

THE IMPACT OF ASYLUM LAWS, POLICIES AND PRACTICES ON FGM-AFFECTED WOMEN AND GIRLS IN EUROPE

Mapping trends, differences
and promising practices
in 7 EU countries

JUNE 2021

TABLE OF CONTENTS

EXECUTIVE SUMMARY	3
1. INTRODUCTION AND OBJECTIVES	4
2. FGM & ASYLUM: SOME STATISTICAL UPDATES IN EUROPE	5
3. MAIN FINDINGS OF THE STUDY	6
Qualification	6
I. Legal framework	6
II. Criteria for assessment	7
III. Country of Origin Information	7
Procedures	8
IV. Early identification of vulnerable persons, provision of information and related support	8
V. Available gender-sensitively trained stakeholders	8
VI. Role of certificates in the asylum procedure and cooperation between professional sectors during the procedure	9
VII. Protection measures for refugee women and girls at risk of FGM	10
VIII. Late disclosure of risk of FGM and the credibility issue	11
IX. Family reunification concerning cases of FGM	11
Reception Conditions	11
X. Gender-sensitive reception centres	11
XI. Gender-sensitive accessible general and specialised services	12
XII. Policies to prevent and respond to gender-based violence in reception centres	13
Data collection	13
XIII. National registry for FGM cases in the asylum system	13
Integration	13
4. CONCLUSIONS AND RECOMMENDATIONS	14
ACKNOWLEDGMENTS	15

EXECUTIVE SUMMARY

According to the latest available data, the percentage of women and girls potentially affected by female genital mutilation (FGM) who arrive in Europe to ask for asylum has increased in recent years. This confirms the need to pay greater attention to women and girls affected by FGM, among other forms of gender-based violence, within the asylum system, and ensure they are provided with the highest standards of international protection.

After dedicating many years to the policy analysis and influencing of the European Union asylum framework, the End FGM European Network, together with its members, has decided to go a step further, and **explore the implementation of those European and international obligations at national level**, particularly around the handling of FGM-related international protection claims within the respective asylum systems.

The present paper sheds a light on laws, policies and practices in 7 European Union Member States (Belgium, France, Germany, Greece, Italy, the Netherlands and Spain), uncovers trends and differences among these European countries, and highlights promising practices looking particularly at 5 key aspects of the asylum sector in the context of asylum claims on the ground of FGM: qualification, procedures, reception conditions, data collection and integration.

The study found that the main differences among countries lay in the qualification assessment, including the use of Country of Origin Information resources, in the (gender-sensitive) support provided to asylum seekers during the procedure, as well as in the asylum the reception conditions and specialised service provision. Moreover, negative generalised trends were identified in terms of lack of data collection on FGM and integration policies in almost all studied countries.

In order to ensure a **greater harmonisation of standards and measures for FGM-affected asylum seekers throughout Europe**, this paper provides with a final set of recommendation for national authorities, including some concrete promising practices already existing in a few countries.



The End FGM European Network is an umbrella of 32 organisations in 15 European countries working to ensure sustainable European action to end Female Genital Mutilation (FGM). We are the central platform connecting grassroots communities and European decision-makers. The Network facilitates cooperation between all relevant actors in the field of FGM both in Europe and globally. Our mission is to be the driving force of the European movement to end all forms of Female Genital Mutilation.

I INTRODUCTION AND OBJECTIVES

Female Genital Mutilation (FGM) is a human rights violation that has existed for several centuries and is strongly linked to social norms shaped by tradition, culture and religion. While the exact number of girls and women worldwide who have undergone FGM remains unknown, the latest UNICEF statistical report¹ estimates that at least 200 million girls and women in 30 countries, mostly but not solely in Africa, have been subjected to the practice. In addition, there are at least 60 other countries where the practice of FGM has been documented either through indirect estimates (usually used in countries where FGM is mainly practiced by diaspora communities), small-scale studies, or anecdotal evidence and media reports². It is estimated that Europe is home to over 600,000 women and girls living with the lifelong detrimental consequences of FGM and a further 190,000 are estimated to be at risk of FGM in 17 countries alone³. However, having precise and comparable data within and across countries is still a challenge and the extent of the practice in Europe is underestimated.

The continued migration from countries with high prevalence rates means that the relevance of the issue is increasing and the number of those affected or at risk continues to grow. Therefore, since shortly after its creation, the End FGM European Network (End FGM EU) has decided to focus on international protection standards for asylum-seekers who arrive in Europe and are survivors or at risk of FGM. In recent years, work has been done to raise awareness about FGM within the context of asylum both at European Union (EU), including within the framework of the Common European Asylum System (CEAS) reform, and at national level, in terms of policies, legislation and service provision⁴.

