



**End FGM**  
EUROPEAN NETWORK

# Female genital mutilation and international protection

Towards a human rights-based and gender-sensitive Common European Asylum System

End FGM European Network Position paper

End FGM European Network

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### List of abbreviations

<b>CEAS</b> .....	Common European Asylum System
<b>COI</b> .....	Country of origin information
<b>CSO</b> .....	Civil Society Organisation
<b>EASO</b> .....	European Asylum Support Office
<b>EU</b> .....	European Union
<b>FGM</b> .....	Female genital mutilation
<b>GBV</b> .....	Gender-based violence
<b>LGBTI</b> .....	Lesbian, Gay, Bisexual, Trans, Intersex
<b>NGO</b> .....	Non-governmental Organisation
<b>UNHCR</b> .....	United Nations High Commissioner for Refugees



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## Introduction

In 2015 and 2016, hundreds of thousands of people applied for international protection\* in the European Union (EU). EU Member States have had difficulties providing asylum-seekers\* with dignified reception conditions and treating their applications in a timely, effective and humane manner. The situation has also emphasized the lack of cooperation between European countries and the limits of the national and European asylum\* systems. As a consequence, in July 2016, the European Union presented a proposal to reform the Common European Asylum System (CEAS)\*, with the stated goal of harmonising it and making it efficient, fair and humane<sup>1</sup>.

Concerned about the human rights situation of asylum-seekers and other migrants in the European Asylum System, especially women's and girls', the End FGM European Network decided to dedicate a large part of its work in 2016 to international protection, in order to assess the discrepancies of the EU Asylum System. We want human rights to be at the centre of the asylum process, and survivors of female genital mutilation (FGM)\*, human rights activists speaking out against FGM, women, girls and the families in fear of FGM to receive the protection they are entitled to, in the asylum process and as beneficiaries of international protection\* in EU Member States.

FGM is an ongoing harmful practice, which violates the human rights of women and girls subjected to it. Women and girls affected by FGM or in fear of being subjected to the practice, and human rights defenders acting to end FGM, may claim international protection in the European Union either independently from or related to another well-founded fear of persecution or risk of serious harm. In 2014, UNHCR estimated that 71% of female EU asylum applicants from FGM-practising countries may have been survivors of FGM, amounting to 18,500 women and girls notably coming from Eritrea, Nigeria, Somalia, Guinea or Ethiopia<sup>2</sup>. FGM-related asylum claims must receive the appropriate treatment in asylum systems<sup>3</sup>, to ensure adequate protection to particularly vulnerable\* women, girls and families, as stated in the EU legislation.

An assessment of the treatment of gender-related claims\* in EU Member States, including FGM-related claims, shows disparities between Member States, but also at national level between law, policies, theory and practice, and even between asylum officers. Advocating for a fair and sensitive asylum process across the EU for all asylum-seekers, especially for FGM survivors, women and girls at risk and their relatives, and human rights defenders opposing the practice, this position paper addresses a limited scope of issues impacting on FGM-related claims in the asylum system, namely country of origin information\* and credibility and vulnerability assessment, and provides related recommendations.

\* Terms followed by \* are defined in the glossary at the end of the document

## I. Improving information on countries of origin in the asylum system: focus on FGM

### 1. Country of origin information and safe countries of origin lists: the need for harmonisation and accuracy

#### a. Diversity and discrepancy

**European Union Member States** currently use different country of origin information (COI) to assess asylum and subsidiary protection\* applications, including the credibility\* of the person applying for asylum and her/his well-founded fear of persecution\* or serious harm. Member States do not all adopt a gender perspective

We need a **coherent** asylum system across EU Member States. However, harmonising rules and procedures to achieve this objective should not erode standards. The EU and Member States must ensure **protection and enforcement of human rights are the core values in the asylum system**, including in the establishment of precise, sensitive and relevant COI, along with a coherent and consistent gender\* analysis. The EU and Member States must constantly work together to improve practices and strictly avoid lowering standards as regards international protection.

in their analysis of countries of origin, which undermines the evaluation of specific human rights violations, including FGM and other forms of gender-based violence (GBV)\*. The **European Asylum Support Office (EASO)\*** COI reports are limited to a small number of countries<sup>4</sup>, although the database also gathers national and EU COI, which considerably widens the scope of countries covered. However, a clear understanding of the complex situation in all asylum-seekers' countries of origin\*, notably countries where FGM is practised, can be impaired by the absence of common accurate and gender-sensitive COI, which undermines the decision-making process in asylum cases.

