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Home Office

Country Policy and Information Note **Iraq: Female Genital Mutilation (FGM)**

Version 2.0

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Preface

Purpose

This note provides country of origin information (COI) and analysis of COI for use by Home Office decision makers handling particular types of protection and human rights claims (as set out in [the basis of claim](#) section). It is not intended to be an exhaustive survey of a particular subject or theme.

It is split into two main sections: (1) analysis and assessment of COI and other evidence; and (2) COI. These are explained in more detail below.

Assessment

This section analyses the evidence relevant to this note – i.e. the COI section; refugee/human rights laws and policies; and applicable caselaw – by describing this and its inter-relationships, and provides an assessment on whether, **in general**:

- A person is reasonably likely to face a real risk of persecution or serious harm
- A person is able to obtain protection from the state (or quasi state bodies)
- A person is reasonably able to relocate within a country or territory
- Claims are likely to justify granting asylum, humanitarian protection or other form of leave, and
- If a claim is refused, it is likely or unlikely to be certifiable as ‘clearly unfounded’ under section 94 of the Nationality, Immigration and Asylum Act 2002.

Decision makers **must**, however, still consider all claims on an individual basis, taking into account each case’s specific facts.

Country of origin information

The country information in this note has been carefully selected in accordance with the general principles of COI research as set out in the [Common EU \[European Union\] Guidelines for Processing Country of Origin Information \(COI\)](#), dated April 2008, and the Austrian Centre for Country of Origin and Asylum Research and Documentation’s (ACCORD), [Researching Country Origin Information – Training Manual, 2013](#). Namely, taking into account the COI’s relevance, reliability, accuracy, balance, currency, transparency and traceability.

The structure and content of the country information section follows a [terms of reference](#) which sets out the general and specific topics relevant to this note.

All information included in the note was published or made publicly available on or before the ‘cut-off’ date(s) in the country information section. Any event taking place or report/article published after these date(s) is not included.

All information is publicly accessible or can be made publicly available, and is from generally reliable sources. Sources and the information they provide are carefully considered before inclusion.

Factors relevant to the assessment of the reliability of sources and information include:

- the motivation, purpose, knowledge and experience of the source
- how the information was obtained, including specific methodologies used
- the currency and detail of information, and
- whether the COI is consistent with and/or corroborated by other sources.

Multiple sourcing is used to ensure that the information is accurate, balanced and corroborated, so that a comprehensive and up-to-date picture at the time of publication is provided of the issues relevant to this note.

Information is compared and contrasted, whenever possible, to provide a range of views and opinions. The inclusion of a source, however, is not an endorsement of it or any view(s) expressed.

Each piece of information is referenced in a brief footnote; full details of all sources cited and consulted in compiling the note are listed alphabetically in the [bibliography](#).

Feedback

Our goal is to continuously improve our material. Therefore, if you would like to comment on this note, please email the [Country Policy and Information Team](#).

Independent Advisory Group on Country Information

The [Independent Advisory Group on Country Information](#) (IAGCI) was set up in March 2009 by the Independent Chief Inspector of Borders and Immigration to support him in reviewing the efficiency, effectiveness and consistency of approach of COI produced by the Home Office.

The IAGCI welcomes feedback on the Home Office's COI material. It is not the function of the IAGCI to endorse any Home Office material, procedures or policy. The IAGCI may be contacted at:

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Information about the IAGCI's work and a list of the documents which have been reviewed by the IAGCI can be found on the Independent Chief Inspector's pages of the [gov.uk website](#).

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Assessment

Updated: 07 November 2019

1. Introduction

1.1 Basis of claim

1.1.1 A fear of persecution and/or serious harm by non-state actors because:

- the person will be subject to Female Genital Mutilation (FGM); or
- the person is a parent of a minor child who is opposed to FGM in a place where there is a real risk of it being carried out.

1.2 Points to note

1.2.1 Sources use various terms to refer to FGM, including female circumcision, female genital circumcision or female genital cutting. It can be abbreviated to FGC or FGM/C. For the purposes of this note, it is referred to as FGM.

1.2.2 Where a child is granted asylum, their accompanying parents may also be eligible for refugee status or humanitarian protection. The act of enforced FGM on a minor child amounts to persecution of or causing serious harm to her parents as well if they are opposed to it. Decision makers should therefore consider whether, on the facts of each case, the accompanying parents require asylum on the basis of a well-founded fear of persecution or humanitarian protection on the basis that there are substantial grounds for believing that there is a real risk of serious harm.

1.2.3 Decision makers must also consider the Asylum Instruction on [Gender Issues in the Asylum Claim](#) and [Multi-Agency statutory guidance on FGM](#).

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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 Exclusion

2.2.1 Decision makers must consider whether one (or more) of the exclusion clauses is applicable. Each case must be considered on its individual facts and merits.

- 2.2.2 For further guidance on the exclusion clauses and restricted leave, see the [Asylum Instruction on Exclusion: Article 1F of the Refugee Convention](#) and the [Asylum Instruction on Restricted Leave](#).

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2.3 Refugee convention reason

- 2.3.1 A person's actual or imputed membership of a particular social group.
- a. **Women and girls who fear FGM**
- 2.3.2 Women and girls in Iraq, including those in fear of FGM, form a particular social group (PSG) within the meaning of the 1951 Refugee Convention. This is because they share an immutable or innate characteristic – their gender – that cannot be changed and have a distinct identity which is perceived as being different by the surrounding society as evidenced by widespread discrimination in the exercise of their fundamental rights.
- 2.3.3 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.
- b. **Parents who fear that their daughter(s) will be subjected to FGM**
- 2.3.4 Parents who fear that their daughter(s) will be subjected to FGM also form a PSG within the meaning of the Refugee Convention. This is because they share a belief that is so fundamental to their identity or conscience that they should not be forced to renounce it and also have a distinct identity which is perceived as being different to the surrounding society.
- 2.3.5 The Upper Tribunal (UT) in [K and others \(FGM\) The Gambia CG \[2013\] UKUT 62 \(IAC\), heard 20/22 November 2012 and promulgated 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).
- 2.3.6 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.
- 2.3.7 For further guidance see [Gender Issues in the Asylum Claim](#) and the section on particular social groups in the instruction on [Assessing Credibility and Refugee Status](#).