Stemming from the most recent data on FGM within the European asylum context, this paper aims at going a step further than the policy analysis at EU level done so far, and intends to **explore laws, policies and practices at Member States' level around the handling of FGM-related international protection claims within the respective asylum systems**. This paper has the declared objectives of: producing a **better knowledge** of the concrete situation at country level in **7 EU Member States**, identifying **gaps** in implementation of European and international standards, discovering **trends** and **differences** among European countries, and highlighting **promising practices**.

Drafting such paper has been a collective effort among the End FGM EU Secretariat and its internal Asylum Working Group, comprised of the following members: AIDOS (Italy), AITIMA (Greece), Equipop and Excision, Parlons-en! (France), GAMS (Belgium), Lessan (Germany), Pharos (the Netherlands), and UNAF (Spain).

A questionnaire⁵ was formulated jointly by End FGM EU Secretariat and the Asylum Working Group around 5 main pillars: qualification, procedures, reception conditions, data collection and integration. It was subsequently filled in by the Asylum Working Group members, with the external help of relevant national experts, including government representatives and asylum authorities (see the Acknowledgements), on the situation in each country. Finally, End FGM EU Secretariat compiled all information received from the national level in a common document, highlighting trends, differences and promising practices among the different countries analysed. This document, together with specific country information sheets⁶, were submitted again to final national validation.

1 Female Genital Mutilation/Cutting: A Global Concern, UNICEF, 2016.

2 FGM/C: A Call for a Global Response, End FGM European Network, Equality Now and the US End FGM/C Network, 2020.

3 See End FGM European Network estimates for prevalence and girls at risk.

4 See FGM in EU Asylum Directives on Qualification, Procedures and Reception Conditions — End FGM Network Guidelines for Civil Society (2016) and Female genital mutilation and international protection: Towards a human rights-based and gender sensitive Common European Asylum System (2016).

5 The questionnaire is available on End FGM EU website [here](#).

6 The 7 country information sheets are available on End FGM EU website [here](#).

2 FGM & ASYLUM: SOME STATISTICAL UPDATES IN EUROPE

According to the latest United Nations High Commissioner for Refugees (UNHCR) 2018 “Too Much Pain” statistical report⁷, in 2017, 66,000 women and girls coming from FGM-practising countries applied for asylum in Europe and estimates that over 24,000 of them could potentially have already been affected by FGM, although this figure is likely to be higher. Despite the overall drop of absolute numbers of arrivals compared to 2016, the report also shows both the **share of women and girls applicants from FGM-practising countries has been steadily increasing** in the four previous years, going from 1/5 of the total number of female applicants in 2013 to almost 1/3 in 2017 (Figure 1). Moreover, within the female applicants coming from FGM-practising countries, the **percentage of women and girls potentially affected by FGM has also increased** between 2016 and 2017 (Figure 2).

FIGURE 1

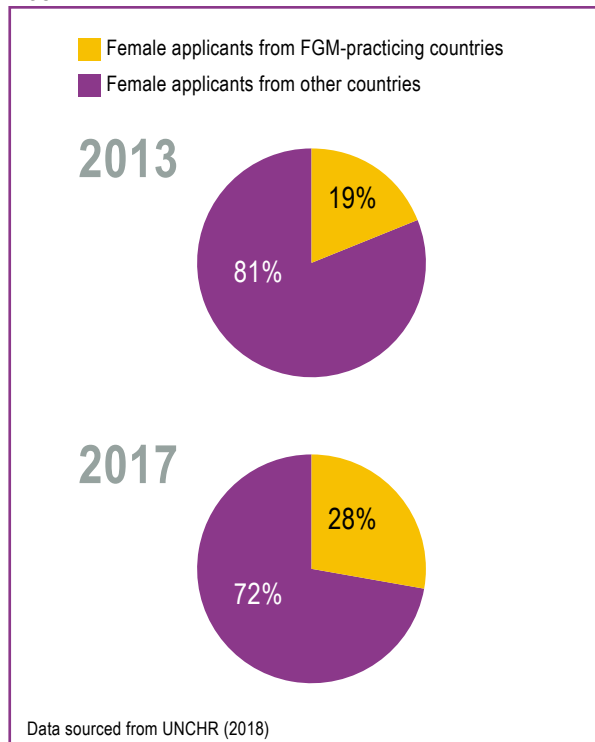
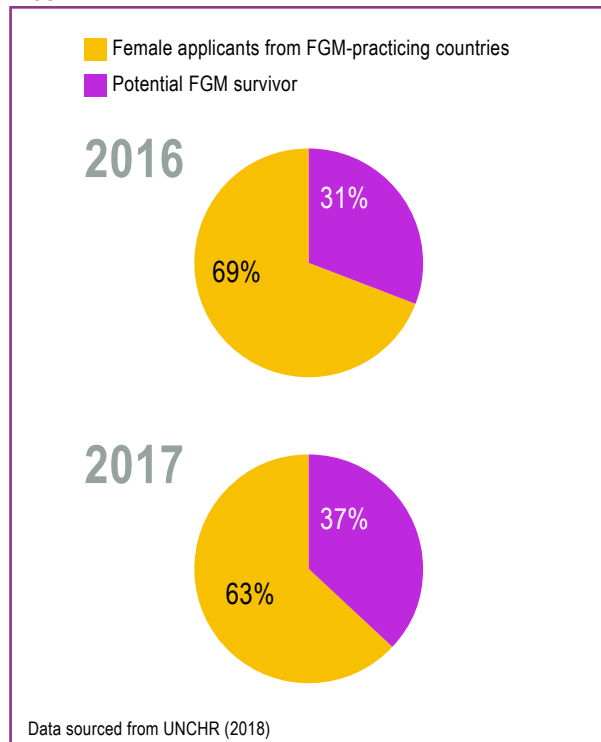


