



Research Article

Country Conditions and Relational Risk: A Framework for Individualized Assessment in Female Genital Mutilation Asylum Claims

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International Social Research Nexus (ISRN), 2(3), 1-20.<https://doi.org/10.63539/isrn.2026026>**Copyright**© 2026 The Author(s). Published by Scholar Cave. This is an open access article distributed under the terms of the [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).**Abstract**

Female genital mutilation (FGM) is recognized as a serious human rights violation and may constitute gender-based persecution warranting international protection. Yet the prospective question in an asylum claim is individualized: whether a particular woman or girl faces a real future risk in light of her own circumstances. This conceptual and methodological article, which does not present original data from human participants, develops a relational framework that supplements rather than replaces country-conditions evidence. It argues that population-level conditions acquire individualized significance through family authority, kinship obligation, community expectations, marriage relations, economic dependence, religious and traditional legitimacy, protective ties, alternative networks, and formal institutions. Seven analytically distinct but interacting mechanisms are specified: authority concentration, dependence and relational autonomy, network closure and social monitoring, informal social sanctioning, access to alternative networks, protective relationships, and the practical reach of formal institutions. Temporal change is integrated into each mechanism rather than treated as a separate add-on. The framework is illustrated, not validated, through published United Kingdom FGM decisions, including decisions that both support and complicate relational reasoning. An expanded assessment matrix identifies evidentiary indicators, interaction effects, and safeguards against mechanical scoring. Its contribution is methodological: it shows how country conditions, social-network and social-norm theory, and the circumstances of an individual claim can be brought into the same analysis without treating network characteristics as automatic indicators of danger. It concludes that country conditions establish context, while relational structures help explain how that context becomes individualized risk.

Keywords

Female Genital Mutilation, Asylum, Refugee Law, Individualized Risk, Social Networks, Informal Authority, Gender-Based Persecution.

1. Introduction

Female genital mutilation (FGM) remains one of the most important forms of gender-based harm challenging international human rights and refugee protection. Global estimates indicate that more than 230 million girls and women alive today have undergone FGM, with the total number increasing greatly as population growth outpaces the rate of abandonment in a number of practicing societies ([UNICEF, 2024](#); [WHO, 2025](#)). The practice has no health benefits and is associated with immediate and long-term physical, sexual, reproductive, and psychological consequences ([WHO, 2025](#)). International institutions have as a result treated FGM not simply as a public health concern but as a violation of the rights and bodily integrity of girls and women. Under immigration and refugee law, it is well established that the threat of FGM may constitute

persecution and provide a basis for legal protection if relevant legal standards are satisfied (UNHCR, 2009; UNHCR, 2019). However, recent comparative analysis of FGM-related asylum decisions reveals continuing inconsistency in risk assessment, state-protection analysis, and internal-relocation reasoning across national adjudicatory systems (Güler, 2026). The persistence of such difficulties suggests that recognition of the seriousness of FGM has not eliminated a more fundamental analytical challenge: how generalized knowledge about a country, population, or community should be translated into an assessment of the future vulnerability of a particular individual.

Country conditions evidence is essential to this inquiry. Reports produced by international organizations, governments, researchers, and human rights bodies provide information concerning prevalence, geographic and ethnic variation, age at cutting, legislative prohibition, enforcement practices, public attitudes, and changing patterns over time. Without such evidence, meaningful analysis of an FGM-related protection claim would be impossible. But country conditions evidence is usually generated at an overall, population-wide level. It can establish that FGM is widespread in a particular region, that the practice is declining among younger cohorts, that criminal legislation has been enacted, or that certain communities exhibit stronger support for rejection. What it cannot usually explain by itself is why one woman or girl faces intense pressure to undergo FGM while another originating from the same country, region, ethnic group, locality, or even extended family does not. This limitation reflects neither a failure of country reporting nor a weakness of epidemiological analysis. Rather, it reflects a difference between the level at which much evidence is available and the level at which individualized future risk must ultimately be evaluated. Population-level evidence describes social environments. Individualized analysis requires an explanation of how those environments affect a particular person.

This article argues that the missing analytical link lies in the applicant's relational environment. Decisions concerning FGM rarely emerge from isolated individual choice or from abstract cultural norms operating independently of concrete social networks. They arise through interactions among parents, grandparents, extended relatives, community members, marriage networks, religious and traditional authorities, economic relationships, and formal institutions. These relationships distribute authority and resources, communicate expectations, establish obligations, provide or withhold protection, and impose sanctions for compliance or noncompliance. The relevant question is therefore not just whether FGM is culturally accepted, statistically prevalent, religiously justified by some actors, or formally prohibited by the state. It is also who possesses practical authority over the individual, how dependent she and her immediate family are upon those actors, what consequences may follow resistance, which alternative relationships can provide resources or legitimacy, and whether formal institutions are capable of altering the balance of power surrounding her.

The practical problem addressed here also arises in expert country-conditions work. I have prepared country-conditions reports and provided paid expert testimony in FGM-related asylum and humanitarian-protection proceedings in the United States and Europe. That experience helped identify the recurring analytical difficulty examined in this article, but it also creates a potential professional and financial interest that requires explicit reflexivity. The framework was therefore designed to be directionally neutral: each mechanism must be examined for both risk-elevating and risk-reducing effects; the absence of relational evidence cannot itself be treated as evidence of safety; and the analysis does not presume that dense kinship, religious authority, family dependence, or weak formal institutions necessarily produce persecution. Published sources, publicly available case law, and independent scholarship are used to ground the analysis, while examples from expert practice are not treated as data or proof. The aim is to make visible the reasoning that connects generalized evidence to the circumstances of an individual claimant, while allowing the same relational evidence to support either a higher or a lower assessment of risk.

A relational approach is consistent with a broad sociological tradition emphasizing that behavior is embedded within social structures rather than produced only by individual preferences acting alone (Granovetter, 1973; Lin, 2001). Social relationships can provide resources such as information, income, housing, employment, childcare, identity, legitimacy, and protection. Such resources are commonly analyzed through the concept of social capital. Yet social relationships may also impose costs through dependence, obligations, reputational restrictions, surveillance, exclusion, and demands for conformity. The corresponding concept of social liability highlights the possibility that embeddedness itself can limit action and expose actors to risk (Leenders & Gabbay, 1999). FGM provides an especially clear illustration of this dual character. A dense kinship network may protect a girl when influential relatives oppose cutting and rally resources against it, while the same structural density may heighten vulnerability where respected relatives support the practice and possess the authority to coordinate compliance. Community integration may provide economic security and social support, even as it raises the social costs of refusing an accepted practice. The significance of a relationship therefore cannot be inferred simply from its strength or existence. It depends upon its content, the resources attached to it, the distribution of authority, and its position within a wider configuration of relationships.

Bourdieu, Coleman, and Putnam, writing from different traditions, each treat a person's network of relationships as a resource that can be turned into information, support, or standing; that is the capital side of the duality just described. The liability side is less developed but just as important. Leenders and Gabbay's original formulation of social liability, and their later extension of the same distinction to the social capital of organizations, argue that the same structural features that produce capital for one actor, density, closure, reciprocity, can just as easily produce restriction, obligation, and exposure for another (Gabbay & Leenders, 2001; Leenders & Gabbay, 1999). The author has applied this same social capital and social liability distinction to other persecution-related contexts bearing directly on asylum claims, including honor norms and gender-based violence in Nigeria and the limits of formal state protection against sectarian violence in Pakistan (Gabbay, 2026; Gabbay, 2025). This article extends that same duality to FGM in a more systematic way: the kinship and community networks around a girl or woman are neither uniformly protective nor uniformly dangerous, and the task is to work out, case by case, which side of that duality currently dominates and why.

Recent FGM research points the same way, showing that attitudes and behavior depend on interpersonal communication, influential local actors, and network position rather than on a norm's mere existence (Sood & Ramaiya, 2022; Shell-Duncan et al., 2021; Hayford et al., 2020; Gutiérrez-García et al., 2022; Agboli et al., 2022; Doucet et al., 2022). Section 2 reviews this literature in more depth; the point to carry forward here is that broader normative environments are always mediated through particular social relationships and through unequal distributions of authority, dependence, resources, and alternatives.

