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3.11.2. Female genital mutilation or cutting (FGM/C)

COMMON ANALYSIS
Last update: October 2025

○ 3.12.2.a. Women and girls who have not undergone FGM/C

The analysis below is based on the following EUAA COI reports: Country Focus 2025, 1.2.2.; FGM/C 2023, 1.; Country Guidance should not be referred to as a source of COI.

FGM/C remains nearly universal in Somalia, with a 99.2% prevalence rate among women as of 2020, and no significant change reported in recent years. The most common and severe form practiced is the Pharaonic (WHO Type III), though there is a noted shift among some communities toward the less severe Sunna (depending on the exact form performed can correspond to Type I, Type II or Type III).

Despite the constitutional ban, Somalia lacks national legislation criminalizing FGM/C. In 2024, Galmudug became the first state to outlaw all forms of FGM/C, though enforcement remains limited.

FGM/C is widely seen as essential for social acceptance, marriage prospects, and religious compliance, with over 70% of women intending their daughters to undergo the practice. The primary factors driving the continuation of FGM/C include tradition, religious beliefs, social acceptance, financial incentives, and the perception that the practice protects girls. It is primarily performed by traditional practitioners and increasingly by medical professionals. One source indicated that women and girls returning from Europe are usually pressured to undergo FGM/C.

Step 1: Do the reported acts amount to persecution?

FGM/C amounts to persecution.

Step 2: What is the level of risk of persecution?

A well-founded fear of persecution would in general be substantiated in the case of girls who have not undergone FGM/C in the whole of Somalia, including South-Central Somalia, Puntland and Somaliland, as in Somalia, FGM/C is a widespread and deeply rooted practice, predominantly carried out on underage girls.

For a woman in Somalia, not to have been subjected to FGM/C is very exceptional. The circumstances under which the applicant had managed to avoid being subjected to FGM/C should be given due consideration.

In the exceptional case that a **woman has not undergone FGM/C**, the individual assessment of whether there is a reasonable degree of likelihood, to face persecution should take into account **risk-impacting circumstances**, such as:

- **Age**: While approximately 99 % of women in Somalia had undergone FGM/C, the majority had undergone FGM/C between the ages 5-9. Old(er) women may have a lower risk to be subjected to FGM/C.

- **Marital status**: FGM/C is commonly performed before marriage, as it is linked to notions of premarital virginity and purity, creating therefore strong societal pressure on families to have their daughters undergo the practice to improve their marriage prospects.

- **Tradition and the views of family on the practice**: Women originating from families/communities with more traditional views would be exposed to a higher risk. Stigma and social isolation for themselves, their daughters and their families occurred for women who were not circumcised. Over 70 % of Somali women aged 15-49 years old believe that FGM/C is a religious requirement. Traditionally mothers and occasionally grandmothers are in control of the decision whether their daughters would undergo FGM/C. Fathers play a secondary role.

- **Home area**: Awareness regarding FGM/C was specifically reported as low among pastoralist communities.

Step 3: Is there a ground for persecution?

Where well-founded fear of persecution is substantiated, for an applicant under this profile, this is highly likely to be for reasons of **membership of a particular social group**, due to the innate characteristic and/or common background which cannot be changed (not being subjected to FGM/C) and their distinct identity in Somalia. Persecution of this profile may also be for reasons of **religion**, since FGM/C is broadly

regarded as a religious requirement.

○ 3.12.2.b. Women and girls who have undergone FGM/C

This profile refers to women and girls who have already undergone FGM/C and focuses on the risk to be subjected to FGM/C again.

The analysis below is based on the following EUAA COI reports and query: Country Focus 2025, 1.2.2.; FGM/C 2023, 1., 2., 2.1., 2.2.; Country Guidance should not be referred to as a source of COI.

Women who underwent infibulation (type III) can be re-infibulated, such as after de-infibulation and childbirth, premarital relation/sexual intercourse or rape to 'restore the honour', or after a divorce. Women who underwent a milder form of FGM/C (type I or type II) can be subjected, in some cases, to an infibulation (type III).

Step 1: Do the reported acts amount to persecution?

FGM/C amounts to persecution.

Step 2: What is the level of risk of persecution?

There is diverging information regarding the prevalence of different forms of repeated FGM. Nevertheless, the following considerations can be highlighted and the individual assessment of whether there is a reasonable degree of likelihood for women and girls who have been subjected to FGM/C to undergo FGM/C again **in the whole of Somalia, including South-Central Somalia, Puntland and Somaliland**, should take into account **risk-impacting circumstances**, such as:

- **Age and marital status**: Some sources indicated that de-infibulation and re-infibulation are very common and part of the childbirth process. In rural settings, after giving birth, women may be re-infibulated by a midwife. This procedure is performed as part of the midwife's routine to carry out deliveries from start to finish. However, if the midwife either refuses to carry out the re-infibulation or does not perform the procedure, it may be performed by a traditional cutter. Other sources reported that re-infibulation becomes less relevant once a woman has been pregnant, or is already married and no longer a virgin. Some women

have opposed to their re-infibulation, some have not explicitly consented, others have been pressured and others have 'voluntarily' been re-infibulated for the sake of their husbands. Therefore, women of older age are less likely to undergo FGM/C again. De-infibulation and re-infibulation may be more likely for women who are young enough to give birth. Women seeking remarriage may choose to be re-infibulated.

- **Other (family) perceptions and traditions**: Women could be re-infibulated when the initial infibulation is considered not been done 'properly'. Furthermore, parents of victims of rape often force their daughter to undergo re-infibulation so as to restore her honour and protect her marital status. The same could apply to unmarried women who have had premarital relationships or in the case of women or girls whose infibulation was damaged due to an accident. Therefore, women who have lost their virginity pre-marriage, have a higher risk of being subjected to FGM/C again.

- **Type of FGM/C experienced:** women who are infibulated may have a higher risk to be defibulated and re-infibulated, depending also on their age and marital status. Regarding women who had previously undergone Sunni circumcision, one source indicated that they are not usually (re-)infibulated, however they might be pressured to do it. It has been reported that girls who had undergone the Sunni type of FGM/C were insulted as 'unclean' and incapable of controlling their sexual desires. The treatment of other women in the family can provide insight into how the family perceives and practises FGM/C.

Step 3: Is there a ground for persecution?

Where well-founded fear of persecution is substantiated, for an applicant under this profile, this may be for reasons of **membership of a particular social group**. For example, they may be subjected to persecution for refusing to be subjected to FGM/C again (fundamental belief), or because of a common background which cannot be changed (e.g. victims of rape) and their distinct identity as impure in the surrounding society. Persecution of this profile may also be for reasons of **religion**, since FGM/C is broadly regarded as a religious requirement.

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