This diversity in COI, the inconsistency in gender mainstreaming\* in analysis, including when not proactively raising the issue of FGM during personal asylum interviews, and varied methods used by Member States in the assessment of asylum claims, create **discrepancies and inequality of treatment** of asylum-seekers between Member States<sup>5</sup>,

especially in GBV and FGM-related cases. Within the projected reform of the CEAS, EASO will become the European Union Agency for Asylum, notably to provide common COI and guidance to all Member States<sup>6</sup>.

Women and girls, and even more so survivors\* of violence, are considered especially **vulnerable** in the asylum system, which does not consistently appear in COI or the proposed reform of EASO<sup>7</sup>, and consequently in the assessment of asylum claims, at Member States and at EU level.

#### b. Country of origin information and FGM-practising countries

EU Member States and EASO COI are currently **limited**, incomplete and/or unspecific, notably when some gender-based human rights violations, such as FGM, are not systematically or adequately reported. For example, the Agency for asylum in Belgium officially uses COI for 10 countries<sup>8</sup>, including Guinea and Somalia, where FGM is widespread (97% and 98% prevalence rate). For Guinea, there is a specific COI report on FGM<sup>9</sup>. However, for Somalia, Belgium uses an EASO report published in February 2016 on the security situation in the country<sup>10</sup>, where gender-based violence is reported, but not FGM, which is not a security issue in itself, whereas EASO produced a document on South and Central Somalia mentioning FGM<sup>11</sup>. France has also established a public country of origin information database for a large number of countries, mostly thematic reports. Their analysis includes reports on FGM in Mali, Nigeria<sup>12</sup> and Yemen<sup>13</sup>.

EU Member States which receive a higher number of women and girls from FGM-practising countries have generally made an **effort to document the violation** through COI, indexed in the EASO database (for example Finland and the UK.), although the process is still very limited and ongoing. Furthermore, the consideration

and use of COI or guidance notes when assessing a claim and a person's credibility is not always correct or consistent, depending on the Member State and/or the asylum officer in charge, and especially so in GBV- and FGM-related cases and where COI and/or analysis are inaccurate and/or incomplete<sup>14</sup>.

In some EU Member States, the absence of accurate data on GBV in COI may often **negatively influence the assessment of a claim**<sup>15</sup>, without prejudice to the fact that individual asylum officers gather data on a given country of origin, for example by consulting WHO or UNICEF databases, or use other forms of guidance<sup>16</sup> at their disposal.

**Consistent, precise and harmonised data and a systematic gender analysis** of countries of origin are useful and necessary at EU level, notably for countries where FGM is practised, **to ensure a fair and equal treatment** of individuals and related asylum claims, including when the claim is based on fear of FGM and/or other forms of GBV.

### c. Safe countries of origin lists: a detrimental generalisation

A number of EU Member States have established safe countries of origin lists. The European Union also published an EU list of safe countries of origin<sup>17/18</sup>, without applying a clear gender lens, and intends to provide Member States with a unique list of safe countries within five years after the reform of the CEAS.

The precision on the grounds justifying one country being safe varies between Member States. Some of them apply a **gender lens**. For example, the United Kingdom considers that Ghana, Nigeria, Gambia, Kenya, Liberia, Mali and Sierra Leone are safe for *men*, not for *women*<sup>19</sup>. FGM is practised in all of these countries (respectively 4%, 25%, 75%, 21%, 50%, 89% and 90% prevalence rate<sup>20</sup>). Some others **nuance** the "safety" of given countries. For example, the Netherlands<sup>21</sup> have included Ghana, Senegal (25% prevalence rate) and India in their safe countries of origin list, but specify the need to nuance the assessment of the claim. Finally, other Member States classify some countries where FGM is practised as safe, such as France<sup>22</sup> for Ghana, Senegal and Benin (9% prevalence rate) or Germany<sup>23</sup> for Ghana and Senegal, without applying an obvious gender lens. It should be noted that FGM is not only practised in African countries, but also in Asia, the Americas, Australia, Europe etc. For example, some communities in India do practice a form of FGM, whereas India is considered a safe country of origin in France and the United Kingdom.