FIGURE 2



Such numbers confirm the need in Europe to pay increasing attention to women and girls affected by FGM, among other forms of gender-based violence (GBV), in the asylum systems. However, it is equally clear that the current hostile climate towards migration in Europe means that the practice of FGM is unfortunately often instrumentalised to serve an anti-migrant and racist agenda. This is why End FGM EU and its members reiterate through this paper that the issue of FGM must be handled in an appropriate and comprehensive way and that all FGM-affected asylum seekers should be welcomed adequately and provided with the highest standards of international protection, and their human rights should be fulfilled in Europe.

⁷ UNHCR Bureau of Europe periodically releases a statistical report on “Female Genital Mutilation & Asylum In The European Union”, specifically on the number of FGM-affected women and girls asylum seekers applying in Europe for a refugee status.

3

MAIN FINDINGS OF THE STUDY

Qualification

I. Legal framework

In all countries, FGM can be a ground for granting international protection, which in most of them is the refugee status. Although often not explicitly mentioned as such, FGM is considered as an act of gender-based persecution falling under the category of “acts of physical or mental violence, including acts of sexual violence” and as an element which characterises “membership to a particular social group”. **The Netherlands** represents an exception in the landscape of this study, since there FGM is not considered as an act of persecution, but is still a ground for international protection, as it falls into subsidiary protection, for real risk of suffering serious harm in her country of origin (including violence amounting to torture or ill-treatment).

In all seven countries, women and girls at risk of FGM, as well as individuals opposing FGM can access international protection. Moreover, generally women and girls who have already undergone FGM cannot be granted asylum for the mere fact they underwent FGM, but they have to demonstrate serious reasons to believe that the past persecution will take place again or that they suffer from such physical and psychological consequences, that it is not possible for them to go back. However, in practice the *continuum* of violence is very hard to demonstrate and generally not believed by asylum authorities who mostly reject cases of women and girls already affected by FGM⁸. **Germany** is the only country among those studied where women and girls who have undergone FGM, upon provision of a medical certificate that meets certain criteria, are entitled to asylum on that basis since 2013, in line with the UNHCR Guidance note on refugee claims related to FGM. Finally, parents and siblings of affected girls are generally granted asylum, but with several variations among the analysed countries: they are granted asylum together with the girls in few cases in **Italy** and **Greece**; parents and minor siblings are granted asylum in **the Netherlands**; parents and uncut sisters are granted asylum in **Spain**; parents and unmarried siblings are granted asylum in **Germany**. On the contrary, **Belgium** is the only country among those studied where the individual fear of parents of being the parent of uncircumcised girl is no longer accepted since 2019. The parents of recognised girls are automatically denied refugee and subsidiary protection status if they do not have a distinct and well-founded personal fear of persecution and if they are not at risk of serious harm.

Finally, in several countries, there is the legal status of “*refugee sur place*”, which protects also women and girls who are born or who lived for part of their lives in Europe and face risk of returning to the country of origin of their family and suffering persecution related to FGM. →

PROMISING PRACTICES



Women and girls who have undergone FGM are entitled to asylum on that basis since 2013, which is in line with UNHCR recommendations and international refugee law.



DE GR NL ES FR

There is the legal status of “*refugee sur place*”, where international protection is granted for applicants having a background from FGM-affected countries, but who are born or have lived a period of their lives in the EU and face return at the time the claim is lodged.

⁸ For instance, in the Netherlands there have been no cases of recognition of already cut women and girls.