The theoretical claim developed in this article is therefore more specific than the proposition that "relationships matter." Country conditions establish the broader environment within which risk exists, while relational structures provide mechanisms through which that environment becomes consequential for particular individuals. Several mechanisms are especially important: concentration of authority in actors favoring or opposing FGM, economic and social dependence upon those actors, network closure and the resulting capacity for monitoring and coordination, informal social sanctioning, access to alternative networks and resources, the availability of protective relationships, and the practical reach of formal institutions. These mechanisms do not operate independently. Their interaction produces relational configurations that may either amplify or diminish vulnerability. A woman or girl exposed to a strongly pro-FGM norm may nevertheless possess substantial protection where parents exercise autonomous authority, alternative economic resources are available, supportive relatives possess influence, and formal institutions can intervene effectively. Another individual living under identical national laws and similar prevalence conditions may face much greater vulnerability where authority is concentrated in relatives favoring FGM, economic dependence is high, network closure intensifies social pressure, and realistic alternatives are weak. This is a sharper claim than existing tools allow for: risk-factor lists in the public-health literature tend to count indicators, treating family attitude, community prevalence, and education as separate predictors to be tallied rather than weighed against each other, while UNHCR guidance requires individualized assessment without specifying how an adjudicator is meant to move from a country report to a finding about one applicant. That gap in how the translation actually gets made is a large part of why outcomes vary so much across similar facts, and Section 4 tries to close it by turning these seven mechanisms into an assessment matrix for use in individual claims.

The purpose of the article is primarily methodological and conceptual. It situates individualized FGM risk within public-health, anthropological, social-norm, human-rights, refugee-law, diaspora, and credibility-assessment literatures; specifies seven relational mechanisms and explains how they can be distinguished even when they interact; organizes them as a configurational assessment rather than a checklist; and integrates temporal change into each mechanism. Published United Kingdom decisions are used illustratively to show both the usefulness and limits of relational reasoning; they do not constitute empirical validation. The article's substantive claims are confined to FGM. Forced marriage and other socially embedded harms are treated only as possible domains for future comparative testing.

2. Existing Approaches to Understanding FGM Risk

FGM has generated a substantial interdisciplinary literature, but the major approaches have generally been developed to answer different questions. Public health research has concentrated on prevalence, health consequences, demographic distribution, and intervention. Anthropological scholarship has examined the meanings associated with cutting and the social structures through which it is reproduced. Social-norm and convention theories have focused on interdependent expectations and coordinated behavioral change. Human-rights approaches have established the practice's incompatibility with fundamental rights and promoted legal prohibition and prevention. Refugee law has addressed persecution, nexus, state protection, internal relocation, and the circumstances under which threatened FGM justifies international protection (UNHCR, 2009, 2019; Güler, 2026). Taken together, these perspectives provide a sophisticated understanding

of FGM. Still, none was originally designed specifically to explain why individuals sharing apparently similar country conditions may face very different levels of future vulnerability.

Public health scholarship has established the empirical foundation of contemporary FGM knowledge. WHO identifies a wide range of immediate and long-term health consequences, while UNICEF data document both the global scale of the practice and significant variation across countries and generations (UNICEF, 2024; WHO, 2025; UNICEF, 2013). Earlier systematic reviews similarly demonstrate important effects on sexual health and well-being (Berg & Denison, 2012). Such evidence is essential because it identifies the seriousness of the harm and the populations within which exposure is concentrated. Yet epidemiological evidence is basically about probabilities and averages, not individuals. A prevalence rate estimates the share of a population affected by a practice; it does not reveal how risk is distributed internally among individuals occupying different family and community positions. Even relatively specific demographic categories may conceal substantial differences. Two girls living in the same locality and belonging to the same ethnic group may differ in parental attitudes, household authority, economic resources, marriage expectations, exposure to influential relatives, and access to institutions. The methodological problem is therefore not that prevalence evidence lacks relevance, but that its relevance to an individual requires explanation.

Human-rights approaches illuminate a second dimension. International institutions treat FGM as a violation of the rights, health, security, physical integrity, and equality of women and girls (WHO, 2025; WHO, 2008). The resulting legal and normative transformation has been substantial. Numerous countries have adopted criminal prohibitions, governments have participated in international abandonment initiatives, and public discourse surrounding the practice has changed significantly. Nevertheless, formal prohibition does not necessarily produce uniform behavioral effects. FGM may continue where enforcement remains weak, where families perceive the matter as lying outside legitimate state intervention, or where informal authority retains greater practical influence than law. Earlier anthropological work warned that legal and rights-based interventions can interact unpredictably with locally embedded meanings and relationships (Shell-Duncan, 2008). More recent research similarly emphasizes that changing behavior involves not merely changing legal rules or private beliefs but reshaping the expectations and relationships through which practices are maintained (Sood & Ramaiya, 2022). Formal law is therefore best understood as one source of potential authority within a broader relational environment. It may provide powerful support to a parent resisting FGM in one setting while offering little practical protection to another individual who cannot realistically rally state institutions.

Anthropological scholarship has been especially important in demonstrating why FGM cannot be understood as a simple function of individual preference. Classic ethnographic work situates the practice within systems of kinship, sexuality, marriage, adulthood, identity, gender, and social belonging (Gruenbaum, 2001; Shell-Duncan & Hernlund, 2000; Boddy, 2007). Such research helps explain why actors may support practices outsiders regard as obviously harmful and why the same practice can carry very different meanings across societies. Contemporary anthropology continues to emphasize the importance of treating FGM as socially embedded and of understanding locally variable mechanisms of persistence and change rather than reducing it to a universal cultural script (Van Bavel & Gibson, 2026). Ethnographic research among individuals who depart from current practices further illustrates that abandonment can involve reinterpretation of honor, marriage, family obligations, and social legitimacy rather than merely acquisition of biomedical information (Doucet et al., 2022). These insights are directly relevant to individualized vulnerability because they demonstrate that culture is not an undifferentiated force. Cultural expectations are sustained, contested, and transformed through actors occupying particular positions within concrete social networks.

Social-convention and social-norm theories develop this insight more formally. Mackie's influential comparison of foot-binding and infibulation described FGM as a convention sustained partly by interdependent expectations, particularly where marriage and social acceptance depend upon coordinated behavior (Mackie, 1996). Subsequent work elaborated how abandonment can occur through collective shifts in expectations and coordinated social change (Mackie, 2000; Mackie & LeJeune, 2009). UNICEF incorporated these ideas into its analysis of harmful social conventions (UNICEF, 2005), while more recent empirical frameworks examine attitudes, normative expectations, sanctions, interpersonal communication, and influential network actors (Sood & Ramaiya, 2022). This literature is highly relevant to the relational framework proposed here, but the two approaches are not identical. Social-convention theory principally seeks to explain why a practice persists or declines at the group level. The present analysis asks a different question: why do particular individuals within the same broader normative environment experience different levels of enforceable pressure? To answer that question, normative expectations must be integrated with differences in authority, dependence, network structure, protective relationships, and institutional access.

Recent empirical research supports this distinction. Shell-Duncan and colleagues found that men constituted a substantial share of influential core-network members in their Senegalese research, but the nature and direction of male influence differed sharply by study site (Shell-Duncan et al., 2021). In one setting, men and older women reinforced a constellation of norms linking FGM to marriage and social inclusion; elsewhere, erosion of those gender norms allowed fathers to advocate abandonment. Hayford and colleagues similarly found that community-level norms and gendered opportunities were associated with girls' risk across four West African countries, but the strength and form of those relationships varied across contexts (Hayford et al., 2020). Sood and Ramaiya's social-norm framework emphasizes the relevance of attitudes, identity, sanctions, and interpersonal networks to FGM-related behavior (Sood & Ramaiya, 2022). Together, these studies suggest that relational structure does more than transmit a single uniform norm. It shapes whose views matter, how expectations are communicated, whether sanctions are credible, and which actors can successfully challenge current practices.

