activities without any fear from the former regime. "Religious movements have significantly spread in villages and remote areas away from the centers of cities and they have introduced rituals, which these villages and cities have abandoned decades ago such as female genital mutilation."¹

- 4.1.2 Minority Rights Group International published a paper on Iraq in November 2015 which had a section on FGM. ('the Minority Rights Group International report'). It noted:

'In 2010, Human Rights Watch (HRW) released a report about the practice in the Kurdistan region including extensive testimony from victims...Women in favour of the practice saw it as an important tradition for cultural and religious reasons, and necessary to control excessive sexual desire. According to cultural customs, uncircumcised women are viewed as unclean and the food they prepare is haraam (unlawful).'²

- 4.1.3 The NIRIJ article described that FGM occurs in the 'spring of each season' in Kurdistan.³

- 4.1.4 Sources are in general agreement about the ages at which FGM usually occurs. The German NGO WADI noted that it occurs in girls aged 4-12⁴;

¹ Network of Iraqi Reporters for Investigative Journalism, 'Female genital mutilation in Kurdistan – Painful stories in search of happy endings', undated, <http://www.nirij.org/?p=418>, accessed 17 May 2016

² Minority Rights Group International, 'The Lost Women of Iraq: Family-Based violence during armed conflict', November 2015, pp.32-33, <http://minorityrights.org/publications/the-lost-women-of-iraq-family-based-violence-during-armed-conflict/>, accessed 17 May 2016

³ Network of Iraqi Reporters for Investigative Journalism, 'Female genital mutilation in Kurdistan – Painful stories in search of happy endings', undated, <http://www.nirij.org/?p=418>, accessed 17 May 2016

⁴ WADI, Association for Crisis Assistance and Solidarity Development Cooperation, updated 16 May 2016, http://en.wadi-online.de/index.php?option=com_content&view=article&id=70&Itemid=18,

Human Rights Watch says 3-12⁵; the NIRIJ article interviewed a woman called Mahrous who practiced FGM for over 60 years and said the 'ideal age is 5-10' although 'some older women in their fifties come to her before the Hajj and ask her to perform the operation.'⁶

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5. Legal status

5.1.1 The US State Department, in their 2015 human rights report ('USSD 2015'), reported that the Family Violence Law, which went into effect in 2011 in the Kurdish Region of Iraq, bans FGM.⁷ The Minority Rights Group International reported that the federal government of Iraq does not have any legislation dealing with the issue of FGM.⁸

5.1.2 The Minority Rights Group International report observed:

'In 2011, in the midst of intensive campaigning by activists and rights groups, the Kurdish parliament outlawed FGM with the passage of the Domestic Violence Act. The law imposes fines ranging from 1 million to 5 million Iraqi dinars for those who incite FGM, and fines of 2 million to 5 million Iraqi dinars and a six-month minimum prison sentence for those who perform or assist in performing FGM. If the victim of FGM is a minor, the applicable prison sentence becomes one to three years and the fine ranges from 5 million to 10 million Iraqi dinars. It is considered an aggravating circumstance if the perpetrator is a doctor, pharmacist, chemist, midwife or assistant, and the law dictates that they should be barred from practising their profession for three years if convicted of FGM.'⁹

5.1.3 The NIRIJ article referred to Article 412 of the Iraqi Penal Code, which penalizes any person who 'mutilate human organs for the purpose of inducing damage and distortion', adding that the Article 'hasn't been applied so far against any person who has practiced FGM.'¹⁰

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accessed 17 May 2016

⁵ Minority Rights Group International, 'The Lost Women of Iraq: Family-Based violence during armed conflict', November 2015, p.33, <http://minorityrights.org/publications/the-lost-women-of-iraq-family-based-violence-during-armed-conflict/>, accessed 17 May 2016

⁶ Network of Iraqi Reporters for Investigative Journalism, 'Female genital mutilation in Kurdistan – Painful stories in search of happy endings', undated, <http://www.nirij.org/?p=418>, accessed 17 May 2016

⁷ US State Department, Country Reports on Human Rights Practices for 2015 – Iraq, <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm?year=2015&dliid=252925>, accessed 26 July 2016