II. Criteria for assessment

For women and girls who are at risk of FGM:

Information contained in the Country of Origin Information (COI) reports is the key source of assessment of risk for the women and girls asking for asylum, in terms of age of risk, socio-economic status and contextual diffusion of the practice. When safe countries of origin lists exist, they heavily undermine the protection of FGM-affected women and girls coming from those countries (e.g. Ghana and Senegal for **Italy** and **Germany**; Senegal for **the Netherlands**; Ghana, the Gambia and Senegal for **Greece**). Indeed, this implies that asylum claims by persons coming from those countries are examined within the limited terms of accelerated procedures (which means little or no time for professional support or medical examinations) and that they entail an additional burden of proof (persons must prove that safe country is not safe for them).

Criteria of assessment vary substantially among countries. In **the Netherlands**, although not specified in the regulation, in practice court cases show that circumstances such as economic independency, level of education of the mother or living in an urban area play a key role in the assessment of the risk as factors of protection. Furthermore, **France** requires a medical certificate to prove that women or girls at risk are not cut and, where relevant, requires also a medical certificate proving that the mother of a girl at risk underwent FGM in order to prove the likelihood of the risk. →

For women and girls who have undergone FGM:

Generally, medical certificates are useful to show FGM has happened and that there are traumatic consequences, since severity of the trauma can be a reason to grant asylum (**Greece**, **Belgium**). In this assessment of course the type of FGM plays a role. The risk of re-cutting is harder to demonstrate but considered in case law (**Italy**, **the Netherlands**, **France**) or it is further related to gender-based persecution (**Spain**). Cases of FGM Type III and potential risk of re-infibulation after delivery are more likely to be granted asylum.

In **Germany** since 2013 a medical certificate that meets certain criteria is needed to grant asylum based on the fact that the woman or girl has already undergone FGM. →

III. Country of Origin Information

In terms of sources to obtain information on the country of origin of the asylum seekers, all countries part of this study seem to refer to various extents to ecoinet and Refworld. However, these sources are not always using gender lens in their analysis. Moreover, they should be translated, wherever possible, in national languages to be more accessible to national case workers.

It has to be noted that some countries (**Belgium**, **the Netherlands**, **Germany**, **France**) use primarily self-produced COIs for a limited number of countries/situations. However, while **Belgium** complements them with information available in other countries' COI or through ecoinet or Refworld, **the Netherlands** uses other COI only in absence of its self-produced ones, which often cite anonymous sources in contradiction with other international authoritative sources. In **France** COIs are updated through fact-finding field missions conducted twice a year which also meet CSOs in the countries of origin. →

PROMISING PRACTICES



ES

Spain does not have safe countries of origin lists.

PROMISING PRACTICES



ES

Spain considers the risk of other related gender-based persecutions to grant asylum to FGM survivors.

PROMISING PRACTICES



IT GR ES

These countries refer to ecoinet or Refworld as a common COI database, which is important to ensure a basis to provide with equal standards across countries.



FR

Fact-finding missions are conducted in countries of origin twice a year to assess/update persecutions and both institutional and CSO stakeholders are consulted.

Procedures

IV. Early identification of vulnerable persons, provision of information and related support

In almost all countries that are part of this study *early identification of vulnerable asylum seekers* is mandated through legal frameworks, apart from **Italy** (where, however, this is done in practice with the support of the European Asylum Support Office (EASO) and UNHCR). Nevertheless, in practice, there is a lack of prioritisation of the registration and examination of asylum claims of the vulnerable applicants. In **Italy** and **Greece**, it was noted that an additional barrier is the high number of asylum seekers and understaffing of asylum personnel.

Concerning the *possibility of choosing the preferred gender of professionals* within the asylum procedure, there are great variations across countries. In **Spain**, it is possible regarding the interpreter (and not in every case due to lack of interpreters in specific languages), but not allowed for the other professions. In **Italy** it is not possible to choose the gender of the professionals involved in the asylum procedure. However, during the interview with the Territorial Commission, the applicant may have a same sex interviewer/Commissioner. In **the Netherlands, Belgium, France and Germany** the woman/girl can request for an interpreter and civil servant of a specific gender and the Immigration Services have the obligation to try to respect this request. In **Greece**, the possibility of choosing the gender of the professionals throughout the procedure is offered to the applicants. However, when they are told that there is a possibility that the examination of their case will be further delayed in order for the Asylum Service to be able to meet the request, the applicants prefer to do their interview sooner. Moreover, during the hearing in **Germany and Belgium** it is possible for applicants to have an accompanying person of choice (in addition the lawyer).

Access to legal assistance varies also greatly from country to country. While in **the Netherlands and Belgium** asylum seekers receive free legal assistance throughout the whole asylum procedure, in **Italy and Greece** legal assistance is not obligatory in first instance (therefore not provided for free). This means that either the asylum seekers must pay for a lawyer or they can rely on a few stakeholders that can provide free legal assistance. However, these might not be sufficient to cover all needs, thus by consequence the majority of asylum seekers is not prepared before their asylum interview. —————>

V. Available gender-sensitively trained stakeholders

In several countries, training should be provided to all staff dealing with vulnerable cases or they should be able to seek expert advice on the matter. In practice, however, specific training in handling cases of vulnerable applicants is provided to a number of caseworkers or it is available but not compulsory (e.g. **Greece, Spain**). Some countries (**Germany, France**) have asylum officers specialised in gender-based prosecution. However, not all cases of vulnerable applicants are handled by staff that is trained to do so.