Refugee law introduces the individualized and prospective dimensions. UNHCR's FGM guidance recognizes that girls and women threatened with the practice may qualify for refugee protection and emphasizes the importance of examining the individual circumstances of the claimant (UNHCR, 2009). The UNHCR Handbook similarly places individual facts within the broader country context (UNHCR, 2019), while major refugee-law scholarship emphasizes prospective risk and the practical availability of state protection (Goodwin-Gill & McAdam, 2021; Hathaway, 2021; Foster, 2007). Yet legal doctrine cannot itself supply all of the social analysis necessary to understand the applicant's position within a family or community. The difficulty is visible in recent comparative research on FGM-related asylum decisions. Güler's analysis of thirty rulings across several jurisdictions identifies recurring problems in individualized risk assessment, state-protection analysis, and internal relocation, including inconsistent applications of existing UNHCR principles (Güler, 2026). These inconsistencies suggest that doctrinal standards alone do not eliminate the need for a more explicit methodology connecting broad country evidence with individualized social circumstances.

A closer reading of UNHCR guidance narrows the contribution claimed here. The 2009 FGM Guidance Note does not reduce FGM claims to national prevalence. It requires attention to the claimant's individual circumstances, family position, protection, and internal relocation. The 2019 Handbook likewise directs decision-makers to assess statements in light of personal background and the broader situation in the country of origin, while recognizing the evidentiary difficulties inherent in refugee status determination. The gap is therefore not an absence of individualized legal guidance. It is methodological: the guidance identifies legally relevant inquiries but does not provide a social-relational procedure for explaining how family authority, dependence, monitoring, sanctions, alternative networks, protective actors, and institutional access combine to make a generalized practice more or less enforceable against a particular person. The framework is consequently an operational supplement to existing legal guidance, not a replacement for it (UNHCR, 2009, 2019).

The relational approach therefore builds upon rather than replaces existing perspectives. Public health evidence establishes prevalence and consequences; anthropology explains social meaning and embeddedness; social-norm research identifies expectations, sanctions, and processes of coordinated change; human-rights analysis establishes normative and institutional responses; and refugee law defines the legal inquiry. Relational analysis connects these levels by asking through which relationships broader conditions are converted into vulnerability or protection for a particular individual. The analytical object shifts from the national prevalence rate or the abstract norm to the configuration of actors, resources, authority, dependence, sanctions, and alternatives surrounding the individual.

2.1. Contemporary Network and Norm Theory and the Article's Contribution

The framework draws on classic social-capital and embeddedness scholarship, but its contribution does not depend on claiming that authority concentration, closure, dependence, or sanctioning are newly discovered network phenomena. Contemporary network analysis emphasizes that outcomes depend on the pattern of ties, resources flowing through them, and mechanisms linking structure to behavior rather than on density alone (Borgatti et al., 2009). Burt's work on brokerage shows that nonredundant ties can alter opportunity and constraint, directly informing alternative networks and relational exit (Burt, 2004). Bicchieri's theory of social norms distinguishes empirical expectations, normative expectations, and conditional preferences; her concept of the reference network is especially useful because the people whose expectations matter are not necessarily coterminous with a village, ethnic group, or national population (Bicchieri, 2017). These developments sharpen the framework by requiring the analyst to identify not merely whether a norm exists, but whose expectations matter, who can observe deviation, who can impose consequences, and what alternative relationships change the costs of resistance.

None of these component concepts is new. What is developed here is a way of using them together in the specific problem of individualized FGM risk assessment. Country conditions describe the broader environment; relational mechanisms show how pressure and protection operate within it; and the asylum inquiry asks what those arrangements mean for the particular claimant's future risk. The social-capital/social-liability distinction is deliberately bidirectional. A family tie, a closed network, an authority relationship, or an institutional connection can protect in one setting and expose a person to danger in another, depending on what the relationship enables and whose purposes it serves. The seven mechanisms also have to be read together. Dependence, for example, matters more when decision-making authority is concentrated in the same people on whom the applicant relies. Closure has greater significance when those who observe noncompliance can impose meaningful sanctions. A protective relative matters only if that person can intervene effectively, just as a legal prohibition matters only if the applicant can realistically use the institutions that enforce it.

Migration complicates any assumption that the relevant relational environment ends at the territorial border. Research in European diaspora communities shows that migration may weaken some pressures while leaving transnational family expectations, marriage networks, and reputational concerns intact. [Gutiérrez-García et al. \(2022\)](#) show that migration can alter the social-convention environment, while community-based research in Europe demonstrates that expectations can continue through networks linking diaspora communities and countries of origin ([Alhassan et al., 2016](#)). The implication is not that diaspora ties automatically increase risk. It is that authority, monitoring, resources, and protection may be transnational.

Credibility assessment also requires caution. Coherence, detail, plausibility, and documentary consistency can be affected by interviewing practices, trauma, language, and decision-maker assumptions. Socio-legal and refugee-law research emphasizes uncertainty and discretion in evidentiary assessment ([Bodström, 2020](#); [Noll, 2021](#); [Liudden, 2020](#)). The relational framework is not a credibility test and should not demand a sociologically sophisticated narrative from an applicant. Its function is to organize whatever reliable evidence is available while keeping uncertainty visible, particularly for applicants with low literacy, limited knowledge of extended-family arrangements, or social isolation.

3. Relational Foundations of Individualized FGM Risk

The relational framework begins from the sociological proposition that action is embedded in ongoing relationships. Granovetter's critique of atomized models of behavior emphasizes that economic and social action cannot be adequately explained without examining the networks in which actors are situated ([Granovetter, 1973](#)). Lin's theory of social capital similarly describes social structure as a distribution of resources accessible through relationships ([Lin, 2001](#)). Embeddedness, however, does not necessarily benefit the actor, for the same reason already illustrated above: the same network that supplies resources can just as easily impose obligations, dependence, exclusion, reputational restriction, or other liabilities ([Leenders & Gabbay, 1999](#)). The effect of relational embeddedness therefore depends upon both network structure and relational content.

This perspective provides a way to deepen social-convention analysis. Families do not encounter a social norm from equivalent positions. They differ in their dependence upon other families, access to alternative networks, authority within kinship hierarchies, economic resources, and relationships with formal institutions. The same norm may as a result exert radically different levels of practical restriction. A family that privately opposes FGM but depends upon senior relatives for housing, employment, inheritance, and marriage connections may face substantial costs for noncompliance. Another family in the same community may possess independent income, supportive relatives, and diversified networks and may therefore resist the same norm at far lower cost. What is at stake is not only whether a social expectation exists but how the individual is embedded within the relationships through which it can be enforced.

3.1. Authority Concentration

The first mechanism is authority concentration. Formal responsibility and practical social authority do not always match. A mother or father may possess legal authority over a child while a grandparent, senior female relative, lineage elder, religious figure, or economically dominant family member exercises greater practical influence. Authority may derive from age, control over property, customary status, gendered family roles, religious legitimacy, reputation, or the ability to rally other relatives. As a result, counting how many family members support or oppose FGM may reveal less than identifying which actors occupy positions capable of making their preferences effective. One highly influential relative may outweigh several less powerful opponents. Conversely, widespread community support may have limited direct consequence where an autonomous nuclear family possesses sufficient economic and social independence to resist external demands.

Authority concentration also clarifies why parental opposition cannot automatically be equated with protection. Parents who reject FGM may nevertheless lack effective control over decisions where they are economically dependent upon extended kin or where grandparents retain customary authority. The reverse is equally important: a supportive grandmother or respected elder may protect a girl even where broader community attitudes remain favorable to FGM. What matters is not simply individual belief but the relationship between belief and the actor's position within the authority structure. Individualized risk increases when support for FGM coincides with control over resources, legitimacy, and decision-making capacity, while risk declines when opposing authority is sufficiently strong to block or undermine the practice. In social capital and social liability terms, concentrated authority is capital when it is held by actors who protect the applicant, and liability when it is held by actors who do not.

3.2. Dependence and Relational Autonomy

A second mechanism is dependence. Opposition to FGM does not by itself establish the practical capacity to resist it. Housing, income, employment, childcare, transportation, inheritance, education, and access to property may all be controlled through family relationships. An individual may therefore hold strong anti-FGM preferences while remaining materially dependent upon actors who support the practice. Under such conditions, resistance may threaten not merely family harmony but the economic and social foundations of everyday life. Dependence converts expectations into restrictions by raising the cost of noncompliance.