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2.4 Risk

- 2.4.1 FGM was made illegal in Iraqi Kurdistan (IKR) in 2011, along with a number of other forms of domestic violence. It carries a custodial sentence of up to 2 years and a fine. However, sources indicate that there have been no prosecutions of FGM practitioners under this act. There is no specific legislation criminalising the procedure elsewhere in Iraq (see [Legal context](#)).

- 2.4.2 FGM mainly occurs in the Iraqi Kurdistan Region (IKR), concentrated in the governorates of Erbil and Sulaymaniyah with a prevalence rate in women and girls aged between 15-49 at 46.6% and 45.6% in each governorate respectively. Sources state that FGM also occurs in Dohuk but at very low levels, with a 2017 study of 5990 people carried out by the Heartland Alliance showing that 7.4% of mothers of girls aged 4 to 14 had been cut, with only 4.1% of their daughters having undergone FGM. Sources state that prevalence and support for FGM is higher in rural areas among people with lower levels of education (see [Prevalence](#) and [Societal attitudes](#)).
- 2.4.3 The prevalence of FGM outside the IKR is less clear. The Iraqi government officially denies that it occurs outside the IKR, and statistical evidence appears to support this, at least to the extent that any incidence is very small – a March 2019 study finding an incidence rate of just 0.4%. Some reports state that it does occur in other parts of Iraq, although it is far rarer than in the IKR. Sources suggest that Kurds are more likely to undergo FGM compared to Arabs and Turkmen, and of all the different religions in Iraq it is most common among Sunni Muslims (see [Prevalence](#)).
- 2.4.4 In the IKR the reasons for practicing FGM are deeply embedded in religion, culture and tradition, and used to subjugate women. While still prevalent in rural areas of Iraqi Kurdistan, following efforts by various organisations to raise awareness, increase education and change attitudes, rates of FGM are in decline. In 2010 the FGM prevalence rate in the IKR was 72%, 58.5% in 2014 and 37.5% in 2019. A survey funded by UNICEF found that the largest decline is amongst girls aged 0-14 with 1% of girls of that age group across Iraq having been subjected to FGM (3% in KRI) with an overall figure of 4% of girls aged 15-19. 94% of women aged 15-49 say the practice should be stopped. However, some activists have claimed that following the passing of a law to make FGM illegal the practice has gone underground with those subjected denying it when questioned and therefore that surveys under-report FGM prevalence rates (see [Legal context](#), [Prevalence](#), [Societal attitudes](#) and [Combating FGM](#)).
- 2.4.5 Available evidence indicates that FGM is rare in Iraq generally and highest in IKR with over a third of the female population having had the procedure but declining rapidly. However, rates vary by ethnic group, religion, between rural and urban areas, and the level of education of the women/girls involved. In general, with very small numbers of girls under 15 now being subject to FGM coupled with the opposition of the majority of women under 50 to FGM, it is unlikely that a girl would be able to show she would be forced to undergo FGM if returned to Iraq. However every case must be considered on its individual circumstances, with the onus on the person that they will face risk of persecution and/or serious harm.
- 2.4.6 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. the likelihood that a person will be subjected to FGM (or further FGM) on return.
- 2.4.7 For further guidance on assessing risk, see the instruction on [Assessing Credibility and Refugee Status](#) and the [Asylum Instruction on Gender Issues in Asylum Claims](#) with regard past FGM and future risk.

2.5 Protection

- 2.5.1 Where the person has a well-founded fear of persecution from non-state actors decision makers must assess whether the state can provide effective protection.
- 2.5.2 The Domestic Violence Law of 2011 banned FGM in Iraqi Kurdistan. At the time of publication of this note, there have been no successful prosecutions under the 2011 law. The lack of prosecutions under these laws may be because cases are not reported because of lack of knowledge of the law; reluctance of a person to report family members, who are the usual perpetrators of FGM; and also because of a fear of reprisals from the local community (see [Legal context](#)) and [Protection and support](#)).
- 2.5.3 There is no law specifically against FGM outside of the IKR. Article 412 of the Iraqi Penal Code, which penalises any person who ‘mutilates human organs for the purpose of inducing damage and distortion’, however CPIT could find no evidence to show that it has ever been applied against any person who has practised FGM (see [Legal context](#), [Prevalence](#) and [Protection and support](#)).
- 2.5.4 The Government and some NGOs run shelters for women, however shelters run by NGOs can be subject to attacks by family members of people taking refuge and are regularly closed down following complaints from locals.
- 2.5.5 In general, the state may be able but is not usually willing to provide protection. However, the onus will be on the person to demonstrate why they cannot obtain such protection (see [Protection and support](#)).
- 2.5.6 For further guidance on assessing the availability of state protection, see the Asylum instruction on [Assessing Credibility and Refugee Status](#).

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2.6 Internal relocation

- 2.6.1 Where the person has a well-founded fear of persecution from non-state actors and there is no state protection, decision makers must determine whether the person could relocate internally to a place (in particular within the majority of the country where FGM rarely takes place) where they would not face a real risk of persecution or serious harm, where they can reasonably be expected to stay and where it would not be unduly harsh to expect them to do so. Each case must be considered on its individual merits.
- 2.6.2 For more on internal relocation within Iraq, see the Country Policy and Information Note [Iraq: Internal relocation, civil documentation and returns](#).
- 2.6.3 For further guidance on internal relocation more generally, see the instruction on [Assessing Credibility and Refugee Status](#).

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2.7 Certification

- 2.7.1 Where a claim is refused, it is unlikely to be certifiable as ‘clearly unfounded’ under section 94 of the Nationality, Immigration and Asylum Act 2002.

2.7.2 For further guidance on certification, see [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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Country information

Section 3 updated: 06 November 2019

3. Overview

3.1.1 The World Health Organization (WHO) stated the following regarding female genital mutilation (FGM):

‘Female genital mutilation (FGM) 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.

‘The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths.

