

End FGM EU's contribution to the Call for Evidence on a Comprehensive Approach to Mental Health

Female Genital Mutilation (FGM) consists of the partial or total removal of external female genitalia for non-medical reasons. It is internationally recognised as a gross violation of human rights, a form of violence against women and girls and a manifestation of gender inequality. The practice has no health benefits - on the contrary it can have severe and long-lasting harmful physical and psychological consequences. Most relevant to this consultation, FGM is a matter of public health¹ as it is a violation of a person's right to the highest attainable standard of health, it damages healthy genital tissue and can lead to severe consequences for girls' and women's physical and mental health.

200 million girls and women alive today have undergone FGM. At current rates, an additional estimated 68 million girls face being cut by 2030. It is estimated that around 600.000 women are living with the consequences of FGM in Europe.

Studies have found that FGM Survivors may have higher rates of mental health disorders, particularly: depression, anxiety disorders, post-traumatic stress disorder (PTSD), somatic (physical) complaints with no organic cause (e.g. aches and pain), flash backs².

For Survivors and people at risk of undergoing gender-based violence (GBV), such as FGM, access to mental health support services is key, yet too often difficult to access.

FGM-affected communities are among the groups at risk of being disproportionately impacted by mental ill-health. Lack of access to sexual and reproductive health and gender-based violence based on societal and gendered norms, often combined with discrimination, challenging socio-economic conditions and migration³, put FGM-affected women at a heightened risk of mental health and psychosocial issues. But despite certain groups being more likely to bear an unequal burden, they are also less likely to receive tailored mental health support⁴.

¹ Including serious economic burden on the health system as estimated by WHO through FGM Cost Calculator tool <https://www.who.int/news/item/06-02-2020-economic-cost-of-female-genital-mutilation>

² Knipscheer et al., 2015 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4706216/>; Berg et al., 2010 <https://pubmed.ncbi.nlm.nih.gov/29320049/>

³ Since 2012, EIGE has been mapping the prevalence of FGM in the EU by estimating the number of women and girls (aged 0–18 years) at risk of FGM and identifying good practices to tackle it. [...] In Denmark, Luxembourg and Austria, girl asylum seekers are at a higher estimated risk of FGM than the general migrant population. This highlights the importance of having gender-sensitive asylum procedures in place to prevent FGM and protect girls at risk, and to help women and girls who have undergone FGM (EIGE, 2021b). The study also demonstrates the need to strengthen sensitivity to intersecting inequalities, including through culturally sensitive approaches in sexual and reproductive healthcare systems (see Section 9.2.1.). EIGE, Gender Equality Index 2021 <https://eige.europa.eu/news/gender-equality-index-2021-fragile-gains-big-losses#:~:text=The%20EU%20scores%2068%20points,fragile%20gains%20in%20gender%20equality>.

⁴ Ethnic minorities, women and girls, people with disabilities, LGBTI, undocumented people and those with difficult socio-economic realities are just a few examples of groups that are more likely to bear unequal burden of morbidity and mortality. From lack of information to inaccessible standards of mental health support, discrimination is upheld and maintained at a structural level,



The COVID-19 pandemic also bore a mental health toll⁵ which disproportionately impacted more vulnerable groups, including FGM-affected communities⁶.

It is clear that, in order to successfully tackle gender-based violence and eliminate FGM, gender- and culturally-sensitive mental health support services are necessary and should be fully accessible and tailored to the needs of Survivors as well as affected communities at large. One promising practice⁷ we have identified when mapping support services for FGM Survivors is that of **multidisciplinary health or referral centres**⁸: these centres have the ability to focus on all relevant healthcare dimensions when providing care to FGM survivors by employing midwives, psychologists, sexologists, gynaecologists/surgeons and social workers who are able to offer tailor-made and Survivor-centred care. Professionals working together while focussing on the same patient guarantee a targeted, integrated and holistic approach. Health-care providers have a key role in supporting Survivors overcome the negative effects of FGM and can also play an important part in shifting beliefs and care practices, thus supporting the prevention and elimination of FGM.