Relational autonomy should therefore be distinguished from abstract individual autonomy. Complete independence is neither realistic nor necessary. What matters is whether an individual possesses sufficient alternative resources and relationships to make resistance feasible. Education may be protective partly because it increases employment opportunities and expands access to new networks, while migration may reduce vulnerability by weakening dependence upon kin and exposing individuals to alternative sources of legitimacy. Yet neither variable is inherently protective. An educated woman who remains economically dependent on relatives may possess less practical autonomy than a less formally educated woman supported by influential anti-FGM kin. Similarly, urban residence may create alternatives for some while leaving others embedded in the same family structures. The point is not the demographic characteristic itself, but whether it changes the distribution of dependence.

3.3. Network Closure and Social Monitoring

A third mechanism concerns network closure. Dense networks in which relatives, neighbors, religious authorities, and potential marriage partners interact frequently can facilitate information exchange, coordination, monitoring, and collective sanctioning. When network closure is high, behavior becomes visible and deviations from expected practice can be communicated quickly. Multiple actors may reinforce the same expectation, while individuals may have relatively few social spaces outside the dominant network. Such structures can make informal norms highly effective even in the absence of direct coercion.

Network closure is not inherently risk-producing. Dense networks can also accelerate abandonment when influential actors collectively reject FGM and reinforce new expectations, and social-norm interventions often rely precisely upon the capacity of interconnected communities to coordinate behavioral change (Sood & Ramaiya, 2022; Mackie & LeJeune, 2009; UNICEF, 2005). Its consequences depend upon the content of the norm, the distribution of influence, and the applicant's access to actors capable of challenging current expectations. The relational inquiry therefore asks not only how connected a community is but which positions within it support or resist FGM and how effectively those positions can influence others. This is Coleman's closure argument for social capital and Gabbay and Leenders's social liability argument at the same time: the same dense network that lets a community enforce a norm quickly is exactly what lets it be turned into fast, effective protection once the influential actors in that network change sides.

3.4. Informal Social Sanctioning

A fourth mechanism is social sanctioning. Coercion need not take the form of explicit threats or physical force. Criticism, shame, exclusion, reputational damage, withdrawal of assistance, diminished marriage opportunities, and family conflict may all shape behavior. WHO itself identifies social pressure, fear of rejection, and expectations concerning marriage and adulthood as important factors in the persistence of FGM (WHO, 2025). Contemporary qualitative research likewise demonstrates that changing attitudes toward FGM may involve conflicts of loyalty between individual convictions and

family or community belonging (Agboli et al., 2022). These sanctions matter because relationships have value. The threat of losing access to resources or membership in a meaningful network creates leverage for those capable of imposing exclusion.

The significance of sanctions is therefore relationally variable. Community disapproval will have a stronger effect on an individual whose livelihood, housing, marriage opportunities, and social identity are tied closely to the sanctioning network than on someone with substantial alternative resources. This point distinguishes generalized evidence of stigma from individualized analysis. Establishing that a community disapproves of refusing FGM is relevant, but the more precise question concerns whether the applicant is positioned such that those sanctions are credible, enforceable, and consequential.

3.5. Alternative Networks and Relational Exit

A fifth mechanism is access to alternative networks. Individuals and families are better positioned to resist pressure when they can obtain resources, legitimacy, and social belonging from relationships outside the network enforcing FGM. Education, migration, employment, urban residence, civil society organizations, supportive religious leaders, health professionals, and state institutions may all provide such alternatives. Research among migrant women demonstrates that exposure to new normative environments can contribute to changes in attitudes, although those transformations remain shaped by continuing relationships with families and communities of origin (Gutiérrez-García et al., 2022; Agboli et al., 2022).

Alternative networks can reduce vulnerability in several ways. They may provide material resources that decrease economic dependence, information that challenges perceptions of universal community support, social recognition that reduces the cost of nonconformity, or institutional access that enables protection. The concept of relational exit is therefore more precise than the assumption that physical relocation itself produces autonomy. An individual may move hundreds of kilometers while remaining financially and socially dependent upon the same kinship network. Conversely, a new employment relationship or influential protective connection may greatly change an individual's options without major geographic movement. What matters is whether the new network alters the distribution of resources, legitimacy, and dependence.

3.6. Protective Relationships

Relational analysis must treat protective relationships as seriously as risk-producing ties. A framework concerned only with actors favoring FGM would systematically overstate vulnerability. Parents, siblings, extended relatives, teachers, employers, religious leaders, community organizations, health professionals, NGOs, and public authorities can all provide protection. Their effect depends not simply upon their attitudes but upon their ability to rally resources and authority. A sympathetic aunt who lacks economic independence may provide emotional support without changing the practical balance within the household, while a single respected elder or financially independent relative may be capable of blocking FGM despite broader community support.

Individualized vulnerability should therefore be described as the outcome of a relational balance rather than as exposure to a one-directional pressure. Risk-producing actors and protective actors occupy positions of unequal strength. Their relative authority, resources, legitimacy, geographic proximity, and mobilization capacity determine whether opposition can become effective. The framework as a result asks not merely whether support exists but whether protective relationships are sufficiently powerful, accessible, and durable to counter the relationships generating risk.

3.7. Formal Institutions and Informal Authority

Formal institutions enter the relational environment as potential sources of opposing authority. Legislation prohibiting FGM may alter incentives, provide legitimacy to opponents, and create mechanisms through which individuals can invoke state power against family or community pressure. Formal protection, however, is not equivalent to practical protection. Its effectiveness depends upon accessibility, enforcement, institutional willingness, geographical reach, and the applicant's ability to rally public authority. UNHCR's guidance recognizes the importance of examining whether state protec-

tion is available in practice rather than assuming protection from the existence of legislation alone (UNHCR, 2009). Recent comparative asylum research likewise identifies state-protection analysis as a continuing source of inconsistent adjudication in FGM cases (Güler, 2026).

The same legal prohibition can therefore produce different outcomes within the same country. A family with education, economic resources, and confidence in police institutions may use the law effectively to resist relatives. Another family may live in an area where officials are reluctant to intervene, may fear retaliation, or may be unable to access protection without losing housing and family support. The relational framework does not diminish the importance of formal law. It instead explains why law becomes effective when institutional authority can alter the practical balance among actors surrounding the individual.

3.8. Social Capital, Social Liability, and the Unifying Logic of the Seven Mechanisms

This section does not introduce an eighth mechanism. Rather, it provides the unifying theoretical explanation for the seven mechanisms developed above. Authority concentration, dependence, network closure, informal sanctioning, access to alternative networks, protective relationships, and the practical reach of formal institutions can all be understood through the duality between social capital and social liability. Social capital refers to resources, opportunities, legitimacy, information, and protection made available through relationships, while social liability captures the restrictions, obligations, dependence, exposure, and coordinated sanctions that the same relational structures can generate (Gabbay & Leenders, 2001; Leenders & Gabbay, 1999). The analytical significance of any network feature therefore depends not on whether the relationship is close, dense, or durable in the abstract, but on what resources and constraints flow through it, who controls them, and whether they expand or narrow the applicant's practical range of action. A highly cohesive family can function as capital when influential members protect a girl from FGM, yet the same cohesion can become liability when those members support cutting and can coordinate pressure. Economic dependence is liability when essential resources are controlled by risk-producing actors, but access to independent income or protective relatives converts relational position into capital. Network closure can magnify sanctions, yet it can also make collective abandonment effective once influential actors oppose the practice.

The value of this social capital/social liability formulation is that it explains why the seven mechanisms must be assessed configurationally rather than counted as separate risk factors. The same structural feature can reverse direction as the content of relationships changes, and one relationship may alter the practical effect of several others at once. This duality also travels beyond FGM. The author's application of social capital and social liability to honor norms and gender-based violence in Nigeria shows how family and community ties can supply protection and material support while simultaneously becoming infrastructures of coercive gender regulation (Gabbay, 2026). The same distinction has been used to analyze informal networks, state weakness, and coercive exposure in Pakistan (Gabbay, 2025). These cross-domain applications support the broader claim developed here: socially embedded vulnerability is produced when relationships that ordinarily provide belonging, resources, and protection are converted into channels of obligation, monitoring, exclusion, or coercion. The seven mechanisms are therefore best understood as different pathways through which a relational position becomes, on balance, protective social capital or constraining social liability.