‘[...] Procedures are mostly carried out on young girls sometime between infancy and adolescence, and occasionally on adult women.’¹

3.1.2 Dr Annemarie Middelburg, founder of Middelburg Human Rights Law Consultancy (MHRLC), an organisation aiming to ‘contribute towards the advancement of girls’ and women’s rights and the elimination of all forms of VAW [violence against women] and girls, including FGM/C [female genital mutilation/cutting]’² stated the following during a lecture she gave in The Hague in February 2019: ‘As is the case in many countries, FGM/C had been a taboo subject in Iraq. Women suffer silently and men are barely involved. Girls in Iraqi Kurdistan are usually cut at age 4-12. It is mostly done by a traditional cutter with a razor blade. As it is often a collective (but not public) event, there is a risk to infection of HIV.’³

3.1.3 WADI, a German non-government organisation (NGO) that has promoted ‘self-help programmes in the Middle East since 1992’⁴ and runs ‘campaigns against FGM (Female Genital Mutilation)’⁵ stated the following in an article published on 6 March 2017:

‘Female Genital Mutilation (FGM) is one important mechanism, among others, of tight social control over women. Female Genital Mutilation (FGM), like sexuality in general was considered an absolute taboo. In 2004, WADI Garmyan mobile teams succeeded to break the silence and discovered that female genital mutilation is widespread in northern Iraq. A pilot study gave evidence that 907 out of 1544 questioned women were victims of FGM. Up till [sic] then FGM was considered an “African practice”.

‘[...] Local mobile teams found out that FGM in northern Iraq is usually practiced by female family members or traditional midwives on girls aged between 4 to 12 years. Instruments like razors and knives are used to cut girls’ clitoris according to the “sunnat excision”, i.e. the excision according to the tradition of the prophet. The wound is usually covered with ash to stop

¹ WHO, ‘Female Genital Mutilation’, 31 January 2018, [url](#)

² MHRLC, ‘Vision, Mission and Values’, undated, [url](#)

³ MHRLC, ‘Lecture about FGM/C in Iraqi Kurdistan in the Hague’, 1 March 2019, [url](#)

⁴ WADI, ‘About’, undated, [url](#)

⁵ WADI, ‘About’, undated, [url](#)

the bleeding, but no drugs are given. Sometimes girls have to sit in a bowl of icy water.

'Women justify this practice either by religion, tradition or medical reasons. Uncircumcised girls are not allowed to serve water or meals. Many women said that their daughter would not be able to get married uncircumcised. Most of the women are not aware of the long-term medical and psychological consequences of FGM. FGM can cause infertility, incontinence, complications in labor and even death.'⁶

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Section 4 updated: 05 November 2019

4. Legal context

4.1 Kurdistan Region of Iraq (IKR)

4.1.1 The Danish Immigration Service (DIS) and Landinfo stated the following in their report entitled 'Kurdistan Region of Iraq (KRI): Women and men in honour-related conflicts' published in November 2018 following a fact-finding mission to the region in April 2018:

'In 2011, the Kurdish Parliament passed the Law No. 8 2011 against Domestic Violence in the Kurdish Region. The act provides a legal basis for a wide variety of violent acts to be prosecuted as criminal offences. Such violent acts include, among others, forced marriage, marriage of minors, FGM, forcing family members to leave employment, suicide due to domestic violence and battering children and family members. The Domestic Violence Law is valid only in the KRI and does not regulate murder.'⁷

4.1.2 A report written by the Geneva International Centre for Justice (GICJ) published by the Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW) on 10 October 2019 stated that '[...] Article 6 of the Kurdistan Region Domestic Violence Act No. 8 (2011) stipulates that conducting FGM is punishable by a sentence of between six months to two years with a fine ranging from one million dinars to five million dinars [654 GBP and 3270 GBP approximately]. The sentence is more severe for the perpetrator of FGM on minors⁸.

4.1.3 Furthermore, an article published in January 2019 by Voice of America (VOA) entitled 'Women Strive to End Genital Mutilation in Kurdish Iraq' stated:

'[...] After years of campaigning, Kurdish authorities banned FGM under a 2011 domestic violence law, slapping perpetrators with up to three years in prison and a roughly \$80,000 fine.'⁹

4.1.4 A translated version of the law criminalising FGM by the Kurdish Parliament was published on 21 June 2011¹⁰.

⁶ WADI, 'The Campaign against Female Genital Mutilation', 6 March 2017, [url](#)

⁷ DIS & Landinfo, 'Women and men in honour-related conflicts', p14, Nov 2018, [url](#)

⁸ GICJ, 'Shadow Report on Iraq' 10 October 2019, [url](#)

⁹ VOA, 'Women strive to end genital mutilation in Kurdish Iraq', 2 January 2019, [url](#)

¹⁰ Iraq, 'Act of Combating Domestic Violence in the Kurdistan Region of Iraq', 21 June 2011, [url](#)

4.2 Areas outside of the IKR

- 4.2.1 The GICJ report published in October 2019 stated that ‘Outside of Kurdistan, there is no national law that [specifically] criminalizes FGM.’¹¹
- 4.2.2 A report entitled ‘The Lost Women of Iraq: Family-based violence during armed conflict’ published by Minority Rights Group International (MRGI) in October 2015 stated that ‘The federal government of Iraq does not have any legislation dealing with the issue of FGM. Many politicians deny that it exists outside of the Kurdish region.’¹²
- 4.2.3 However, an article published in May 2012 by the Network of Iraqi Reporters for Investigative Journalism stated: ‘Article 412 of the Iraqi Penal Code criminalizes “human mutilation for the purpose of abuse and distortion.”’¹³

¹¹ GICJ, ‘Shadow Report on Iraq’ 10 October 2019, [url](#)

¹² MRGI, ‘The Lost Women of Iraq: Family-based violence during armed conflict’, p31, Oct 2015, [url](#)

¹³ NIRIJ, ‘FGM in Kurdistan – Painful Stores in Search for Happy Endings’, 15 May 2012, [url](#)

5. Prevalence

5.1.1 A study carried out and published in October 2019 looked at the geographical variation in the prevalence of FGM in the Kurdistan region of Iraq using data obtained from the Multiple Indicator Cluster Survey (MICS) conducted in 2011. The study produced a number of graphics to display the varying levels of prevalence across Iraq as a whole and across the different districts in the governorates in the IKR and are shown below. It should be noted that a more recent MICS has been carried out (and is mentioned below) but no comparable graphics were found during CPIT's research.