However, there are a few countries where case workers and asylum professionals are trained around FGM in a more systematic way. In **Italy**, all the

PROMISING PRACTICES



NL BE

Free legal assistance is available throughout the asylum procedure.



NL BE FR DE

There is the possibility to request both interpreter and officer of the preferred sex.



DE BE

During the hearing, it is allowed to have an accompanying person of choice, in addition to the lawyer.

government caseworkers have received specific training on SGBV and FGM (a specific session was dedicated to FGM within the initial training “*Corso di alta formazione per 250 funzionari del Ministero dell’Interno presso le Commissioni Territoriali e la Commissione Nazionale*”— May 2018 — but the issue is also discussed during other training sessions, for example the COI session, with an interesting FGM case-study). Aside from government caseworkers, there are different kinds of professionals trained specifically on FGM, but this is neither done on a systematic way on the whole Italian territory, nor is it done on a regular basis. Specific FGM trainings are often organised by NGOs. In **France**, all asylum officers from Office for the Protection of Refugees and Stateless Persons (OFPRA) receive initial and continuous training on vulnerabilities and gender, both internal and with external speakers. To learn about FGM, the officers watch the video **Bilakoro** to then debate about the topic. In addition, in Belgium, all protection officers who deal with applications for protection of persons from countries where FGM is practiced receive in-depth training on FGM. Initial training is subsequently reinforced in regular sessions organised whenever necessary.

On the other hand, in most countries, training of interpreters does not seem something that countries take into consideration, as they are external professionals deemed not to be part of the asylum system, independent and neutral. There are a few exceptions to this general rule though. In **Belgium** interpreters can be trained by the officers of the Commissioner General for Refugees and Stateless Persons (CGRS). Furthermore, in **France**, interpreters are trained by thematic groups of OFPRA on neutrality, impartiality, non-judgement and linguistic issues for all types of vulnerabilities. Furthermore, there is an interpretation Charter on the internal OFPRA website. In **Italy**, the National Commission for Asylum organises training courses for the interpreters, in cooperation with UNHCR and the associations providing for interpreters, however this is not done on a regular basis, nor systematically for all the interpreters and mediators.

The modalities of identification of interpreters for the asylum interviews varies greatly among countries, as it is very rare that common available lists of interpreters exist. In **Italy**, for instance, territorial commissions are provided with lists by agencies and organisations that provide the names of the interpreters, but only at regional basis and not at national level or in a consistent manner. In **Greece**, EASO and the Greek NGO “METADRASI” are the ones who provide interpreters to the asylum service. In **Spain**, interpretation is managed by a private company. →

VI. Role of certificates in the asylum procedure and cooperation between professional sectors during the procedure

Germany and **France** appear the only countries among those studied requiring compulsory certificates, but for two opposite reasons. While in **Germany** women who have already undergone the practice must demonstrate it through a medical certificate, in **France** in order to prove that a woman or girl is at risk of FGM it is mandatory to obtain a medical certificate (loi de 2015 (articles L.723-5 et L.752-3 du CESEDA)) attesting that she did not undergo the procedure, or that the procedure results incomplete, or that she underwent reconstructive surgery.

PROMISING PRACTICES



IT FR

All asylum (government) caseworkers receive specific initial and continuous training on gender-based persecution, including FGM.



BE

All protection officers dealing with applications from FGM-affected countries receive in-depth initial and continuous training on FGM.



FR

Interpreters are trained by thematic groups of OFPRA on neutrality, impartiality, non-judgement and linguistic issues for all types of vulnerabilities. There is an Interpretation Charter on the OFPRA internal website, which functions as code of conduct for interpreters.

When the asylum seeker is a minor, the medical certificate must be provided by a specialised forensic doctor. These certificates are directly transmitted by the UMJ to OFPRA and are paid by OFPRA. Moreover, when deemed necessary to further prove the risk of being subjected to FGM, it might also be required that the mother of the girl at risk provides evidence that she underwent FGM, by providing a certificate from a doctor of her choice (at their own expenses).