The mechanisms overlap in practice, but they ask different questions. Authority concentration asks who can make or enforce important decisions, whereas dependence asks what the applicant stands to lose by resisting those people. Network closure is about how readily conduct becomes known and coordinated; sanctioning is about what happens once noncompliance is known. Alternative networks provide resources or belonging outside the risk-producing setting, while protective relationships involve particular people able and willing to intervene. Institutional reach is different again: it asks whether formal organizations can change the practical balance of power. A grandmother may possess authority without controlling housing; a dependent mother may nevertheless have a powerful protective brother; a dense community may monitor closely but impose weak sanctions; and a state may criminalize FGM while remaining practically inaccessible. The mechanisms should therefore be examined separately before their combined effect is considered.

4. A Relational Framework for Individualized Risk Assessment

The preceding mechanisms can be organized into a structured approach to individualized FGM risk. The starting point remains country conditions because broader social, legal, and institutional environments determine the range of relationships within which an individual is situated. National and regional prevalence, local patterns of abandonment, legislation, enforcement, migration, socioeconomic change, and documented community attitudes provide the contextual layer. Relational analysis then asks how these conditions operate through the applicant's particular social configuration.

The objective is not to replace contextual evidence with family history or to reduce risk assessment to interpersonal relations. It is to identify the mechanisms connecting the two levels.

Table 1 turns the seven mechanisms into questions that can be used when examining an individual claim. It sets out evidence that may point toward greater or lesser risk, together with interaction effects and temporal considerations. The table is intended to organize evidence, not to produce a score. There is no fixed weight for any mechanism; its importance depends on how it operates alongside the others in the circumstances of the case.

A numerical total would give the table a precision it does not possess. Nor does a greater number of risk-elevating indicators, by itself, establish the legal outcome. What matters is the causal importance of the evidence. A dense pro-FGM network may carry limited weight where a parent with effective authority and independent resources can prevent cutting; formal criminalization may carry limited protective weight where a dependent parent cannot realistically mobilize institutions. The assessment instead needs to explain which relationships matter most, how they interact, what evidence points in the opposite direction, whether the configuration is likely to persist, and what remains uncertain.

Table 1. Summary Assessment Matrix for Relational FGM Risk

Mechanism	Risk-elevating indicators	Risk-reducing indicators	Evidence / interaction guidance
Authority concentration	A small number of pro-FGM actors control key decisions and can coordinate action.	Authority is divided; influential actors oppose FGM.	Identify effective decision-makers, not stated preferences. Importance rises when dependence is high.
Dependence and relational autonomy	Housing, income, childcare, inheritance, mobility, or marriage prospects depend on pro-FGM actors.	Independent resources reduce the cost of resistance.	Use household, employment, remittance, property, and caregiving evidence.
Network closure and social monitoring	Frequent contact and rapid information flow permit observation and coordinated pressure.	Multiple unconnected circles, distance, privacy, or anti-FGM influential members reduce monitoring effects.	Ask how deviation becomes known. Closure alone is not risk; norm content matters.
Informal social sanctioning	Credible exclusion, withdrawal of support, reputational harm, marriage consequences, or coercion.	Sanctions are weak, contested, unenforceable, or offset by alternatives.	Seek concrete examples where possible. Monitoring and sanctioning are distinct.
Access to alternative networks	Few usable ties outside the risk-producing network.	Usable ties to employers, schools, NGOs, relatives elsewhere, diaspora contacts, or other communities.	Assess accessibility and resource value, not mere existence.
Protective relationships	Opponents lack authority/resources or are absent, unreliable, or dependent on the same network.	A parent, relative, spouse, leader, or institution can and will block FGM.	Ask what the protector can actually do and whether protection is durable.
Formal institutions and informal authority	Law exists but police/courts/shelters are inaccessible, ineffective, distant, corrupt, or socially costly to invoke.	Institutions can realistically alter the balance of power.	Separate formal prohibition from practical mobilizability.
Temporal change across all mechanisms	Foreseeable marriage, return, bereavement, economic loss, aging, or migration strengthens pro-FGM authority or weakens protection.	Foreseeable independence, stable protection, education, relocation, or institutional change reduces enforceability.	State what is stable, what may change, and why change is reasonably foreseeable.

An applicant may show indicators from both columns at once, tied to different people in her network; the task is still to weigh the practical authority, resources, and reach of the actors on each side, not to add up checkmarks.

The first inquiry concerns the distribution of authority within the immediate and extended family. Parental attitudes should be evaluated together with practical decision-making capacity. If parents oppose FGM, the analysis must consider whether they possess sufficient authority and resources to make that opposition effective. If influential grandparents or senior relatives favor the practice, their capacity to intervene depends upon their control over housing, finances, marriage arrangements, family reputation, and other resources. The framework therefore distinguishes stated preference from effective authority. Family relationships should not be treated as a simple binary between supportive and hostile households. Families are internally differentiated networks in which actors possess unequal power, resources, and legitimacy.

The inquiry then extends to the wider kinship network. Grandparents, aunts, uncles, elders, and other relatives may influence marriage, inheritance, childcare, property, financial assistance, and community reputation. Their geographic dispersion, frequency of interaction, economic ties, and ability to rally other family members affect the strength of their influence. A highly integrated kinship network in which senior relatives support FGM may coordinate pressure effectively, while internal disagreement or the presence of influential opponents may greatly weaken it. Geographic distance can reduce direct control but does not necessarily eliminate authority, particularly where financial dependence and frequent communication persist across locations. Individualized assessment therefore requires attention to network structure rather than merely listing relatives who favor or oppose FGM.

Community pressure forms another layer. General statements that FGM is "culturally accepted" provide limited analytical precision because communities vary in cohesion, internal diversity, and the severity with which conformity is enforced. Community-level research confirms that social norms and gendered opportunities affect FGM outcomes differently across contexts (Hayford et al., 2020). The key questions are how embedded the applicant and her family are in the community, the value of reputation and social membership, the availability of alternative networks, and the sanctions associated with refusal. A high-prevalence community may impose relatively weak sanctions where norms are rapidly changing, while a lower-prevalence setting may contain tightly connected subgroups in which FGM remains a powerful marker of belonging. Prevalence and relational enforcement therefore should not be treated as interchangeable.

Marriage expectations require particular attention because they often connect individual decisions to wider networks of family reciprocity. FGM may be associated with perceived marriageability, chastity, adulthood, respectability, or family honor in some settings (Gruenbaum, 2001; Boddy, 2007; Mackie, 1996). Recent social-network research demonstrates that marriage and social inclusion can remain important channels through which expectations are reinforced, but also that these mechanisms may erode and change across communities (Shell-Duncan et al., 2021). The issue is not whether FGM has historically been connected to marriage within an ethnic group, but whether the applicant is currently embedded in a marriage network in which cutting remains expected. Degree of autonomy in spouse selection, expectations of prospective spouses and their families, family control over marriage, and the social consequences of deviating from the expected practice may all alter vulnerability.

Religious and traditional authority should similarly be analyzed through local legitimacy rather than general doctrine. FGM is practiced across different religious environments, and WHO notes that no religious texts prescribe the practice even though some communities may perceive religious support for it (WHO, 2025). The individualized relevance of religion as a result depends upon which local authorities are considered legitimate and how their positions affect the family. A national religious institution's opposition to FGM may have limited significance where families defer to different local figures, while a respected local leader who condemns the practice may provide powerful support to a family seeking to resist. The analytical focus remains relational: whose interpretation carries authority within the applicant's social environment and what practical effect does that authority produce?

Economic dependence intersects with every component of this framework. Household income by itself does not adequately measure autonomy because resources may be controlled by relatives who favor or oppose FGM. The more consequential questions concern who controls housing, employment, childcare, property, transportation, and access to alternative sources of support. Economic dependence can increase the cost of refusing family expectations, while independent resources may allow an individual or her parents to leave a household, relocate, seek institutional assistance, or resist threats of exclusion. At the same time, economic resources do not operate in isolation from relationships. A low-

income individual supported by strong protective relatives may possess greater practical autonomy than a wealthier household whose assets remain under the control of a dominant extended family.