⁸ Minority Rights Group International, 'The Lost Women of Iraq: Family-Based violence during armed conflict', November 2015, p.31, <http://minorityrights.org/publications/the-lost-women-of-iraq-family-based-violence-during-armed-conflict/>, accessed 17 May 2016

⁹ Minority Rights Group International, 'The Lost Women of Iraq: Family-Based violence during armed conflict', November 2015, p.33, <http://minorityrights.org/publications/the-lost-women-of-iraq-family-based-violence-during-armed-conflict/>, accessed 17 May 2016

¹⁰ Network of Iraqi Reporters for Investigative Journalism, 'Female genital mutilation in Kurdistan – Painful stories in search of happy endings', undated, <http://www.nirij.org/?p=418>, accessed 17 May 2016

6. Prevalence in the Kurdistan Region of Iraq (KRI)

6.1 Numbers

- 6.1.1 In 2004, the German NGO WADI in a pilot study in northern Iraq found that 907 out of 1544 questioned said they were victims of FGM (59%). In 2010 WADI published another study which revealed that 72% of women and girls underwent FGM.¹¹
- 6.1.2 The Minority Rights Group International report also referred to other studies: by the Kurdistan Ministry of Health in 2010 which surveyed 5000 women and girls and found that 41% had been mutilated; and the 2011 Multiple Indicator Cluster Survey which reported an FGM rate of 43% among women aged 15-49.¹²
- 6.1.3 USSD 2015 quoted the results of a study in Erbil released in January 2014 which indicated that 70.3% of those surveyed had undergone FGM.¹³
- 6.1.4 In 2014, the KRG, in cooperation with UNICEF, released a 'knowledge, attitudes and practices' survey about FGM in the region. It found that:
- 58.5% of 258 women surveyed had undergone FGM;
 - mutilation rates decreased in the lower age brackets;
 - 57% of those who had mutilated daughters were illiterate;
 - 64.2% had been reached by an FGM awareness campaign;
 - 67.5% agreed that FGM should be eradicated;
 - 51% know that FGM could cause psychological problems;
 - 57% did not know that FGM can cause problems in childbirth;
 - 36% of men were unaware that FGM was harmful to women;
 - 66.1% stated that FGM was a tradition to be followed;
 - 46% related FGM to religious beliefs¹⁴

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6.2 Geographical location

- 6.2.1 The NIRIJ article and Minority Rights Group International both referred to the 2010 WADI study. For further breakdown the sources detailed that the FGM rate was:
- 77.9% in Sulamaniya;

¹¹ WADI, Association for Crisis Assistance and Solidarity Development Cooperation, updated 16 May 2016, http://en.wadi-online.de/index.php?option=com_content&view=article&id=70&Itemid=18, accessed 17 May 2016

¹² Minority Rights Group International, 'The Lost Women of Iraq: Family-Based violence during armed conflict', November 2015, p.32, <http://minorityrights.org/publications/the-lost-women-of-iraq-family-based-violence-during-armed-conflict/>, accessed 17 May 2016

¹³ US State Department, Country Reports on Human Rights Practices for 2015 – Iraq, <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm?year=2015&dliid=252925>, accessed 26 July 2016

¹⁴ Minority Rights Group International, 'The Lost Women of Iraq: Family-Based violence during armed conflict', November 2015, p.33, <http://minorityrights.org/publications/the-lost-women-of-iraq-family-based-violence-during-armed-conflict/>, accessed 17 May 2016

- 81.2% in Karmayan;
 - 63% in the villages of Erbil
 - 95% in Ranya and Qaladize (according to surveys conducted in schools there);
 - close to 100% for middle-aged women interviewed^{15 16}
- 6.2.2 The NIRIJ article added: ‘But, government institutions and religious bodies say that these ratios are exaggerated to a great extent, because they were conducted in specific areas where there is a spread of this phenomenon, and there was a generalization of results back to the population. Therefore, these institutions and bodies refuse to deal with FGM as a “phenomenon” and they consider that there are only some isolated cases of FGM.’¹⁷
- 6.2.3 USSD 2015 reported that, while the practice occurred throughout the country, it was most prevalent in Erbil and Sulaymaniyah governorates.¹⁸
- 6.2.4 The Danish Refugee Council and Danish Immigration Service undertook a fact-finding mission to the KRI in September and October 2015. In their report (‘the Danish report’), two sources informed them that FGM is ‘widespread in the KRI’. The fact-finding mission spoke to Christoph Wilcke of Human Rights Watch who said that FGM was at over 80% in some areas but had gone down to 50% in other areas as a result of NGO lobbying. He suggested that FGM is particularly serious in the part of the KRI which borders Iran, but it is practiced across KRI, with significantly lower prevalence throughout the country.’¹⁹
- 6.2.5 The website Stop FGM in Kurdistan noted the prevalence rates of FGM in an ‘interactive map’ in:
- Dohuk – unknown, possibly below 10%
 - Erbil – 63%
 - Sulamaniyah – 77.9%
 - Garmyan/North Kirkuk – 81.2%²⁰