In line with these considerations and with the EU's outlined priorities, including among others in the Gender Equality Strategy, the Anti-Racism Action Plan, the LGBTIQ Equality strategy, the EU Child Rights Strategy, a Comprehensive Approach to Mental Health must:

- Promote an intersectional approach to mental health, taking into account the socio-economic variables that impact mental health of individuals;
- Mainstream mental health support and awareness raising in all relevant policies, including reception and asylum-seeking procedures.
- Ensure mental health support services are accessible for all, including migrant and asylum seekers⁹, and covered by the universal health coverage;

preventing vulnerable groups from receiving adequate care". https://www.mhe-sme.org/wp-content/uploads/2021/10/FINAL_Statement_Mental-Health-Advocacy-Platform-4-konvertiert.pdf

⁵ EIGE, Gender Equality Index 2021

⁶ <https://www.endfgm.eu/news-en-events/news/covid-19-and-fgm-an-end-fgm-eu-survey-on-the-pandemic-impact-on-women-girls-and-organisations/>

⁷ Promising practices on how to effectively tackle FGM in Europe are collected in our Interactive Online Map on FGM in Europe: <https://map.endfgm.eu/map>

⁸ This type of care is best provided in Belgium, by i.a. Cemavie in St. Pierre's hospital in Brussels where a dedicated permanent team provides holistic care. We see that in France, while multidisciplinary care is available, more and more private clinics are offering the surgery but without a multidisciplinary approach, and we feel this may be a concerning development. Reconstructive surgery can be beneficial and efficient, but is not always necessary or the most appropriate type of care. Screening by a multidisciplinary team can prevent a woman from receiving surgery when treatment by a psychologists and sexologist would be a much better fit for a specific woman: a multidisciplinary centre would better guarantee this. <https://www.endfgm.eu/content/documents/reports/Final-SPP-report.pdf>

⁹ Mental health, and medical care, should be accessible to everyone regardless of their status, to avoid fear of reporting or deportation. In Spain, Germany and Belgium, undocumented migrants have in principle the right to basic medical care, but exercising this right is made more difficult by the risk of discovery by the immigration authorities and deportation, even if passing on data to the police or immigration authorities violates medical confidentiality. This is why many undocumented migrants are afraid to go to the doctor and prefer to turn to NGOs providing services, as they fear that their irregular status would otherwise be



- Ensure a human rights-based and participatory approach: survivors of gender-based violence should be consulted in all initiatives aimed at designing mental health strategies and approaches targeting them;
- Integrate mental health awareness education, comprehensive sexuality education and tackling of harmful gender norms in all school curricula;
- Increase awareness raising efforts and training of professionals: it is key to ensure that in all Member States the relevant health-care providers, such as mental health specialists, be aware of the consequences and trauma that FGM can cause and well trained on how to provide the necessary support to Survivors, including by promoting the use of relevant tools such as WHO's training tool for care providers ¹⁰;
- Promote a multidisciplinary approach to care and support for Survivors: mental health care is a key component of the support that a GBV Survivor needs and should be part of a holistic path to health, employing as a minimum a psychologist, sexologist and a specialised gynaecologist;
- Ensure that all relevant health policies both at EU and Member State level be based on acknowledging that there is no health without mental health;
- Establish funds specifically dedicated to preventing and responding to mental health complications, including as part of national action plans to combat gender-based violence.

About End FGM EU

The End FGM European Network (End FGM EU) is an umbrella network of 35 European organisations based in 16 European countries operating to sustain European action to ending female genital mutilation. Our mission is to be the driving force of the European movement to end all forms of FGM, joining the forces of communities and civil society organisations, and building synergies and cooperation with all relevant actors in Europe and globally.

You can find more about our mission and strategic priorities [here](#).

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discovered. There are some initiatives that provide health advice and referral services for undocumented migrants, but the barrier to actively seeking help there is high. <https://www.endfgm.eu/content/documents/reports/Final-SPP-report.pdf>

¹⁰ <https://www.who.int/news/item/03-02-2022-supporting-health-care-providers-to-make-positive-change-who-launches-new-training-tools-on-female-genital-mutilation-prevention-and-care>