Protective relationships must therefore be incorporated explicitly into the assessment. The question is not only which actors could expose the applicant to FGM but which relationships can interrupt that process. The effectiveness of a protective relationship depends upon its authority, resources, reliability, and capacity to rally support. A parent may be protective but unable to act independently; an extended relative may possess sufficient economic power to provide housing and thereby transform the family's options; a community leader may undermine pressure for FGM; a state institution may provide legal intervention. These protective ties can interact and reinforce one another. A supportive parent backed by an influential elder and credible legal protection occupies a very different relational position from a parent who opposes FGM in isolation.

State protection is best analyzed through this same relational lens. The existence of laws prohibiting FGM is an important contextual fact, but formal prohibition acquires individualized significance only when the applicant can realistically access and rally the institutions responsible for enforcing it. Police responsiveness, local administrative capacity, shelters, courts, child-protection mechanisms, geographic accessibility, and the social consequences of seeking state assistance all influence the value of formal protection (UNHCR, 2009; Güler, 2026). Where formal institutions can credibly intervene, they may alter family calculations before any prosecution occurs by increasing the costs of coercion and strengthening the bargaining position of those opposing FGM. Where institutions remain inaccessible or unwilling to interfere with family matters, legal prohibition may produce much less change in the applicant's relational environment.

Internal relocation should likewise be described as a potential change of relational embeddedness rather than simply movement across territory. A large city may provide anonymity, employment, institutional access, and alternative networks, but those opportunities matter only if the individual can realistically use them. Relocation may provide little protection where family networks extend to the destination, where the applicant remains economically dependent upon relatives, or where survival requires re-entry into the same kinship structure. Conversely, relocation can greatly alter vulnerability when it disrupts monitoring, weakens the authority of risk-producing relatives, and creates new sources of income and support. Geographic distance is therefore one component of relational transformation rather than a sufficient indicator of safety.

The framework ultimately requires cumulative analysis. No single mechanism independently determines future persecution. A strongly pro-FGM community may be counterbalanced by autonomous parents, influential protective relatives, and effective institutional protection. A formal legal prohibition may have limited effect where an applicant is economically dependent upon relatives, embedded in a closed network, and unable to access state institutions. A supportive parent may lose effectiveness when economic dependence shifts authority toward older kin. Risk is therefore best understood as an emergent property of the configuration as a whole. It is likely to increase when authority favoring FGM is concentrated, dependence upon risk-producing actors is high, network closure facilitates monitoring, sanctions are consequential, protective relationships are weak, alternatives are scarce, and formal institutions cannot effectively intervene. Vulnerability tends to decline where these mechanisms operate in the opposite direction.

This cumulative formulation distinguishes the relational framework from a mechanical checklist. Counting the number of "risk factors" and "protective factors" would obscure the unequal importance of relationships and the possibility of interaction among them. One powerful protective relationship may outweigh several weak risk-producing ties, while a single economically dominant relative may transform the practical meaning of otherwise supportive parental attitudes. The framework therefore seeks explanation rather than numerical scoring. It asks how the relationships surrounding a particular individual combine to make FGM more or less enforceable against her.

Temporal analysis is built into each mechanism. The relevant question is not only who holds authority, who provides resources, or which institutions are accessible now, but whether those relationships are stable across the period relevant to future risk. Marriage, widowhood, divorce, migration, return, death of a protective relative, changes in income, a girl's increasing age, new marriage arrangements, or changes in enforcement may reallocate authority and resources. A sound assessment identifies both the current configuration and reasonably foreseeable changes that could strengthen or weaken it.

The framework also has direct implications for how FGM asylum claims are actually argued and decided. The clearest one is corroboration: attorneys and country experts should be looking for who in the family and community holds authority, who the applicant depends on for housing or income, whether a sibling or cousin has already been cut, and whether the family has ever tried and failed to get help from police or courts, rather than relying mainly on national prevalence statistics. Much of that evidence is usually already available through client interviews and family history; what changes is how it gets organized and pointed toward the relationships that will actually decide the case.

The same shift matters for state protection and internal relocation, the two doctrines that Section 5 examines directly through published case decisions. In short, a law against FGM says little on its own; what matters is whether the applicant can realistically access the protection that law creates, and relocation is not necessarily protective if it leaves the same risk-producing dependencies and relationships intact. The framework is not a new legal standard. It is a more disciplined way to apply standards already reflected in UNHCR guidance and refugee-law scholarship (UNHCR, 2009, 2019; Goodwin-Gill & McAdam, 2021; Hathaway, 2021).

Table 2. Mapping UNHCR Individualized Assessment to the Relational Framework

UNHCR individualized inquiry	Relational question	Analytical function
Individual circumstances and prospective risk	Who holds practical authority over the applicant, and through what relationships can that authority be exercised?	Specifies the pathway through which generalized conditions may become individualized exposure.
Family position and opposition or support	Which relatives support or oppose FGM, what resources do they control, and can they coordinate action?	Separates attitudes from effective authority, dependence, monitoring, sanctions, and protection.
Availability of state protection	Can police, courts, shelters, child-protection bodies, or other institutions realistically be accessed and mobilized?	Distinguishes formal legal prohibition from practical institutional reach.
Internal relocation	Would relocation materially change dependence, monitoring, sanctions, alternative networks, protective relationships, and institutional access?	Treats relocation as a change in relational configuration rather than geography alone.
Country conditions	What prevalence, social-norm, legal, institutional, and regional evidence defines the broader environment?	Provides indispensable context; relational analysis supplements rather than replaces country-conditions evidence.

5. Illustrative Application and Typology

The framework from Sections 3 and 4 is easier to evaluate against real decisions than in the abstract, so this section applies it to two published cases and then compresses the underlying logic into a short typology that can be reused across cases and jurisdictions.

5.1. Illustrative, Not Probative, Application to Published United Kingdom Case Law

Published asylum decisions provide an illustrative basis for examining whether the questions raised by the framework correspond to issues that courts and tribunals actually confront. The cases were selected purposively because they contain sufficiently detailed reasoning about FGM, family authority, social pressure, protection, or relocation to permit relational reconstruction. They are neither random nor representative, and they are not offered as validation. I use them to reconstruct the relational reasoning visible in the judgments and, just as importantly, to identify decisions in which the framework does not point straightforwardly toward greater risk. Any claim about frequency or predictive validity would require a systematically constructed case-law dataset beyond the scope of this conceptual article.

FB v Secretary of State for the Home Department (FB v Secretary of State for the Home Department, 2016) involved a Senegalese woman who had herself undergone FGM and sought protection on the basis that her daughters would be cut

if the family returned. She pointed to pressure from her husband's family and, more broadly, from the Fouta ethnic group found throughout the country. The claim failed. The Tribunal found sufficiency of state protection despite an acknowledged absence of any recorded prosecutions under Senegal's FGM legislation, and held in the alternative that internal relocation was available. What is telling for present purposes is the level at which the claim was pitched: it rested on ethnic-group-wide risk rather than on specific actors with identifiable authority over this applicant's household, which is close to the population-level framing this article has been arguing against throughout. There was a formal-institutions indicator here that the matrix in [Table 1](#) would flag as elevating risk, a law on the books with no visible enforcement behind it, but the claim did not connect that weak enforcement to a concrete authority structure bearing on the daughters specifically. Nor did the tribunal examine whether the family's dependence or the kinship network's reach extended to wherever internal relocation would have sent them.

The second decision arose from an appeal by the Secretary of State against a grant of humanitarian protection ([Secretary of State for the Home Department v MO, 2016](#)). A Nigerian father sought protection for his daughters against FGM. His wife's sister's two daughters had recently undergone FGM with their parents' consent. The First-tier Tribunal initially found that the father could protect his daughters against pressure from his wife's family, but reasoned that his possible death within a few years would leave the children vulnerable to that pressure. The Upper Tribunal set aside the entire decision because the First-tier Tribunal had made contradictory and inadequately reasoned findings concerning the father's medical condition and likely prognosis. It remitted the appeal for a fresh hearing with no findings preserved. Accordingly, the First-tier Tribunal's assessment of future FGM risk cannot be treated as an upheld judicial finding. Nevertheless, the case illustrates how an adjudicator's assessment of prospective risk may depend upon the anticipated durability of a protective relationship. The distinction between the father's present capacity to resist family pressure and the daughters' potential vulnerability if that protection disappeared demonstrates the analytical relevance of temporal change, while the Upper Tribunal's intervention underscores the need for a sound evidentiary basis before treating such a change as reasonably foreseeable.