However, even where such certificates are not compulsory for the asylum application, they can be vital for cases of women that have undergone FGM to prove that they still suffer from the physical or psychological consequences (Greece, Belgium, Italy) in order to be granted the refugee status. Therefore, the asylum authorities may refer the asylum seekers (with their consent) to undertake such examinations (which are normally free of charge, except in Germany where they are not covered by health insurance). Medical certificates are mainly delivered by independent organisations (e.g. Medicos del Mundo in Spain, iMMO in the Netherlands, UMJ in France). In a few countries also psychological assessment is available (the Netherlands) but in general there is still little information, training and attention towards the psychological consequences of FGM. It is also reported that in many countries there is a lack of medical professionals with the adequate expertise to identify FGM.

It is quite frequent that lawyers ask from social workers or doctors, with the consent of the applicants, to provide them with a report about the psychosocial or physical situation of the applicant, in order to use it for the support of the asylum claim (apart from in France, where the medical certificate is directly sent by the doctor to the asylum authority). It appears a generalised trend the lack of formal or direct cooperation between sectors in the asylum procedure. Such cooperation may exist, but it is not structured, is depending on the actors involved and is done only on case-by-case basis. Furthermore, a concrete obstacle in Belgium to the cooperation between sectors outside of the asylum procedure is the medical professional secrecy, which might undermine an adequate support to asylum seekers. For instance, physical and mental health information over the applicant is not shared with reception centres personnel or social workers, information that could be useful to support the behaviour and the well-being of a resident in the reception facility.

VII. Protection measures for refugee women and girls at risk of FGM

Only two countries in this study have protection measures in place for women and girls who have obtained the refugee status based on a well-founded risk of undergoing FGM. In France, according to article L. 752-3 du CESEDA, there is a legal requirement that a woman or girl who was granted international protection for risk of FGM undergo every 5 years a medical examination to ensure she continues to be protected. In case of a suspect that FGM might be performed before the 5 years delay, the examination can be requested earlier. In case it is discovered that FGM was performed, girls do not lose their status, however their parents are signalled to the public prosecutor. Moreover, in Belgium, parents of girls recognised as refugees on the ground of risk of undergoing FGM are asked to sign an honour pledge not to have their daughter(s) undergo FGM and are invited by the CGRS to submit an annual medical certificate to verify the integrity of their daughter(s). →

PROMISING PRACTICES



All parents who are asking asylum for their girl(s) based on their risk to undergo FGM must sign an honour pledge not to have their daughter(s) undergo FGM in order for the girl(s) to get recognised as refugee(s).

VIII. Late disclosure of risk of FGM and the credibility issue

Late disclosure of a well-founded fear of persecution based on the risk to undergo FGM in principle should not invalidate the request for international protection, however it is an element which is heavily evaluated in terms of credibility. It is very common that the profiles of vulnerability of victims of FGM emerge only at the presentation of a second asylum application, in consideration of the difficulty of making this life experience to emerge before the presentation of the first application. Asylum professionals should be adequately trained on this issue to ensure a late disclosure does not undermine the credibility of the applicant.

On the issue of late disclosure, in **the Netherlands** there is a specific provision concerning homosexuality. It would be important to have similar provisions also on late disclosure of fear of FGM.

IX. Family reunification concerning cases of FGM

Generally, there are no specific ways to facilitate family reunification of women or girls at risk of FGM who stayed in the country of origin, with their relatives who might have already been recognised as refugees in a European country. The procedure would still need to be bound by the general family reunification criteria applying in the host country, which mainly concern spouses, (dependent) parents and minor children – and in **France** also minor children of the parents).

When it comes to the family reunification procedure of unaccompanied minors with a relative in another European country, most of the countries require a Best Interest of the Child Assessment to be drafted, in order to examine if it is really in the best interest of the child to be reunified with the family member. In this context, the possibility that the relative would submit the minor girl to FGM could be investigated, through the opening of a risk assessment file.

Reception Conditions

X. Gender-sensitive reception centres

In general, in all countries there are women-only and men-only areas in mixed reception centres. However, a gender perspective is not applied in the organisation and design of those centres' common areas, so they are mainly occupied by men, with the exception of **Germany** and **Belgium** (see below).

In **Spain**, **Belgium** and **Germany** there are a few women-only reception centres and individual housing facilities, and in **the Netherlands** every centre organises female-only activities. In **Germany** in some reception centres there are protected areas or specific services/activities only for women and children. In addition, in **Belgium** since 2018, all reception centres have adopted minimum standards for reception, including separate female-only wings or pavilions and opening hours for women in the common areas. →

PROMISING PRACTICES



ES DE BE

A few women-only reception centres or individual housing facilities exist.



DE BE

In some reception centres there are protected areas or specific services for women and children only.



NL DE

In the Netherlands there are specific activities for women and girls in every centre and in Germany in many centres, as well as specifically for survivors of violence.



BE

All reception centres have either separate female-only pavilions or specific opening hours for women in the common areas.