Figure 1. Prevalence of female genital mutilation in all governorates of Iraq, including the three governorates of the Kurdistan Region of Iraq.¹⁴

¹⁴ Shabila, N, 'Geographical variation in the prevalence of FGM', p632, 13 October 2019, [url](#)



Figure 2. Prevalence of female genital mutilation in the districts of the governorates of the Kurdistan Region of Iraq¹⁵

5.1.2 The study concluded that:

‘The prevalence of female genital mutilation was highest in Erbil (62.9%) and Sulaimany (55.8%) governorates in the Kurdistan Region of Iraq. The prevalence was highest in the districts of Pishdar (98.1%), Rania (95.1%), Choman (88.5%), Dukan (83.8%) and Koya (80.4%). In 20 of the 33 districts, the prevalence of female genital mutilation was significantly lower in the younger age group (15–30 years). The difference between the two age groups was small and not statistically significant in the districts of Pishdar, Rania and Dukan. The main cluster of districts with a high prevalence of female genital mutilation is located in the eastern part of the Kurdistan Region of Iraq along the border with the Islamic Republic of Iran.’¹⁶

5.1.3 An article published in January 2017 by Stop FGM Middle East, an initiative set up by WADI in 2013¹⁷, stated that:

‘A study by the Heartland Alliance in cooperation with Unicef and the High Council of Women Affairs shows a dramatic decrease in rates of female genital mutilation (FGM) in Northern Iraq when comparing mothers and

¹⁵ Shabila, N, ‘Geographical variation in the prevalence of FGM’, p633, 13 October 2019, [url](#)

¹⁶ Shabila, N, ‘Geographical variation in the prevalence of FGM’, p630, 13 October 2019, [url](#)

¹⁷ Stop FGM Middle East, ‘About us’, undated, [url](#)

daughters. Among mothers surveyed 44.8% reported to be cut compared to 10.7% of their daughters. Results also show a direct link between campaigning and decline of rates. Religion remains a major factor among those who continue the procedure on their children.

'The Heartland Alliance, an international non-government organization based in the US, surveyed a sample of 5990 mothers of girls aged 4 to 14 from the four governorates of the Kurdish region of Iraq Erbil, Dohuk, Suleymania and Halabja. The decline in FGM rates was found across all regions and in all education and income groups.

'Most noticeable are the declines in Erbil, Suleymania and Halabja, where FGM rates were previously much higher than in the province of Dohuk. While 60.3% of mothers reported to be cut in Suleymania, they reported this about their daughter only in 11.8% of the cases. In Halabja, the practice seems to be almost eradicated. While 40% of mothers said they had undergone the procedure, only 1.1% of their daughters had done so.

'In Dohuk, FGM rates have been traditionally low, the majority Kurmanji population does not practice FGM: Only 7.4% of mothers here said to be cut. The decline in the daughter's generation was comparably small with 4.1% of mothers reporting their daughters to be cut.'¹⁸

- 5.1.4 A report published in May 2018 by the Finnish Immigration Service noted that there are variations in FGM incidence between different ethnic groups and religions within Kurdistan. The report stated the following based on a study conducted in 2012 by WADI:

'FGM/C was found to be the most prominently practiced by Kurds (64% in Kirkuk city and 71.4% in rural areas), Arabs (19.5% and 29.6%, respectively) and Turkmen (8.5% and 21.2%, respectively). The survey found that Christians did not practice FGM/C. [...] The procedure is somewhat less common among Shia Arabs than among Sunni Arabs (Shia 21.4%, Sunni 26.6%). Of the seven Kaka'i women who participated in the survey, three had been circumcised.'¹⁹

- 5.1.5 The article published in January 2019 by Voice of America (VOA) stated numbers of FGM have dropped steadily since the Kurdish authorities banned its practice. The article stated:

'In 2014, a U.N. children's agency (UNICEF) survey found 58.5 percent of women in the Kurdish region had been mutilated.

'This year, UNICEF found a lower rate: 37.5 percent of girls aged 15-49 in the Kurdish region had undergone FGM.

'It compares with less than 1 percent across the rest of Iraq, which has no FGM legislation.'²⁰

- 5.1.6 The United States Department of State (USSD) 2018 Country Report for Human Rights Practices in Iraq published in March 2019 stated 'NGOs and the KRG (Kurdistan Regional Government) reported the practice of FGM/C

¹⁸ Stop FGM Middle East, 'Steep decline of FGM rates in Iraqi Kurdistan', 10 January 2017, [url](#)

¹⁹ FIS, 'Overview of the status of women living without a safety net in Iraq', p25-26, 22 May 2018, [url](#)

²⁰ VOA, 'Women strive to end genital mutilation in Kurdish Iraq', 2 January 2019, [url](#)

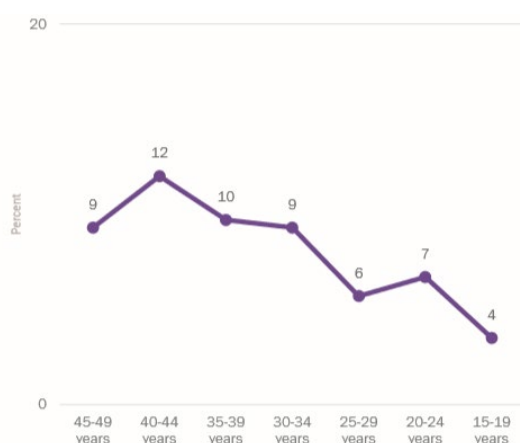
persisted in the IKR (Iraqi Kurdistan Region), particularly in rural areas of Erbil, Sulaimaniyah, and Kirkuk Governorates, and among refugee communities, despite a ban on the practice in IKR law. Rates of FGM/C, however, reportedly continued to decline. FGM/C was not common outside the IKR.²¹

5.1.7 The European Asylum Support Office (EASO) March 2019 ‘Targeting of Individuals’ report stated that ‘Outside the Kurdish region the extent of the practice remains unclear. Recent studies carried out by local rights group point out that it takes place in other governorates as well, despite the official stance that the practice is limited to the Kurdish region.’²²

5.1.8 A Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Central Statistical office and the Kurdistan Statistical office with technical and financial support provided by UNICEF. These surveys are used to monitor and measure progress in the rights of children and women in Iraq. The survey is based on internationally approved scientific methodologies and used a representative sample at national and governorate levels of 20,520 families throughout Iraq²³. The survey briefing report published in March 2019 stated:

‘The results of the survey showed that (7.4%) of women aged (15-49) underwent FGM. The majority of cases occur in Kurdistan region (37.5%), compared with only 0.4 percent in central and southern Iraq. The results show declining [rates] in the past 14 years, the percentage has dropped to 1% of girls aged 0-14 years who have undergone FGM, most of them in the Kurdistan region (3%) ... in urban areas and in girls whose mothers did not receive formal education or uneducated families [...] It is clear that the highest percentage of FGM (12%) appears among women in the age group (40-44) years and then the rate is fallen to lowest value (4%) in women with the age group (15-19) years and this practice is rejected (94%) of women aged (15-49) years where they felt that it should be stopped.’²⁴