Read together, these decisions illustrate forms of reasoning that can be reconstructed relationally. One decision treats specific evidence of cutting within an applicant's own family as highly relevant, while another rejects reliance on a broad claim about an ethnic group where individualized family risk was not established. The contrast does not validate the framework, but it shows why a structured relational inquiry can make the link between general country evidence and individualized prospective risk more explicit. It is also consistent with comparative research identifying implementation gaps and areas of ambiguity in FGM asylum adjudication ([Güler, 2026](#)).

The broader United Kingdom jurisprudence reinforces both the value and limits of the approach. In *AMM and others (conflict; humanitarian crisis; returnees; FGM) Somalia CG [2011] UKUT 445 (IAC)*, the Upper Tribunal did not treat parental opposition as automatically eliminating risk. It asked whether opposed parents could withstand strong societal pressure, expressly noting socio-economic position and pressure from relatives. A later decision, *ZAA (PA/05345/2016, 2017)*, applied *AMM* to a single mother from a minority clan and concluded that opposition did not eliminate risk where her social and economic position left her unable to withstand societal pressure. These decisions map onto authority, dependence, closure, sanctioning, and protective capacity without displacing country guidance.

Other decisions complicate any simple inference from high prevalence to individualized risk. In a Sierra Leone appeal, *IMB (AA/02961/2015, 2016)*, the Upper Tribunal rejected reasoning that treated high national prevalence as sufficient after findings that the appellant was not from the high-prevalence group identified in the evidence and was not at risk from close family members. More recent country guidance in *GW (FGM and FGMPs) Sierra Leone CG [2021] UKUT 108 (IAC)* emphasizes contextual weighing rather than automatic presumptions. Relational evidence can therefore support either a higher or lower risk assessment; it should not function as an advocacy device that converts every family or community connection into danger.

5.2. A Typology of Relational Risk Configurations

The relational framework can be compressed into a limited heuristic typology, but only with caution. Authority concentration and effective protection availability are selected because they sit closest to enforceability: who can cause or prevent the feared act, and whether opposing actors or institutions can alter that balance. Dependence, closure, sanctioning, and alternatives remain mechanisms explaining where a case falls on those dimensions. The four configurations are ideal types for organizing reasoning, not empirically validated clusters. Real cases may fall between cells, move over time, or contain contradictory indicators. The typology must not substitute a label for analysis of the seven mechanisms.

When authority is concentrated and protection is weak, the result is what might be called a foreclosed case: one actor or a small coordinated group controls the outcome and there is nothing to push back. Concentrated authority paired with strong protection is more of a contested case, real risk that is contingent and reversible, hanging on how long one protective relationship lasts; this is illustrated by the First-tier Tribunal's reasoning in MO, although that decision was subsequently set aside and none of its findings were preserved. Fragmented authority combined with weak protection produces a diffuse-risk case: the danger is genuine but spread thin across a wider network, harder to pin to specific people. That is part of why claims like the first decision above end up leaning on population-level facts such as ethnic-group prevalence instead. And fragmented authority alongside strong protection gives a resilient case, several possible sources of pressure, none of which can get past several independent sources of resistance, so vulnerability stays low.

None of this replaces the analysis in Sections 3 and 4 or the matrix in Table 1. It is just a shorthand for describing a case's overall shape once the individual mechanisms have already been worked through, useful mainly for comparing cases and jurisdictions rather than reasoning through any single one. And these labels are not permanent: as Section 6 discusses, a contested case turns into a foreclosed one the moment the protective relationship it depended on disappears, and a diffuse-risk case can become resilient if migration or some other change hands the applicant genuinely independent sources of protection.

6. Relational Change and the Dynamics of Future Risk

Individualized vulnerability is dynamic because relational structures change over time. Marriage, divorce, widowhood, migration, education, employment, changes in household leadership, economic crisis, the death of a relative, or the emergence of new protective relationships can greatly alter authority and dependence. This temporal dimension is particularly important where the relevant inquiry concerns future rather than merely past conditions. A girl protected during childhood by a parent opposed to FGM may become more vulnerable if that parent dies, becomes economically dependent on other relatives, or loses decision-making authority. Conversely, an individual previously dependent upon her extended family may acquire substantial autonomy through employment, migration, or marriage into a household that rejects FGM. Relational assessment therefore requires analysis of trajectories rather than static descriptions.

Qualitative research on changing FGM attitudes illustrates the significance of such turning points. Migration can expose women to alternative social norms and new institutional settings while simultaneously generating conflict with relatives or communities of origin (Gutiérrez-García et al., 2022; Agboli et al., 2022). Individuals who abandon FGM may reinterpret family honor, social respectability, gender roles, and parental responsibility rather than simply rejecting tradition as a whole (Doucet et al., 2022). These findings are important because they demonstrate that relational change can alter both resources and meaning. A woman who previously regarded compliance as necessary for social belonging may acquire access to a new network in which refusal carries legitimacy rather than stigma. The protective effect arises not merely because she changes location but because the structure of incentives, recognition, and available support has changed.

Broader social transformation is similarly uneven. National prevalence may decline while particular local networks remain resistant, and legal prohibition may strengthen faster than household authority patterns change. Younger generations may reject FGM while older relatives continue to associate it with morality or respectability. Urbanization may produce diverse social environments while migrant families remain closely embedded within translocal kinship networks. Overall national improvement therefore does not translate directly into individualized protection. The relational framework provides a mechanism for connecting macro-level change to micro-level variation by asking whether changing national conditions have penetrated the specific network in which the applicant is embedded.

Relational change may also be far from straightforward. Small shifts can sometimes reorganize the balance of power dramatically. Employment may provide enough income to enable independent housing. Support from one influential elder may neutralize pressure from several relatives. A credible police intervention may change expectations throughout a family without any prosecution. Conversely, the loss of one central protective actor may suddenly expose an individual to pressures that previously existed but could not be enforced. This shows that small changes can sometimes matter more than others, which is a caution against treating relational mechanisms as separate factors that simply add up. Their interaction can produce sudden change in both vulnerability and protection.

7. Scope and Limits of the Relational Framework

The relational framework does not claim that all FGM decisions are determined by social networks or that relational evidence invariably outweighs individual beliefs, ideology, religious interpretation, trauma, political conditions, or formal institutions. The argument is narrower. Where harmful practices are maintained or enforced through informal systems of social authority, relational structure provides an important explanatory bridge between generalized country conditions and individualized outcomes. Individual agency remains central, but agency is exercised under conditions of unequal resources, authority, dependence, and social sanction. The framework therefore seeks neither to erase individual choice nor to substitute social determinism for cultural determinism.

Relational analysis should also not be used to treat particular ethnic, religious, national, or rural communities as if every member were the same. Its principal analytical advantage is precisely that it explains variation within categories frequently treated as homogeneous. High national prevalence does not establish that every member of the population experiences comparable risk, just as declining prevalence does not establish that all individuals benefit equally from social change. A relational approach requires investigation of the specific configuration surrounding the person rather than inference from group membership alone. It therefore provides a conceptual basis for resisting both cultural stereotyping and overly optimistic assumptions based upon national reform.

The framework likewise does not generate a precise numerical probability. Human relationships are complex, evidence is often incomplete, and future behavior remains uncertain. Its contribution is explanatory rather than actuarial. The analysis identifies mechanisms that plausibly connect broader conditions to individualized vulnerability and requires those mechanisms to be stated explicitly. This also calls for care and discipline in how evidence is used. Family authority, social sanctions, and protective relationships are not always directly observable, and evidence may derive from personal testimony, family history, anthropological research, documented community patterns, or reasoned inference. Analysts must therefore distinguish clearly among established facts, contextual evidence, reasonable inference, and speculation.