Consequently, safe countries of origin lists sometimes **overlook the potential or real harm and persecution to individuals**, notably as regards survivors or potential victims of FGM or other forms of GBV. Safe countries of origin lists may thus deprive persons applying for international protection of the full possibility to argue their case, including through an accelerated procedure. This potential deprivation of rights is emphasised in the proposed Asylum Procedures Regulation of the European Commission, which states that following the implementation of harmonised rules, applicants\* from "safe" countries should see their claim "quickly rejected"<sup>24</sup>: this provision may weaken or violate the principle of individual and contextual assessment of asylum claims and of the credibility of the applicant.

Safe countries of origin lists constitute a **detrimental generalisation** that may weaken or violate the **principle of individual and contextual assessment** of asylum claims and of the credibility of the applicant, including in **FGM-related claims**.

of applicants\* from "safe" countries should see their claim "quickly rejected"<sup>24</sup>: this provision may weaken or violate the principle of individual and contextual assessment of asylum claims and of the credibility of the applicant.

The use of safe countries of origin lists is **not justifiable**, notably because fear of persecution or serious harm may be independent of nationality and/or country of origin, and notably linked to race, membership of a particular social group, political opinion and/or religion. Furthermore, **gender-based violence, including FGM**, are internationally recognised as **human rights violations**, and FGM amounts

to torture or ill treatment<sup>25</sup>, implying that survivors and potential victims should be treated as individuals with special needs, whatever their nationality may be, and individual assessment should be ensured.

Safe countries of origin lists imply a **generalisation** that may **undermine the protection of human rights of individuals seeking international protection**, including in FGM-related cases. Even if the EU and Member States must *legally* ensure asylum-seekers are heard on an individual basis, including in accelerated procedures and when the applicant comes from a "safe" country, and specifically in gender-related claims<sup>26</sup>, the use of safe countries of origin lists may be incompatible with the universal protection of human rights, fundamental to the EU.

## 2. Improve COI: recommendations

<b>Accuracy, consistency and coherence in COI</b>	<p>EU Member States, EASO/Agency for Asylum and the EU should <b>gather, update, analyse and use COI in a gender-, culture- and child-sensitive way.</b></p>
	<p>The EU, Member States and asylum officers and case workers must use relevant, precise and gender- and child-sensitive COI in a responsible way to assess credibility, in the interest of asylum-seekers.</p>
	<p>Member States, the EU and EASO/Agency for Asylum should avoid the use of safe countries of origin lists, at least when they are not supported by a clear and accurate gender-sensitive analysis</p>
	<p>Member States should <b>share information and start creating common COI</b>, before the reform of the CEAS, to avoid discrepancies and to provide a <b>higher level of protection</b> to asylum-seekers, especially in FGM-related and other GBV-related cases.</p>
	<p>Member States, EASO/Agency for Asylum and the EU must collect data on countries of origin through all <b>available relevant international, governmental and non-governmental sources.</b></p>
	<p>Member States, supported by EASO/Agency for Asylum, must <b>coordinate efforts and resources</b> to organise fact-finding missions, particularly in FGM-practising countries of origin of applicants to international protection in the EU.</p>
	<p>The EU must ensure the new <b>Agency for Asylum</b> has the financial and human resources to fulfil its mission of providing and analysing common COI and of organising information networks on COI between Member States.</p>
<b>Mainstreaming FGM and other forms of GBV in COI</b>	<p>Member States and the EU must constantly work in close relationship with <b>NGOs and CSOs</b> working to end FGM with survivors and affected communities, in the EU and in countries of origin, to establish COI that will also help to shape asylum, policy and national measures to prevent the practice and protect women and girls.</p>
	<p>FGM is on the EU agenda. All Member States must systematically <b>collect data</b> using a common methodology on FGM-related asylum cases to help them shape relevant COI and subsequent measures at European and national level on FGM.</p>
	<p>The new Agency for Asylum, as a mandatory source of COI analyses for and in cooperation with Member States, must systematically provide gender-, culture- and child-sensitive COI for all countries of origin of asylum-seekers, refugees and beneficiaries of subsidiary protection in the EU.</p>
	<p>Member States and the new Agency for Asylum must ensure <b>COI on FGM-practising countries</b> assess the prevalence rate of FGM<sup>27</sup>, analyse the causes of its perpetuation, reflect the trend in the medicalisation of FGM<sup>28</sup>, and underline the consequences of FGM and related factors on women and girls.</p>
	<p>Thematic country information on FGM and COI on FGM-practising countries must never qualify any kind of FGM as a “lesser”, “lighter” or “symbolic” form of FGM.</p>
	<p>COI analyses must consistently mainstream gender, and notably detail <b>systemic and/or indiscriminate and systematic forms of violence and gender-based violence.</b></p>
	<p>COI should include a general, gender-mainstreamed analysis of the situation in a given country - politics, economy, violence, human rights situation, power and gender relations etc. - and when relevant, thematic analyses and guidance on specific issues, such as FGM and other forms of gender-based violence against women and/or men, LGBTI rights, corruption etc.</p>