5.1.9 A graph showing the decline in FGM rates by different age cohorts²⁵



²¹ USSD, ‘Iraq Country Reports on Human Rights Practices for 2018’, 13 March 2019, [url](#)

²² EASO, ‘Iraq – Targeting of Individuals’, p164, March 2019, [url](#)

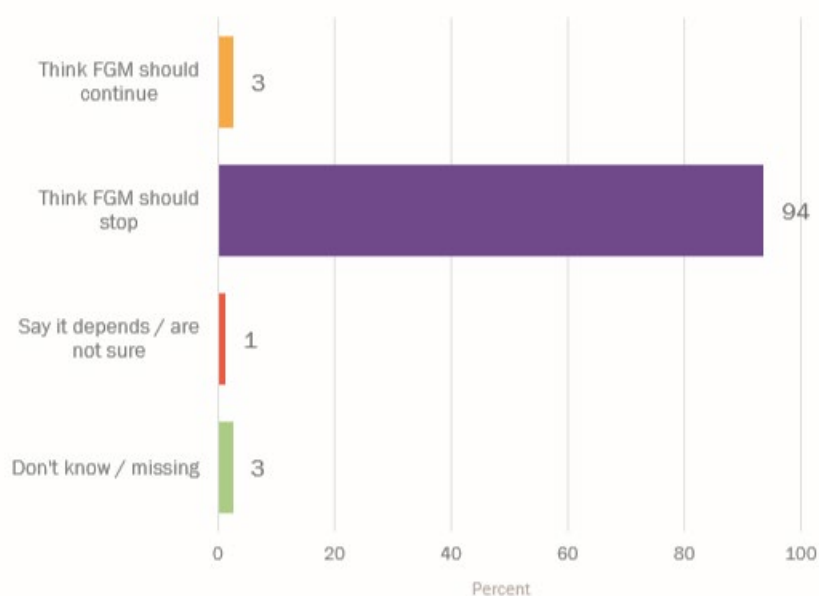
²³ UNICEF, ‘2018 Multiple Indicator Cluster Survey Briefing - Introduction’, 14 March 2019, [url](#)

²⁴ UNICEF, ‘2018 Multiple Indicator Cluster Survey Briefing’, p53, 14 March 2019, [url](#)

²⁵ UNICEF, ‘2018 Multiple Indicator Cluster Survey Briefing’, p54, 14 March 2019, [url](#)

5.1.10 A graph showing the attitudes towards FGM²⁶

Attitudes to FGM



Percentage distribution of girls and women age 15 to 49 years who have heard about FGM, by their attitudes about whether the practice should continue

- 5.1.11 The survey findings report also published in March 2019 found that 7.4% of the 30,660 women aged between 15-49 interviewed and 0.5% of the 24,438 girls aged between 0-14 have undergone some form of FGM. The survey also found that FGM is most prevalent among girls and women aged between 15 and 49 within the Kurdistan region, with Sulaimaniya (46.5%) and Erbil (46.6%) being the governorates with the highest number of cases²⁷.
- 5.1.12 Dr Annemarie Middelburg stated the following in precis of a lecture she gave in The Hague in February 2019 'The next part of my presentation focused on the decline in prevalence in Iraqi Kurdistan, which is absolutely amazing (especially when you compare it to the prevalence rates in African countries). In 2010, the FGM/C prevalence rate was 72%, meaning that 72% of adult women in the Kurdish region had undergone FGM/C. In 2014 this was 58.5% and in 2019 only 37.5%. This is very good news!²⁸
- 5.1.13 A report published in June 2019 by the European Asylum Support Office (EASO), which cited various sources, stated:
- 'It is reported that FGM/C is particularly found in the part of KRI bordering Iran, but is practiced across KRI. In KRI, sources indicate that the main areas where FGM still prevails are villages in northern Sulaymaniyah, the Germian district, and in villages in Erbil; Rania is also one of the places where FGM still takes place.

²⁶ UNICEF, '2018 Multiple Indicator Cluster Survey Briefing', p54, 14 March 2019, [url](#)

²⁷ UNICEF, 'Multiple Indicator Cluster Survey 2018-Survey Findings Report', p256 14 March 2019, [url](#)

²⁸ MHRCLC, 'Lecture about FGM/C in Iraqi Kurdistan in the Hague', 1 March 2019, [url](#)

'Sources note that, generally, Arab girls do not undergo FGM, however, some studies have shown that women living in Kurdish dominated areas in Kirkuk and Garmian to a certain extent suffer the practice as well. A 2012 study indicated that the practice is most common among Sunni Muslims, but also practiced by Shia and Kaka'i. No information on FGM among Christians and Yazidi was available. It is also reported that the level of education is a relevant factor that influences the practice of FGM/C.'²⁹

- 5.1.14 A study entitled 'Female Genital Mutilation in Rural Regions of Iraqi Kurdistan: A Cross-Sectional Study' was published in July 2019. The study aimed to determine the prevalence of FGM in rural areas of Kurdistan and the attitudes towards it of various different people. A semi-structured questionnaire was used to interview 1657 mothers of 5048 daughters, 192 mullahs (religious leaders) and 386 mokhtars (community leaders). The results of the study indicated that 46.8% of the daughters had experienced FGM³⁰.
- 5.1.15 Despite a number of sources stating that FGM rates are declining the article published by MRGI in 2015 stated that '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.'³¹

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Section 6 updated: 08 November 2019

6. Societal attitudes

- 6.1.1 A May 2018 report by the Finnish Immigration Service (FIS) stated:
- 'In Iraqi Kurdistan, it is usually a female family member who requests the FGM/C procedure. These are traditionally-minded women – mothers, aunts and others who want what is best for the girl. The purpose of the practice is to ensure the girl's marriageability and honour in the eyes of the Kurdish community. The origins of the tradition in this region are unclear. Some said that it is an ancient tradition, while others ascribed it to social pressures and associated it with conceptions of purity and the marriageability and respectability of girls in the community. Some felt that female sexuality is something that needs to be controlled. Most believed that the procedure is of religious origin (Sunna). Because women are in an inferior social and financial position and have lower educational attainment, their ability to make informed choices is impaired. Their subordinate status also makes it difficult to shift their beliefs regarding FGM/C.'³²
- 6.1.2 A study looking at the knowledge and perspectives of FGM of local religious leaders in Erbil governorate was carried out between June 2016 and May 2017. The results of the study published in March 2018 stated that:

²⁹ EASO, 'Country Guidance: Iraq', p81, June 2019, [url](#).