¹⁵ Network of Iraqi Reporters for Investigative Journalism, ‘Female genital mutilation in Kurdistan – Painful stories in search of happy endings’, undated, <http://www.nirij.org/?p=418>, accessed 17 May 2016

¹⁶ Minority Rights Group International, ‘The Lost Women of Iraq: Family-Based violence during armed conflict’, November 2015, p.32, <http://minorityrights.org/publications/the-lost-women-of-iraq-family-based-violence-during-armed-conflict/>, accessed 17 May 2016

¹⁷ Network of Iraqi Reporters for Investigative Journalism, ‘Female genital mutilation in Kurdistan – Painful stories in search of happy endings’, undated, <http://www.nirij.org/?p=418>, accessed 17 May 2016

¹⁸ US State Department, Country Reports on Human Rights Practices for 2015 – Iraq, <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm?year=2015&dliid=252925>, accessed 26 July 2016

¹⁹ Danish Refugee Council/The Danish Immigration Service, ‘The Kurdistan Region of Iraq (KRI) – Access, Possibility of Protection, Security and Humanitarian Situation – Report from fact finding mission to Erbil, the Kurdistan Region of Iraq (KRI) and Beirut, Lebanon – 26 September to 6 October 2015’, pp.62, 125, <https://www.nyidanmark.dk/.../FactfindingreportKurdistanRegionofIraq11042016.pdf>, accessed 17 May 2016

²⁰ Stop FGM in Kurdistan, http://www.stopfgmkurdistan.org/html/english/fgm_e.htm#mape, accessed

6.2.6 The NIRIJ article noted that: 'The percentage of FGM is highest in the Rania and Karmayan district because tribal traditions are deeply rooted in these areas specially among the Bashdar, Bardashami, Mir Odaly and Mankur tribes.' It went on to describe the areas of prevalence:

'FGM is mostly practiced in the Karmayan district and along a horizontal line extending towards Iran's borders passing through al-Sulaimaniyah and reaching Rania district and Soran in the Erbil province. Historically, FGM has been practiced in the different areas of al-Sulaymaniyah province and in its center.

'In Soran, FGM spreads over a vertical line from Rania to Erbil to reach its outskirts near Mosul. However, this habit has started to disappear in some of Erbil's areas and other popular areas.

'In general, genital mutilation is not widely practiced in cities but is still common in rural areas...

'Despite the ethnic and religious factors in common, there are still geographic and social dissimilarities with regard to the practice of FGM. In the Bahdinan district, which includes parts of Dahuk and Erbil, FGM is not commonly practiced...

'Ronak Faraj [who specialized in the study of FGM] said that "FGM is a phenomenon which is widely practiced in areas of Soran reaching to Qandeel near Aqra and it ends at the borders of the river which separates Soran district from Bahdinan, the line which separates families who practice FGM as a religious obligation and those who know nothing about this ritual."

'Even in the same tribe, there are those who practice FGM and those who don't. For example, the Sorj tribe which lives on the two banks of the river is divided between those who practice FGM and those who don't...