## II. Understanding the complexity of FGM-related claims

### 1. Raising awareness: gender, FGM and international protection

#### a. Unveiling the taboo: collecting data

It is estimated that the EU receives a few thousands FGM-related cases every year<sup>29</sup>, without prejudice to the fact that women affected by FGM may also claim asylum on other grounds. Due to a lack of systematic data collection in most Member States as regards the **grounds for granting refugee\* or subsidiary protection status\*** and other relevant elements, including in **FGM-related claims**<sup>30</sup>, the exact extent of the issue is unknown, which potentially impairs State and EU response to FGM.

**Systematic data collection on asylum claims** is crucial, especially in relation to FGM. By **highlighting the extent of the issue**, it would allow a more coherent and comprehensive approach and policy to FGM-related claims and treatment of FGM survivors at EU and national level, notably by ensuring women and girls are not unfairly deprived of international protection, which may happen in FGM-related claims. The current **lack of con-**

It is essential that FGM is highlighted in all relevant asylum files, **even if it is not the ground for claiming or being granted international protection**, so as to tailor appropriate and effective prevention and protection measures based on reliable data.

**sistent and systematic data collection** on FGM-related claims undermines the transparency, efficiency, evaluation and fairness of the asylum system, but also affects the estimation of FGM prevalence in EU countries. As a consequence, refugees and beneficiaries of subsidiary protection may not get the **level of protection** they are entitled to as survivors of gender-based violence.

To allow systematic data collection, women and girls need to be able to disclose relevant information during their individual interview, which is only possible if they are well informed on the rights and procedures regarding international protection, if case officers are aware of and sensitive to gender-based issues, and if the interview circumstances allow for such disclosure.

#### b. Sensitivity: assessing credibility

FGM is a particularly complex subject in the spectrum of gender-based violence, and is not always recognised as a form of persecution in Member States. The End FGM European Network welcomes the new 2016 training programme developed by EASO for asylum officers, to further mainstream gender and correctly address the special needs and vulnerabilities of women and girls survivors of gender-based violence in the asylum system, including those affected by or at risk of FGM and those speaking out against the practice. Such training is currently scarce but essential for EU and national asylum officers, notably to **ensure a fair credibility assessment\*** during the personal interview, and to implement a **common approach** across EU Member States, which is still not the case.

In some EU countries, women may frequently not even be asked if they have undergone such violence and raise suspicions if they mention it in a subsequent interview. To respect their obligations and fundamental rights, notably the right to be heard<sup>31</sup>, asylum authorities must **proactively raise the issue of FGM**, in a sensitive manner and in all personal interviews involving individuals, especially women and girls, who come from FGM-practising countries and affected communities.