³⁰ Abdulah, D et al, 'FGM in Rural Regions of Iraqi Kurdistan', 31 July 2019, [url](#)

³¹ MRGI, 'The Lost Women of Iraq: Family-based violence during armed conflict', p33, Oct 2015, [url](#)

³² FIS, 'Overview of the status of women living without a safety net in Iraq', p25-26, 22 May 2018, [url](#)

'Participants [i.e. local religious leaders] believed that FGC [female genital cutting] is useful for reducing or regulating the sexual desire of women to prevent adultery and engagement in pre and extramarital sexual relations and to enhance hygiene of women. They indicated that there is no[t] any risk in doing FGC if there is no excessive cut. Most participants indicated that FGC is attributed to the religion and some considered it a tradition mixed with the religion. People rarely ask the advice of the religious leaders regarding FGC, but they frequently complain about the effects of the practice. Participants did not support having a law to ban FGC either because they thought it would be against the religion's advice on FGC or it will not work.'³³

- 6.1.3 Dr Annemarie Middelburg of Middelburg Human Rights Law Consultancy (MHRLC) stated the following during a lecture she gave in The Hague in February 2019:

'FGM/C is mostly done in Iraqi Kurdistan because people believe it is an obligatory Islamic tradition (although we know that the practice is not a religious obligation). Other reasons put forward include that it would prevent women from being sexually abusive, there are cultural reasons, people perform FGM/C because others do it and it is believed that FGM/C make the girls "clean". Also, there is a strong correlation between a lack of education and the prevalence of FGM/C: the higher the educational level, the lower the risk of FGM/C'³⁴

- 6.1.4 A qualitative study was conducted in Erbil between July and October 2016 by the Hawler Medical University where 51 women were interviewed in 6 focus groups. Information was gathered about the participant's perspectives and experiences of FGM in the Iraqi Kurdistan Region. The results of the study which were published in May 2019 in BMC Women's Health (a peer review journal considering the health and well-being of adolescent girls and women) stated:

'Regarding the reasons for practicing FGM, many participants, particularly the educated and non-mutilated from the city center, indicated that they do not know why FGM is practiced.

'[...] The other participants provided three main reasons for practicing FGM; reduce sexual desire, have halal hands and religious requirement. The participants pointed out that people think that FGM reduces sexual desire in girls and women and thus protect them from engagement in premarital sex or sexual promiscuity. This viewpoint was primarily emphasized by the poorly educated mutilated and non-mutilated participants from outside the city.

'[...] The participants indicated that some people consider uncircumcised girls and women [to] have haram hands, and thus the food they prepare or offer is haram (forbidden by Allah). People also think that women with no FGM are considered dirty. Some people even think that if anything is touched or done by an uncircumcised girl and women [it] will become haram, and nobody should eat or drink it. Thus the uncircumcised girl and women

³³ Ahmed, H et al, 'Knowledge & Perspectives of FGC among religious leaders', 7 March 2018, [url](#)

³⁴ MHRLC, 'Lecture about FGM/C in Iraqi Kurdistan in the Hague', 1 March 2019, [url](#)

will become stigmatized and isolated in the family and community. Such social stigma will push the family to subject their daughters to FGM and even push adult females to pass through FGM at a later stage. This perspective was emphasized by the non-educated and mutilated participants from outside the city.

[...] The participants, notably the non-educated and mutilated, stressed that many people believe that FGM is a religious requirement and a Sunnah (the tradition of the Prophet Muhammad) and should be practiced by all Muslims. [...] Other reasons for practicing FGM included to become shy and get lucky that were primarily emphasized by the educated and non-mutilated participants from the city.

“I do not know. People say that if women are not circumcised, they do not become lucky in life.” (A participant from group 3).³⁵

6.1.5 The study ‘Female Genital Mutilation in Rural Regions of Iraqi Kurdistan: A Cross-Sectional Study’, published in July 2019 stated that:

‘Of 1643 mothers, 565 (34.4%) supported FGM for their daughters in the future, although 825 of 1652 (49.9%) mothers were aware that it was illegal. Eighty-six of 192 (44.8%) mullahs and 339 of 382 (88.7%) mokhtars supported abandoning the practice of FGM. Support for FGM was significantly higher among uneducated mothers than among educated mothers...and significantly higher among mothers with ≤9 years of education than among mothers with >9 years of education...’³⁶

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Section 7 updated: 07 November 2019

7. Combating FGM

7.1.1 An article published on 6 February 2019 by Kurdistan 24 entitled ‘Activists in the Kurdistan Region continue the fight to eradicate FGM’ stated the following regarding the work that WADI carry out in the Iraqi Kurdistan Region:

‘From its offices in Sulaimani, workers from the WADI organization have tirelessly campaigned for over a decade with authorities and with religious leaders that have been willing to speak to them.

‘They have also made hundreds of trips to rural areas where FGM is most common to speak to villagers and give classes and presentations to educate women and local officials on the grave emotional trauma and serious health risks it poses.

‘Over time, this multi-pronged attack has proved to be a strategy that has worked. Aside from the local effects of their constant advocacy, the group’s efforts have also brought much greater international attention to FGM occurring outside of Africa and were crucial to the process that led to the Kurdistan Regional Government (KRG) passing a law in 2012 that banned it.’³⁷

³⁵ Ahmed, H et al, ‘Women’s perspectives of FGM in Iraqi Kurdistan Region’, 16 May 2019, [url](#)

³⁶ Abdulah, D et al, ‘FGM in Rural Regions of Iraqi Kurdistan’, 31 July 2019, [url](#)

³⁷ Kurdistan24, ‘Activists in Kurdistan continue to fight to eradicate FGM’, 6 February 2019, [url](#)

7.1.2 The same source also went on to state about how the Kurdistan Regional Government (KRG) is planning on eradicating the practice of FGM:

‘At a recent conference on FGM in Egypt, the KRG, in cooperation with the United Nations Populations Fund (UNFPA), announced a new action plan to eradicate the practice in the Kurdistan Region by 2028. According to a WADI representative that attended the conference, the UNFPA was noticeably more cautious about how it worded the likely effects of the plan than a KRG official present, who confidently pledged it would be completed in just five years.

‘As part of the program, the KRG Ministry of Health would train staff in primary health care units to inform parents about FGM when they are doing vaccinations, and the Ministry of Education would arrange training with teachers and parents.