An obvious objection follows from this: relational analysis sounds like it demands more fact-finding than a country-conditions checklist, at a moment when adjudicators are already stretched thin. Two things push back against that worry. Most of the evidence involved, household composition, marriage arrangements, whether the family has ever gone to the police, already comes up in a properly conducted asylum interview; what changes is how that evidence gets organized, not how much of it gets collected. And the real alternative to explicit relational analysis is not less analysis but hidden analysis. Adjudicators applying country conditions to an individual case are already making judgments about who holds authority, who depends on whom, and whether protection is real, whether they call it that or not. What the framework mainly costs is making those judgments visible and open to review, not adding a burden that was not already there.

Finally, relational analysis must remain balanced. Dense kinship networks, strong community ties, religious authority, or marriage relationships are not, by their mere existence, sources of danger. The same structures may provide powerful protection where influential actors oppose FGM. State institutions can also function differently across contexts, providing meaningful opposing authority in some settings while remaining largely symbolic in others. What matters is not whether a particular type of relationship exists but how the combination of relational structure, substantive orientation, resources, authority, and alternatives affects the individual's practical position.

The framework may eventually prove useful beyond FGM, but transferability should be treated as a research question rather than an assumption. Forced marriage, honor-based violence, domestic violence, persecution connected to religious conversion or apostasy, and other socially embedded harms can involve authority, dependence, sanctions, protective ties, and institutional reach, yet differ in legal doctrine, perpetrator structure, timing, social meaning, and available protection. The present article therefore does not claim that [Table 1](#) can simply be re-populated for those harms. Comparative research should test which mechanisms travel, which require modification, and which are specific to FGM.

7.1. Evidentiary Inequality and Safeguards Against Misuse

The framework also creates practical risks of its own, especially if it is used as a checklist rather than as a way of organizing incomplete evidence. First, relational evidence is not equally available to all applicants. Poverty, displacement, estrangement, secrecy, and lack of documentation can make relationships difficult to prove; absence of corroboration is not affirmative evidence that protection exists. Second, low literacy, trauma, youth, or isolation may make it difficult to de-

scribe a network analytically. Decision-makers should ask accessible factual questions about who makes decisions, provides housing or money, knows what, has reacted to resistance, and could realistically help; applicants should not be expected to speak the language of network theory.

Third, incomplete relational information must not be converted into a presumption of safety. Where the evidence leaves uncertainty, the decision should say so and address that uncertainty under the applicable legal standard. Fourth, rejecting numerical scoring avoids false precision but does not remove the need for reviewable reasons. Reviewability can be achieved without numerical weights: a decision can identify the relationships that matter, state the evidence supporting them, explain countervailing considerations and important interactions, acknowledge unresolved uncertainty, and then connect those findings to the governing legal standard.

8. Conclusions

Female genital mutilation remains a major form of gender-based harm with significant implications for international human rights and refugee protection. Public health research has established the seriousness and scale of the practice, anthropological scholarship has explained its relationship to kinship, marriage, identity, and social belonging, social-norm theories have demonstrated the importance of interdependent expectations and coordinated behavioral change, and refugee law has established the principles governing international protection. That said, the growth of knowledge at these levels has not eliminated a persistent analytical challenge. Generalized evidence concerning prevalence, culture, legislation, and institutions cannot by itself explain why individuals situated within apparently similar environments experience very different levels of future vulnerability.

This article has argued that the missing analytical link can be understood relationally. Broader social conditions acquire practical significance through structures of family authority, kinship obligation, community interaction, marriage relations, economic dependence, religious or traditional legitimacy, protective relationships, and formal institutions. The framework identifies several mechanisms through which these relationships shape vulnerability: authority concentration, dependence, network closure, informal sanctioning, access to alternative networks, protective ties, and institutional reach. These mechanisms help explain why exposure to the same norm may produce different outcomes. A norm becomes more enforceable when actors supporting it possess practical authority, when the individual depends upon them, when social monitoring is dense, when sanctions are consequential, and when realistic alternatives are weak. It becomes less enforceable when authority is fragmented, protective actors possess significant resources, alternative networks reduce dependence, and formal institutions can credibly intervene.

The framework also clarifies the relationship between country conditions and individualized analysis. The two should not be understood as competing forms of evidence. Country conditions establish the environment in which particular harms are possible and identify the broader distribution of practices, norms, laws, and institutional capacity. Relational analysis explains how those conditions operate in the life of an individual. This distinction is especially important where social change is uneven. Declining national prevalence may coexist with local networks that remain strongly supportive of FGM, while high prevalence may coexist with households whose relational configuration allows effective resistance. National legal reform may strengthen some individuals while offering little practical assistance to others. Relational structures mediate these macro-level changes and produce different individual outcomes.

The theoretical contribution therefore extends beyond the proposition that relationships matter. It identifies a set of mechanisms through which social structure mediates between generalized conditions and individual vulnerability and emphasizes that these mechanisms operate configurationally rather than independently. Risk is not simply the sum of demographic characteristics or isolated factors. It emerges from the interaction of authority, dependence, sanctions, network structure, alternatives, protection, and institutional capacity. This approach offers a more precise conceptualization of individualized vulnerability while avoiding both cultural determinism and an atomized model of autonomous individual choice.

The framework may have comparative relevance to other forms of socially embedded coercion, but that proposition remains to be tested. Future research should examine forced marriage and adjacent gender-based harms first because they share some relational features with FGM while retaining distinct legal and social dynamics. Broader extension should occur only after mechanism-by-mechanism comparison rather than by analogy alone.

Further empirical development should proceed through feasible designs. One route is a preregistered content analysis of 20–30 published FGM protection decisions across two or three jurisdictions, coding each decision for the seven mechanisms, evidentiary sources, interactions, and outcomes. A second is cross-jurisdictional comparison of published tribunal decisions. A third is longitudinal analysis of country guidance and case law to examine how changes in law, prevalence, migration, and protection institutions alter the weight of relational mechanisms. Practitioner interviews could add another perspective where ethics approval and confidentiality protections are available. These designs would permit testing without relying on confidential expert-witness files.

Ultimately, population-level evidence remains essential, but populations do not experience persecution. Individuals do. Those individuals occupy particular positions within systems of relationships that distribute authority, resources, obligations, sanctions, information, and protection. Put in sociological terms, every mechanism described above is really one question asked seven different ways: is the applicant's position in her networks, on balance, a form of social capital that protects her, or a form of social liability that exposes her? Country conditions establish context; relational structures help explain how that context becomes individualized risk. Recognizing and systematically analyzing that distinction provides a basis for moving beyond national averages and broad cultural assumptions toward a more precise understanding of why apparently similar individuals may nevertheless face profoundly different futures.

Declarations

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Methodological Status and Data Availability

This is a conceptual and methodological article. It reports no original human-subjects research and generates no primary dataset. Published judicial decisions are used as purposive illustrations rather than a representative empirical sample. All case law and documentary sources relied upon are publicly available. No ethics approval was required for the present study.

Relationship to Prior Work and Originality

The article builds on the author's earlier work on social capital and social liability but does not use those publications as empirical evidence for FGM risk. Here those ideas are developed for the narrower problem of FGM asylum assessment by specifying seven mechanisms, examining how their effects depend on one another and may change over time, and organizing the inquiry in a form that can be used in individualized refugee-status reasoning. Earlier concepts are cited explicitly and supplemented with independent network, social-norm, FGM, and refugee-law scholarship.

Generative AI Disclosure

The manuscript discloses generative AI use for source discovery and language refinement, with the author retaining responsibility for verification and final text.

Statement of Competing Interests

The author has provided paid expert country-conditions reports and testimony in asylum and humanitarian-protection proceedings, including FGM-related matters. This activity informed identification of the practical problem addressed by the article and may constitute a perceived professional or financial competing interest. No confidential case files, client information, or unpublished expert-case data are used in this article. The framework is designed to operate in both risk-elevating and risk-reducing directions, and the author retains responsibility for all scholarly judgments and conclusions.

List of Abbreviations

FGM: Female genital mutilation. UNHCR: United Nations High Commissioner for Refugees. WHO: World Health Organization. UNICEF: United Nations Children's Fund.

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