Asylum officers must be trained to be **aware** of and **sensitive** to the practical, cultural and psychological reasons that may prevent women from disclosing spontaneously that they have been subjected to FGM or fear the practice. These barriers may include, among others, the lack of knowledge of asylum procedures, the gender and/or the attitude of the inter-

Lack of knowledge of FGM and **cultural, gender or child insensitivity or unawareness** during interviews may prevent women and girls from **speaking freely** about the deeply personal violence they have been subjected to, impairing the credibility assessment of their case and their rights. Yet, the **credibility assessment is a central element** in the evaluation of a claim.

viewer and/or the interpreter, or the presence of the husband, children or other family members during the



interview<sup>32</sup>. Furthermore, FGM survivors and girls and women at risk of FGM, apart from those who are also anti-FGM activists, may consider the subject highly taboo and personal. Finally, FGM has short and long-term physical and psychological consequences on women, which along with complex family situations, may cause them to be unable or unwilling to make a precise account of the violence or to show no particular emotion when recounting it.

The **credibility assessment and burden of proof** must be weighed against these elements, and take into account the vulnerability of women and girls in FGM-related cases, both necessary steps that are currently not systematically undertaken. Indeed, applicants lodging a GBV- or FGM-related claim may frequently face a high standard of proof, including requirement for material evidence and a failure to apply the benefit of the doubt or consider the impact of trauma<sup>33</sup>.

### c. Vulnerability and gender

Member States and the EU, including EASO/EU Agency for Asylum must address the lack of **gender, cultural and child sensitivity** among asylum case workers, which can stem from a lack of training, a lack of staff and means, a lack of time and related pressure to correctly assess a claim, or even a lack of political will.

Member States and the EU must also ensure asylum officers are aware of the extent of **gender-based violence** issues in countries of origin. To take into account all relevant aspects of a person's background, a holistic, contextual and sensitive analysis of the woman or girl's story, including her cultural, social, family and political background, must be conducted during the interview and when assessing her claim. This background may indeed constitute additional trauma for survivors and usually accentuates their vulnerability in the asylum system.

Although **women and girls**, especially those who have been subjected to GBV, including FGM, are considered as **vulnerable** in the asylum system, with related special needs, as laid out in international and EU recommendations, it is still **unclear** how this **vulnerability** is concretely assessed and addressed. In States where the procedure exists, it is unclear how and if States allocate **appropriate means** to this identification and how it **impacts on the assessment** of the claim. Vulnerability assessment is **not harmonised** at EU level<sup>34</sup>, creating discrepancies between Member States with a further negative impact on **reception conditions**<sup>35</sup> and **health and psychological care** of asylum-seekers and beneficiaries of international protection.

## 2. Improve the asylum system: recommendations

### a. Implementing the existing framework

A broad framework, including legislation, practical tools, guidance and recommendations, is *supposed* to be in place at national and EU level to properly address FGM-related claims. This framework includes the following non-exhaustive list of elements:

#### Legal framework<sup>36</sup>

- FGM is globally recognised as a human rights violation<sup>37</sup>, a discrimination against women, a gender-based violence<sup>38</sup>, and a form of torture or ill treatment<sup>39</sup>, all of which must be prevented according to **international human rights law**<sup>40</sup>. At national level, all EU Member States have a specific or a general criminal law condemning FGM.
- The **Council of Europe Convention on preventing and combating violence against women and domestic violence**<sup>41</sup> (Istanbul Convention - 2011) requires States Parties to criminalise FGM (art.38), to recognise gender-based violence against women as a form of persecution (refugee status) and serious harm (subsidiary protection status), to ensure a gender-sensitive interpretation of the 1951 Convention Relating to the Status of Refugees grounds and to develop gender-sensitive reception conditions (art.60). Only **fourteen EU Member States have ratified** the Istanbul Convention<sup>42</sup>.
- The **EU Asylum Acquis**, enhancing the spectrum of the 1951 Convention Relating to the Status of Refugees, notably through the Qualification<sup>43</sup>, Reception Conditions<sup>44</sup> and Asylum Procedures<sup>45</sup> Directives, includes gender-based forms of persecution\*, including FGM, as grounds for claiming international protection, and recognizes FGM survivors and women and girls at risk as vulnerable. The European Commission's proposals to reform the CEAS<sup>46</sup> include the same obligations and a reference to the Istanbul Convention.