‘Another crucial part of the action plan would be the involvement of the Ministry of Religious Affairs, and that it would instruct imams to talk in their Friday sermons about the hazards of FGM. In the past, religious leaders have been some of the most vocal and most hostile critics of WADI’s past work and to the general notion of banning FGM.

“Many mullahs, they use the excuse of religion or that it is something mandatory to do, aside from the cultural pressure,” Mohammad [WADI’s Women Project Coordinator] continued.

‘In more conservative areas like the district of Ranya, she said, changing the minds of religious figures and recruiting them to the cause is an essential part of its success.

“We cannot cover all of these places, where there is also much domestic violence, female suicides, and burnings,” Mohammad said, remarking that female deaths publicly reported as suicides are often actually honor-based killings committed by family members. Recent instances of such disturbing incidents have been most notable, according to WADI’s field research, in Ranya and Erbil.

‘Multiple aspects of traditional social systems that have often supported or concealed such acts against women and girls need to be challenged to have a chance of eradicating FGM in Kurdistan, Mohammad stressed.

“There are a lot of different people involved in the decision to mutilate their daughters. We need to involve all of them.”³⁸

7.1.3 The USSD report on Iraq stated that ‘NGOs attributed the reduction in FGM/C to the criminalization of the practice and sustained public outreach activities. For example, in April [2018] media reported on the efforts of activists like Kurdistan Rasul, a victim of FGM/C who encouraged men and women in IKR villages to end the practice.’³⁹

7.1.4 An article published in January 2019 by Voice of America (VOA) entitled ‘Women Strive to End Genital Mutilation in Kurdish Iraq’ also reported on the activities of Kurdistan Rasul:

³⁸ Kurdistan24, ‘Activists in Kurdistan continue to fight to eradicate FGM’, 6 February 2019, [url](#)

³⁹ USSD, ‘Iraq Country Reports on Human Rights Practices for 2018’, p50, 13 March 2019, [url](#)

‘Dark skies were threatening rain over an Iraqi Kurdistan village, but one woman refused to budge from outside a house where two girls were at risk of female genital mutilation.

“I know you're home! I just want to talk,” called out Kurdistan Rasul, 35, a pink headscarf forming a sort of halo around her plump features.

‘For many, she is an angel — an Iraqi Kurdish activist with the Germany-based nonprofit Association for Crisis Assistance and Development Cooperation (WADI), on a crusade to eradicate female genital mutilation (FGM).

‘[...] Rasul, who herself was cut at a young age, is helping to eradicate FGM in the village of Sharboty Saghira, east of the regional capital, Irbil.

‘She has visited 25 times, challenging its imam on perceptions FGM is mandated by Islam and warning midwives about infections and emotional trauma.

‘That morning, she used the mosque's minaret to vaguely invite villagers to discuss their health. When eight women entered the mosque, she patiently described FGM's dangers. At the end, a thin woman approached Rasul and said her neighbor was planning to mutilate her two toddlers. That sent Rasul clambering up the muddy pathway to the house, first knocking, then frantically demanding to be allowed in.

‘But the door remained shut. “We are changing people's convictions. That's why it's so hard,” Rasul told AFP, reluctantly walking away.’

‘[...] Rasul told AFP it was hard to combat a form of gender-based violence that women themselves practiced.

“Young men and women agree FGM should stop. But after we leave a village, older women talk to them and tell them: ‘Be careful, that NGO wants to spread problems,’ ” she said.’⁴⁰

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Section 8 updated: 07 November 2019

8. State protection

8.1.1 A report entitled ‘The Lost Women of Iraq: Family-based violence during armed conflict’ published by Minority Rights Group International (MRGI) in October 2015 stated:

‘Despite the passage of the law, implementation remained a serious challenge. One year after the law was introduced, UNAMI [United Nations Assistance Mission for Iraq] reported that no successful prosecutions had been achieved in the area of FGM, while HRW [Human Rights Watch] 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

⁴⁰ VOA, ‘Women strive to end genital mutilation in Kurdish Iraq’, 2 January 2019, [url](#)

victim in her community and home, and would offer little benefit to the victim once the procedure had already been performed.’⁴¹

8.1.2 A report published in May 2018 by the Finnish Immigration Services stated: ‘FGM/C was prohibited by law in Iraqi Kurdistan in 2011, and the incidence of the practice has since decreased. However, the authorities do not enforce the law systematically, and midwives are able to carry on performing the procedure unsanctioned.’⁴²

8.1.3 The Danish Immigration Service (DIS) and Landinfo conducted a fact-finding mission to the Kurdistan Region of Iraq in April 2018 looking at women and men in honour-related conflicts. The report published in November 2018 stated the following regarding the implementation of the 2011 law against domestic violence:

‘One barrier for the implementation of Law on Domestic Violence of 2011 is the patriarchal mentality of the society as well as the discriminatory mind-set of the judges towards women. Furthermore, men are holding the top positions in politics, in the judiciary as well as in the police. The lower ranks of police officers do not take women seriously when they report family conflicts or violence, and this prevents many women from seeking protection in the legal system.’⁴³

8.1.4 The same source noted the following about women reporting crimes to the authorities (this was in the context of honour crimes, but it is useful information generally regarding FGM):

‘The Kurdistan Regional Government (KRG) established [the] DCVAW [Directorate of Combating Violence Against Women] as a directorate under the Ministry of the Interior and a wing of the KRG police where women could report violence committed against them. As the DCVAW realised that the problem was huge, they opened sub-offices. Until late 1990’s or early 2000, there was no place for women to seek help.

[...] The victims of honour crimes and domestic violence are often reluctant to approach the authorities. However, at the DCVAW, a majority of the received cases are filed by women. Women who seek protection from the police are met with different types of reaction, which explains her reluctance to report crimes: In some cases, the police will send the woman back to her family, or they will tell her that this is a family issue, or try to calm the woman down and ask her to talk to her family. Or, the police may blame the woman for the harassment or violence herself. Furthermore, women risk being harassed by some staff at the police stations and her intentions will be questioned.’⁴⁴

8.1.5 An article published in May 2012 by the Network of Iraqi Reporters for Investigative Journalism entitled ‘Female Genital Mutilation in Kurdistan - Painful Stories in Search for Happy Endings’ stated: ‘Article 412 of the Iraqi Penal Code criminalizes “human mutilation for the purpose of abuse and

⁴¹ MRGI, ‘The Lost Women of Iraq: Family-based violence during armed conflict’, p33, Oct 2015, [url](#)

⁴² FIS, ‘Overview of the status of women living without a safety net in Iraq’, p26, 22 May 2018, [url](#)

⁴³ DIS & Landinfo, ‘Women and men in honour-related conflicts’, p15, Nov 2018, [url](#)

⁴⁴ DIS & Landinfo, ‘Women and men in honour-related conflicts’, p16, p18, Nov 2018, [url](#)

distortion.” This article hasn’t been applied so far against any person who has practiced FGM.’⁴⁵

- 8.1.6 CPIT was not able to find information on any individuals being arrested and prosecuted for carrying out FGM at the time of writing in the sources consulted in compiling this note – see [bibliography](#) for full list of sources.