'She said that the Tarakhan tribe which lives in the Karmayan area, where the FGM is commonly practiced, has not witnessed any FGM since a decade because of a fatwa issued by Sheikh Muhammad banning FGM. In other areas, the practice of FGM has become symbolic. Girls let a knife fall from the top of their dresses and ask God to keep them pure. This also was a result of a fatwa issued by a cleric who said that FGM is not a religious obligation.'²¹

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²¹ Network of Iraqi Reporters for Investigative Journalism, 'Female genital mutilation in Kurdistan – Painful stories in search of happy endings', undated, <http://www.nirij.org/?p=418>, accessed 17 May 2016

6.3 Enforcement of the law

6.3.1 USSD 2015 reported: 'Many NGOs reported that the government was not enforcing the law and the practice persisted, particularly in rural areas.'²² The March 2015 Concluding Observations of the Committee on the Rights of the Child expressed concern over the prevalence of FGM in Iraq, noting that 'insufficient measures have been taken to combat this practice.'²³

6.3.2 The Minority Rights Group International report observed:

'Despite the passage of the law [Domestic Violence Act 2011], implementation remained a serious challenge. One year after the law was introduced, UNAMI [United Nations Assistance Mission in Iraq] reported that no successful prosecutions had been achieved in the area of FGM, while HRW said that police had not received any orders from the government related to the law. Prosecutions in cases of FGM are impeded by the fact that perpetrators of the practice are almost always the victim's immediate family members or relatives, making it unlikely that the victim, especially if a minor, would report them. Moreover, reporting the incident could lead to reprisal against the victim in her community and home, and would offer little benefit to the victim once the procedure had already been performed.

'Now, four years after the passage of the law, activists and government officials have made modest progress in raising awareness of the health and legal consequences of FGM, and reducing the prevalence of the practice in some communities. However, many challenges remain. Due to the fact that FGM is now illegal and bears criminal consequences, activists say that the practice has now gone underground. Communities continue to practise it, but deny it when asked about it by activists.

'Moreover, since FGM is a source of income for traditional midwives, they will be resistant to giving up the practice unless directly engaged and assisted in finding other ways to make a living...

'The strength of traditional attitudes means that even when the health consequences of FGM are known, many might still make the decision to continue the practice. This is confirmed by the fact that mothers are often the ones to make the decision to mutilate their daughters, despite having gone through the procedure themselves and being aware of its consequences.'²⁴

6.3.3 The NIRIJ article referred to Article 412 of the Iraqi Penal Code, which penalizes any person who 'mutilate[s] human organs for the purpose of

²² US State Department, Country Reports on Human Rights Practices for 2015 – Iraq, 13 April 2016, <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm?year=2015&dliid=252925>, accessed 26 July 2016

²³ UN Committee on the Rights of the Child, Concluding observations on the combined second to fourth periodic reports of Iraq, 3 March 2015 (paragraph 46) http://www.ecoi.net/file_upload/1930_1428408420_q1504122.pdf, accessed 14 July 2016

²⁴ Minority Rights Group International, 'The Lost Women of Iraq: Family-Based violence during armed conflict', November 2015, p.33, <http://minorityrights.org/publications/the-lost-women-of-iraq-family-based-violence-during-armed-conflict/>, accessed 17 May 2016

inducing damage and distortion', adding that the Article 'hasn't been applied so far against any person who has practiced FGM.'²⁵

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7. Prevalence outside the Kurdistan Region of Iraq (KRI)

- 7.1.1 The Minority Rights Group International report observed the extent of the practice outside the Kurdish region was 'unclear' and that, officially, FGM is not practised outside of Kurdistan. The source referred to a number of studies of FGM in the areas outside Kurdistan. The 2012 Multiple Indicator Cluster Survey (MICS-4) found that the FGM rate is 1% in the central and southern governorates of Iraq.²⁶
- 7.1.2 However, other studies have come to different conclusions. In 2013, WADI and the Kirkuk-based women's rights organization PANA found that 38.2% of 1212 women and girls (over the age of 14) surveyed experienced FGM in Kirkuk. Of those who had experienced FGM:
- 65.4% were Kurds;
 - 25.7% were Arabs;
 - 12.3% were Turkmen;
 - the majority reported being mutilated between the ages of 4 and 7;
 - more than 75% said their mutilation was performed collectively;
 - 62.5% were illiterate;
 - 5% were university educated;
 - 91.8% who had their daughters mutilated stated they were unaware of its negative health effects;
 - most were Sunnis, some Shia and Kak'ai, while none were Christians and Yazidis²⁷
- 7.1.3 The Minority Rights Group International report commented: 'The committee on human rights and women's rights of the Kirkuk provincial council has denied the findings of the study on FGM in Kirkuk, calling the statistics 'inaccurate, incorrect and far from the truth'. However, the authors of the study assert that while their figures may be underestimates, it is highly