XI. Gender-sensitive accessible general and specialised services

Overall, there are huge discrepancies in service provision among all studied countries, as well as concerning the referral pathways from reception centres to those services. Despite the existence of national protocols in many countries, specific reception conditions guarantees are not met as well as access to specialised services such as psychosocial support, due to the overcrowding and the understaffing of the services provided as well as lack of funding (specifically in **Italy** and the **Greek** islands). Moreover, for instance in **Italy** and **Spain**, support services fall into the competences of the regions, creating great discrepancies throughout the territory on accessible services for vulnerable asylum seekers. Women might need to move to other regions to access services, and reception centres and services are not always connected through a functioning referral system.

In **Italy**, there is a particular situation in terms of access to services for vulnerable asylum seekers, because health is a regional competence and due to the Salvini decree. The first element has led to a service offer that is geographically fragmented throughout the Italian territory, thus insufficient. Each region decides autonomously which are the minimum levels of assistance it will provide to asylum seekers, creating a situation of asymmetry on the territory (for example, not every region will recognise mental discomfort or FGM as included in minimum levels of assistance). The second element reduced access to services for asylum seekers coming from safe countries of origin through accelerated procedures and dismantled the SPRAR system, which provided a series of services even for vulnerable individuals, including FGM survivors, putting asylum seekers in emergency centres and therefore jeopardising their access to services.

Furthermore, in **Greece**, there are no specific services for women and girls affected by FGM.

On the other hand, in **the Netherlands**, reception centres are inserted in the Chain approach, which is a multi-sectorial system that prevents FGM and protects affected women and girls. In all reception centres there are health centres providing all primary and second line healthcare, including mental health, and appropriate information sessions on FGM.

In **Belgium**, a common trajectory to support and refer FGM-affected girls and women in the reception facilities to adequate services has been developed and a reference person has been appointed and trained on FGM in each of the reception facilities to ensure its implementation.

In **Germany**, many reception centres offer trauma therapy and counselling for children and women affected by violence. →

PROMISING PRACTICES



NL

The reception centres are fully integrated into the national healthcare system and specifically in the Chain approach for FGM prevention and protection/support to survivors. Access to healthcare is systematically provided with the full range of available services.



BE

A common trajectory to support and refer FGM-affected girls and women in the reception facilities to adequate services has been developed and a reference person has been appointed a trained on FGM in each of the reception facilities to ensure its implementation.

XII. Policies to prevent and respond to gender-based violence in reception centres

In all countries there seems to be some sort of policy to prevent and respond to GBV in reception centres, however its implementation varies greatly. Some countries (Italy, Greece, the Netherlands) have specific focal points dedicated to this issue. However, in Greece, due to overcrowding in the islands' reception centres, the dedicated focal points are not enough to cover all needs. Some other countries should apply national protocols, but unfortunately reception centres staff is too often not trained accordingly and therefore implementation can vary greatly from centre to centre (Spain). In some other countries (Germany) there are non-compulsory guidelines on protection standards in reception centres, whose implementation is discretionary depending on the centre's management.

Moreover, in most of the countries there is a systematic information provided to asylum seekers around the criminalisation of GBV, including FGM.

In all countries, in case of domestic violence the family unit can be split. Beyond that, in the Netherlands, in cases of violence, the perpetrator can be moved and the woman can be placed in a shelter in the municipality in coordination with the national network Veilig Thuis. Moreover, there is a great coordination among centres and GBV focal points, which is lacking in other countries (particularly in Greece and Italy). Moreover, within the Chain approach, there are information sessions given around FGM in the healthcare centres within the reception centres, as well as through brochures in several languages. →

Data collection

XIII. National registry for FGM cases in the asylum system

In almost all countries the reasons for asylum requests are not recorded nor are the grounds on which it is decided to recognise or deny women's applications.

On the other hand, Belgium has been gathering data since 2008 on the number of asylum cases analysed (and on which a final decision has been taken) on the ground of FGM as well as the number of asylum granted on ground of FGM. The data is gathered by the CGRS, although not made public, but can be provided it upon request.

In France, minor girls who are granted asylum based on the risk of being subject to FGM are entitled to specific protection measures as mentioned before (art. L.752-3 CESEDA). As of mid-2019, over 9.000 minor girls were under OFPRA's protection for this reason. →

Integration

In general, in all countries concerned by this study, female refugees coming from FGM-affected countries are not systematically put in touch with specialised organisations, nor with specific services, once they have been granted refugee status and they move out of the asylum procedure. In many countries this depends on a case-by-case basis, as well as on the entity coordinating the reception centre.

PROMISING PRACTICES



In the Netherlands, the reception centres are fully integrated in other national multi-agency coordination systems, such as the network Veilig Thuis. Moreover, there are information sessions given around FGM in the healthcare centres within the reception centres, as well as through brochures in several languages.

PROMISING PRACTICES



Belgium is among the few countries in Europe having a national registry gathering specific data on FGM-related asylum cases and statuses granted.