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Section 9 updated: 07 November 2019

9. NGO assistance

- 9.1.1 ‘Stop FGM in Kurdistan’ is a network of local and international organisations, human rights activists, artists and journalists. The following is stated on their website:

‘The relief organization WADI is supporting women-led mobile teams which raise awareness on FGM and provide concrete help to the villagers. The teams are visiting villages and schools mainly in rural areas where the education level of women is low and this kind of aid usually is not available.

‘The teams work in remote areas in Suleimaniyah, Halabja, Pishder, Qandil and Garmyan. They consist of a doctor/nurse and a social worker or psychologist. The concept is effective and sustainable: On the one hand the teams provide practical help (medical emergency aid, sanitary products, toys) and offer social counseling and concrete help for women in need. On the other hand they are gradually creating a trustful relationship to the women which allows them to raise issues like women’s rights, violence against women, sexuality, and FGM. They leave no doubt they stand by the villagers, and in case of good cooperation they will defend the interests of the village.

‘Through their continuous work the teams are very much trusted among the villagers in the operation areas. They are listened to, and they are able to change minds. According to their experience actually many women would like to protect their daughters from FGM, but lack sufficient support to resist the enormous social pressure. The mobile teams are able to encourage and support these women.

‘All teams are closely cooperating with the local women’s centers and shelters.’⁴⁶

- 9.1.2 The Jiyan Foundation for Human Rights, an organisation that ‘supports survivors of human rights violations, promotes democratic values and defends fundamental freedoms in Kurdistan-Iraq’⁴⁷ stated that ‘The Jiyan Foundation supports the Stop FGM in Kurdistan campaign, offers medical and psychological support for survivors and their families and helps to raise public awareness on the dire consequences of this practice.’⁴⁸
- 9.1.3 The 2018 DIS and Landinfo report stated the following regarding women’s shelters in Iraqi Kurdistan:

⁴⁵ NIRIJ, ‘FGM in Kurdistan – Painful Stores in Search for Happy Endings’, 15 May 2012, [url](#)

⁴⁶ Stop FGM Kurdistan, ‘Projects – Our Common Goal: Banning FGM Effectively’, undated, [url](#)

⁴⁷ The Jiyan Foundation, ‘Our Mission’ undated, [url](#)

⁴⁸ The Jiyan Foundation, ‘Female Genital Mutilation (FGM) in Iraq’, undated, [url](#)

'There is a shelter for women in each of the bigger cities in KRI: Erbil, Sulaimania and Dohuk. These shelters are run by the KRG authority DCVAW. The capacity for each centre is approximately 20 to 40 women. In Sulaimania there is also a privately managed shelter. [...] Regarding the average time that a woman will spend in the DCVAW managed shelters, WEO said that some women spend six to eight months and other women up to five or six years; while DCVAW said that generally cases will be solved during 6 months.

'Access to the DCVAW centres normally requires a court order. However, in urgent cases a woman can access the shelter directly with a court order being filed subsequently. The women in the shelters are not allowed to leave the shelter without a court order. Family members can still be allowed to see the women in the shelter without the consent of the women. Shelters run by NGOs have experienced attacks from victims' families, and this is one of the reasons why most of them have been closed. Shelters run by the state are less inclined to be attacked, because the state is seen as a stronger protector than the private actors.

'[...] The profile of women residing in the shelters includes both rural and urban girls. Many women are reluctant to go to a shelter, because women in the shelters are seen as outcasts. There are very few well educated women in the shelters. Most of the women in the shelters are from families in which violence is frequently used and the men believe that women should not have education and jobs. Some Arab women have accessed the shelters in KRI.'⁴⁹

9.1.4 WADI provided information about three independent women's centres supported by WADI in Iraqi Kurdistan in an article entitled 'Women Centres' published in March 2017⁵⁰.

9.1.5 The USSD 2018 report stated the following on shelters in central and southern Iraq:

'While the law does not explicitly prohibit NGOs from running shelters for victims of gender-based crimes, the law allows the Ministry of Labor and Social Affairs to determine if a shelter may remain open, and the ministry did not do so. As a result, only the Ministry could operate shelters in central government-controlled territory. NGOs that operated unofficial shelters faced legal penalties for operating such shelters without a license. NGOs reported that communities often viewed the shelters as brothels and asked the government to close them; on occasion, shelters were subject to attacks. In order to appease community concerns, the ministry regularly closed shelters, only to allow them to reopen in another location later.'⁵¹

9.1.6 The United Nations Population Fund (UNFPA) produced a document in 2019 that contains information on the five shelters that they support across Iraq and Iraqi Kurdistan⁵².

⁴⁹ DIS & Landinfo, 'Women and men in honour-related conflicts', p18, Nov 2018, [url](#)

⁵⁰ WADI, 'Women Centres', 6 March 2017, [url](#)

⁵¹ USSD, 'Iraq Country Reports on Human Rights Practices for 2018', p49, 13 March 2019, [url](#)

⁵² UNFPA, 'UNFPA-Supported Women Shelters – Offering Women a Second Chance', 2019, [url](#)

Terms of Reference

A 'Terms of Reference' (ToR) is a broad outline of what the CPIN seeks to cover. They form the basis for the [country information section](#). The Home Office's Country Policy and Information Team uses some standardised ToRs, depending on the subject, and these are then adapted depending on the country concerned.

For this particular CPIN, the following topics were identified prior to drafting as relevant and on which research was undertaken:

- Legal context
- Overview
- Societal attitudes
- Prevalence
- State actions
 - To respond to FGM
 - To prevent FGM
- Assistance available to women

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Version control

Clearance

Below is information on when this note was cleared:

- version **2.0**
- valid from **11 February 2020**

Changes from last version of this note

Updated COI and assessment.

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