²⁵ Network of Iraqi Reporters for Investigative Journalism, 'Female genital mutilation in Kurdistan – Painful stories in search of happy endings', undated, <http://www.nirij.org/?p=418>, accessed 17 May 2016

²⁶ Minority Rights Group International, 'The Lost Women of Iraq: Family-Based violence during armed conflict', November 2015, p.31, <http://minorityrights.org/publications/the-lost-women-of-iraq-family-based-violence-during-armed-conflict/>, accessed 17 May 2016

²⁷ Minority Rights Group International, 'The Lost Women of Iraq: Family-Based violence during armed conflict', November 2015, p.32, <http://minorityrights.org/publications/the-lost-women-of-iraq-family-based-violence-during-armed-conflict/>, accessed 17 May 2016

unlikely that their figures overestimate the FGM rate, since many women tend to deny FGM in the presence of outsiders.²⁸

7.1.4 In 2014, a consortium of three women's rights organizations published a new study on the prevalence of FGM in south and central Iraq. The survey covered 1,000 women from urban and rural areas of Qadisiyah and Wasit governorates. The study found that:

- the overall FGM rate was 25.7%;
- more women reported being mutilated at older ages than was reported in the Kirkuk study (29% experienced FGM between the ages of 1 and 10; 23% between 11-18; 18% between 19-35; 16% between 36-45; 14% over 45);
- around 42% reported that either the husband or the husband's family made the decision to mutilate²⁹
- USSD 2015 referred to interviews by WADI and the local women's rights organization PANA which indicated that 25% of women in central and southern Iraq had been subjected to FGM. It is not clear whether this relates to any of the studies cited above.³⁰

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8. Opposition to FGM

8.1.1 USSD 2015 reported: 'On February 6, in recognition of the International Day of Zero Tolerance for FGM/Cutting), the Women's High Council of the KRG, in collaboration with local NGO WADI and UNICEF, hosted a conference to raise awareness about the issue. Also in February WADI, with support from UNICEF, sponsored four television announcements to combat FGM/C.³¹

8.1.2 The German NGO WADO summarised their work in campaigning against FGM within the country:

'In February 2006, WADI organized the first Iraqi conference against FGM in Arbil, which was successful in attracting the interest of the Kurdish Regional Government (KRG). WADI's campaign "STOP FGM in Kurdistan" obtained more than 14,000 signatures for a petition to ban FGM. It was presented to the Kurdish Regional Government. Recommendations for a law to ban FGM in Iraqi Kurdistan were prepared by local lawyers and members of WADI's

²⁸ Minority Rights Group International, 'The Lost Women of Iraq: Family-Based violence during armed conflict', November 2015, p.32, <http://minorityrights.org/publications/the-lost-women-of-iraq-family-based-violence-during-armed-conflict/>, accessed 17 May 2016

²⁹ Minority Rights Group International, 'The Lost Women of Iraq: Family-Based violence during armed conflict', November 2015, pp.31-32, <http://minorityrights.org/publications/the-lost-women-of-iraq-family-based-violence-during-armed-conflict/>, accessed 17 May 2016

³⁰ US State Department, Country Reports on Human Rights Practices for 2015 – Iraq, <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm?year=2015&dliid=252925>, accessed 17 May 2016

³¹ US State Department, Country Reports on Human Rights Practices for 2015 – Iraq, <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm?year=2015&dliid=252925>, accessed 17 May 2016

mobile teams. They were presented to the KRG and the Kurdish women's parliament in spring 2007. At first parliamentarians were hesitant to discuss the topic. Finally, in 2010 the Health Ministry of the KRG published its own study according to which 41 percent of women were mutilated. In June 2011, the bill against domestic violence banning FGM was passed by the parliament of the Kurdish Autonomous Region.

'While FGM is now outlawed in the Kurdish Autonomous Region it is still legal in central Iraq. Together with the Iraqi Women's organization Pana, WADI is now lobbying for a law banning FGM in central Iraq. On February 6th 2013, the International Day of Zero Tolerance against FGM, Pana activists handed a draft law to parliamentarians in Baghdad...