4 CONCLUSIONS AND RECOMMENDATIONS

As it appears evident from the study conducted, there are **substantial discrepancies in asylum systems among, and within, the seven countries analysed**, concerning laws, policies and practices around asylum qualification, procedures, reception conditions, data collection and integration measures for FGM-affected women and girls. Moreover, **common trends, gaps and promising practices exist across Europe**, and it is extremely important to be aware of them in order to ensure mutual learning among countries and collective improvement, so that women and girls have the same rights and treatment, regardless from where they end up applying for asylum in Europe.

Based on the findings of the present study, and in order to ensure a **better harmonisation and national implementation of international and European standards** on asylum, as well as the highest level of protection for women and girls affected by FGM, End FGM EU would like to present to national governments the following recommendations:

QUALIFICATION

- Recognise women and girls who have already undergone FGM as refugees, considering the *continuum* of GBV and in line with international refugee law
- Don't use safe countries of origin lists
- Use common COI sources and ensure they apply gender lens in their analysis and that they are translated in national languages to be more accessible

PROCEDURES

- Provide free legal assistance to asylum seekers throughout the asylum procedures
- Provide the possibility to request asylum personnel of the preferred sex
- Allow during the hearing to have an accompanying person of choice
- Provide specific initial and continuous training to asylum personnel on GBV and FGM
- Train all interpreters on GBV and FGM, as well as on gender-sensitivity and ethical issues
- Ensure that late disclosure does not undermine the credibility of the applicant

RECEPTION CONDITIONS

- Ensure that there are women-only reception centres
- Ensure that in mixed reception centres there are protected spaces and activities for women and children (particularly for survivors of violence)
- Have response policies for women who experience GBV in reception centres, included by connecting with shelters
- Systematically provide information, access to healthcare and full range of services for survivors of GBV they apply gender lens in their analysis and that they are translated in national languages to be more accessible

DATA COLLECTION

- Gather in a national registry specific data on FGM-related asylum claims and statuses granted

INTEGRATION

- Provide a prevention and protection system for all female refugees coming from FGM-affected countries, involving also their parents

ACKNOWLEDGMENTS

The End FGM EU wishes to warmly thank **Chiara Cosentino**, Head of Policy and Advocacy, and **Fatima Awil**, former Policy & Advocacy Officer, for drafting and supporting the creation of this paper. Moreover, we wish to thank the following staff members of the organisations part of the **End FGM EU Asylum Working Group**, as well as the national experts they consulted for the precious expertise provided while gathering the information on the 7 countries, which is contained in the present paper.

BELGIUM

- Office of the Commissioner General for Refugees and Stateless Persons (CGRS)
- Federal Agency for the Reception of Asylum Seekers (Fedasil)
- Keyla Lumeka, GAMS Belgium Jurist

FRANCE

- Office for the Protection of Refugees and Stateless Persons (OFPRA)
- Sokhna Fall Ba, Equipop Project Officer
- Maitre Judith Coronel-Kissous, Lawyer at the Paris bar

GERMANY

- Gwladys Awo, Founder, Lessan e.V.

GREECE

- Angeliki Loukaidi, national asylum expert and former member of AITIMA NGO

ITALY

- Francesco Di Pietro, Lawyer, Court of Perugia
A.S.G.I member (The Association for Juridical Studies on Immigration), AIDOS consultant
- Clara Caldera, AIDOS Program officer
- Fiorenzo Polito, AIDOS intern

SPAIN

- Lucía Muñoz Blanco, Legal Department/Direct Service - ONG Rescate Internacional
- Juan Valterra, Deputy Assistant Director, Asylum and Refuge Office, Ministry of the Interior
- Luisa Antolín Villota, UNAF Program Officer
- Nerea Sancho Sánchez, UNAF Program Officer

THE NETHERLANDS

- Lianne Hooijmans, Asylum Procedures Consultant, VluchtelingenWerk Nederland (Dutch Refugee Council)
- Martin Vegter, Jurist on Children's Rights and Migration, Defence for Children International
- Diana Geraci, Pharos Senior Advisor/Project Leader



End FGM
EUROPEAN NETWORK



Mundo B,
Rue d'Edimbourg 26
1050 Brussels – Belgium
info@endfgm.eu

Follow us on social media:



@ENDFGM_Network



@endfgmeuropeannetwork



@end_fgm_european_network

www.endfgm.eu

DESIGN : klar.graphics



Co-funded by
the European Union

SIGRID
RAUSING
TRUST

WALLACE
GLOBAL FUND
For a sustainable future

This publication has been produced with the financial support of the European Union, the Wallace Global Fund and the Sigrid Rausing Trust. The content of this publication is the sole responsibility of its authors and does not reflect the views of its funders.