### Tools and guidance

<ul style="list-style-type: none"> <li>■ The UNHCR guidance note on refugee claims relating to female genital mutilation<sup>47</sup> (2009)</li> </ul>	The 2016 UNHCR, IDC and Oak Foundation Vulnerability Screening Tool <sup>48</sup>
<ul style="list-style-type: none"> <li>■ The UNHCR <i>Too much pain</i><sup>49</sup> reports and updates<sup>50</sup> on <i>Female genital mutilation &amp; Asylum in the European Union</i>.</li> </ul>	The UNHCR Heightened Risk Identification Tool <sup>51</sup>
<ul style="list-style-type: none"> <li>■ The 2016 EASO training on gender, which includes FGM.</li> </ul>	The UNHCR tool to assess credibility <sup>52</sup>
	The EASO tool to assess special needs <sup>53</sup> , which includes FGM, age, sex, mental health and other relevant vulnerabilities

A human rights- and gender-sensitive analysis of asylum claims, including in GBV- and FGM-related cases, should therefore be an organic and mainstreamed **element in the concrete assessment of asylum claims**, which still remains variable and needs to be **addressed urgently**.

#### b. Training and awareness: essential considerations

<b>Training</b>	The EU and Member States must adequately invest, including through financial and human resources, in their national asylum systems and in the new Agency for Asylum, resulting in a higher number of <b>trained and skilled asylum officers</b> .
	The EU and Member States must develop and provide <b>efficient gender-sensitive training</b> to case-workers and other asylum officers, including interpreters, healthcare providers and reception staff, on demand and on a compulsory yearly basis.
	Member States and the EU must constantly work in close relationship with NGOs and CSOs working to prevent FGM with survivors and affected communities to provide relevant information and training to asylum officers.
	The EU and EASO/Agency for Asylum must ensure <b>training</b> , notably on credibility and vulnerability, and especially in gender- and FGM-related cases, is equivalent across the EU, implying a strong <b>cooperation</b> between Member States to establish high-level standards.
	To ensure the credibility and vulnerability assessments and subsequent burden of proof are gender-, child- and culture-sensitive, national and EU/EASO/Agency for Asylum training must emphasize the necessity for asylum officers to only use COI where such analyses are mainstreamed.
	The impact of trauma, culture, gender and violence, including FGM, must be an integral part of the training of asylum officers and of the assessment of applicants' statements and asylum claims.
<b>Data collection</b>	The EU and Member States must immediately and systematically <b>collect data</b> on grounds for granting and refusing international protection, and disaggregate it by age, sex, citizenship/nationality and according to the reason(s) and/or violation(s) substantiating the claim and other relevant elements e.g. FGM, indiscriminate violence, political activism, sexual orientation, domestic violence etc.
	Data must be as precise as possible in order to further <b>substantiate adequate measures</b> as regards healthcare, trauma counselling, reception conditions and other support services for applicants, refugees and beneficiaries of subsidiary protection, and FGM-affected individuals in general, in the asylum and in the national systems.
	The EU and Member States must work towards adopting a common methodology in data collection, so data is <b>comparable</b> .