'By now, seven villages have given up FGM entirely and joined the [FGM-Free Community] Programme: When all villagers agree and among them especially the women, the anjuman or major signs a document stating that he will take responsibility for keeping his village FGM-free. A sign-post is set up which declares the village FGM-free. As a reward, the village receives small services, such as health and literacy trainings, a bus service to the next school for the children or a community meeting place...

'Since February 2013 WADI organizes workshops for midwives enhancing their medical skills and teaching them about the new law on domestic violence which prohibits FGM. Like the anjuman the midwives sign a document at the end of the workshop promising to refrain from practicing FGM in the future.

'In July 2012, Wadi launched its FGM Hotline project with support from CliffordChance. The hotline provides social, psychological, medical and sexual advice to FGM-affected women throughout the region. According to WADI's assessment based on day-to-day experience of its Mobile Teams, there is a considerable need for (anonymous) information and help among the victims and prospective victims of FGM.³²

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9. Shelters

9.1.1 USSD 2015 reported:

'Private shelters run by NGOs were against public policy. The lack of NGO-run shelters prevented victims of gender-based crimes from accessing health care and psychosocial support. The Ministry of Interior maintained 16 family protection units around the country, which aimed to resolve domestic disputes and establish safe refuges for victims of sexual or gender-based violence. These units tended to prioritize family reconciliation over victim protection and lacked the capacity to support victims.

³² WADI, Association for Crisis Assistance and Solidarity Development Cooperation, updated 16 May 2016, http://en.wadi-online.de/index.php?option=com_content&view=article&id=70&Itemid=18, accessed 17 May 2016

'Safe houses, both those run by the government and NGOs, were often targets for violence.

'In the IKR [Iraqi Kurdistan Region], three labor ministry-operated women's shelters provided some protection and assistance for victims of gender-based violence and human trafficking. Space was limited, and service delivery was poor.

'Law and custom generally do not respect freedom of movement for women.'³³

9.1.2 The Danish report noted the following about protection for women (this was in the context of honour crimes, but it is useful information generally):

'Some of the other sources indicated that the shelters are poorly managed. In line with this, a western diplomat said that the shelters in KRI have been overburdened, and UNHCR said that there are very few shelters. IOM said that women might risk being misused inside shelters. However, UNHCR said that, generally speaking, women are not mistreated in the shelters, but their rights are not respected and, when KRI authorities deal with victims of violence, their approach is not survivor centred. According to UNHCR, authorities will, often and without consent of the survivor, bring the perpetrators to the shelter and try to negotiate a solution at the expense of the victim. Journalist Osama Al Habahbeh said that mediation with the family is not a possibility. UNHCR said that, often, the authorities bring the perpetrators to the shelters for mediation with the survivor. This is typically done without consent of the survivor.

'Three sources referred to relatives being able to track down women who had run away in KRI. In line with this, UNHCR stated that, in KRI, it would be difficult for a victim of an honour crime to escape the perpetrators and seek protection from the authorities. Journalist Osama Al Habahbeh said that a woman fleeing honour killing cannot hide anywhere in Iraq. A western diplomat, however, said that there is no formal system for families to track down their own family members within KRI.'³⁴

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³³ US State Department, Country Reports on Human Rights Practices for 2015 – Iraq, 13 April 2016 <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm?year=2015&dld=2529255>, accessed 26 July 2016

³⁴ Danish Refugee Council/The Danish Immigration Service, 'The Kurdistan Region of Iraq (KRI) – Access, Possibility of Protection, Security and Humanitarian Situation – Report from fact finding mission to Erbil, the Kurdistan Region of Iraq (KRI) and Beirut, Lebanon – 26 September to 6 October 2015', pp. 47-48, <https://www.nyidanmark.dk/.../FactfindingreportKurdistanRegionofIraq11042016.pdf>, accessed 26 July 2016

Version Control and Contacts

Contacts

If you have any questions about the guidance and your line manager or senior caseworker cannot help you or you think that the guidance has factual errors then email [the Country Policy and Information Team](#).

If you notice any formatting errors in this guidance (broken links, spelling mistakes and so on) or have any comments about the layout or navigability of the guidance then you can email [the Guidance, Rules and Forms Team](#).

Clearance

Below is information on when this version of the guidance was cleared:

- version **1.0**
- valid from **12 August 2016**

Changes from last version of this guidance

First version in CIG format.

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