<b>FGM-related claims</b>	<p>Asylum authorities must <b>proactively raise the issue of FGM</b>, in a sensitive manner and in all personal interviews involving individuals, especially women and girls, who come from FGM-practising countries and affected communities.</p>
	<p>Member States must ensure asylum officers are fully aware of the health consequences and trauma, both physical and psychological, of FGM and how it violates human rights. They must also be aware that being a survivor of FGM, opposing and fearing the practice may mean that a woman or girl, and her family members, were subjected to other forms of violence.</p>
	<p>In FGM-practising countries, <b>state protection</b> from FGM is unlikely to be available, even in States where FGM is prohibited by law, and internal relocation may not be in the best interest of the woman or girl or the family, and may not stop her from being subjected or re-subjected to FGM, especially in areas and communities where FGM is the social norm.</p>
	<p><b>Human rights defenders</b> working to end FGM in their country of origin and relatives of a woman or girl at risk of FGM opposing the practice, may be subjected to further pressure and violence, from communities and/or authorities.</p>
	<p>Survivors of FGM and GBV, women and girls at risk and their families, and anti-FGM activists and human rights defenders are therefore especially vulnerable and can qualify for <b>refugee status</b>, notably as members of a particular social group and/or for political opinion. Member States must refrain from restricting the scope of the grounds of the 1951 Convention Relating to the Status of Refugees.</p>
	<p>Member States must ensure that FGM survivors, women and girls at risk, and anti-FGM activists and human rights defenders have the possibility to make <b>an independent claim</b> from their relatives.</p>
<b>Human Rights and Procedures</b>	<p>The EU must ensure strict guarantees are in place at EU and national level in favour of asylum-seekers so the harmonisation of the CEAS does not <b>weaken procedural rights, human rights, reception conditions and integration prospects</b> of refugees and beneficiaries of subsidiary protection.</p>
	<p>The EU and Member States must refrain from evading their <b>responsibility</b> as regards international protection and human rights protection, especially by transferring it to third countries.</p>
	<p>Member States must refrain from applying the principle of dual criminality<sup>54</sup> when examining a case. Indeed, the criminalisation of FGM in countries of origin is hardly implemented and does not imply either an effective State protection or a shift in behaviours in affected communities. Member States and asylum officers must also refrain from considering that the absence of criminalisation in the country of origin impedes them from examining or validating a claim.</p>
	<p>All EU Member States must fully ratify and <b>implement</b> the Istanbul Convention as early as 2017.</p>

## Glossary

<b>Applicant</b>	A third-country national or a stateless person who has made an application for international protection in respect of which a final decision has not yet been taken
<b>Asylum</b>	A form of protection given by a State on its territory granted to a person who is unable to seek protection in his/her country of citizenship/nationality and/or residence, in particular for fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion
<b>Asylum-seeker</b>	In the EU context, a person who has made an application for protection under the Geneva Convention in respect of which a final decision has not yet been taken. In case of a positive decision, it will then be determined if the person has a right to the refugee status or the subsidiary protection status
<b>Beneficiary of international protection</b>	A person who has been granted refugee status or subsidiary protection status
<b>Common European Asylum System (CEAS)</b>	A framework of agreed rules which establish common procedures for international protection and a uniform status for those who are granted refugee status or subsidiary protection based on the full and inclusive application of the Geneva Convention and which aims to ensure fair and humane treatment of applicants for international protection, to harmonise asylum systems in the EU and reduce the differences between Member States on the basis of binding legislation, as well as to strengthen practical cooperation between national asylum administrations and the external dimension of asylum
<b>Country of origin</b>	The country or countries of nationality/citizenship for a third-country national, or for stateless persons, the country of (former) habitual residence
<b>Country of origin information (COI)</b>	All relevant facts related to the country of origin of an asylum-seeker at the time of taking a decision on the application, including laws and regulations of the country of origin and the manner in which they are applied
<b>Credibility</b>	Credibility is established where the applicant has presented a claim which is coherent and plausible, not contradicting generally known facts, and therefore is, on balance, capable of being believed
<b>Credibility assessment</b>	The process of gathering relevant information from the applicant, examining it in the light of all the information available to the case worker, for the purpose of the determination of qualification for refugee status and/or subsidiary protection status
<b>EASO</b>	A European Union agency mandated to focus on three major responsibilities: to contribute to the coherent implementation and development of the Common European Asylum System (CEAS), to support and strengthen practical cooperation among Member States on asylum and to provide and/or coordinate the provision of operational support to Member States, subject to particular pressure on their asylum and reception systems
<b>Female genital mutilation (FGM)</b>	FGM comprises all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons as defined by the World Health Organisation (WHO)
<b>Gender</b>	The socially constructed attributes, roles, activities, responsibilities and needs predominantly connected to being male or female in given societies or communities at a given time
<b>Gender-based Violence (GBV) against women</b>	Violence that is directed against a woman because she is a woman or that affects women disproportionately. Gender-based violence can also affect men, e.g. in the case of conflicts, or men and women, e.g. when violence is related to gender identity and/or sexual orientation. Some forms of violence are gender-specific, while others affect both women and men, more or less disproportionately
<b>Gender mainstreaming</b>	Involves the incorporation of gender considerations into all policies, programmes, practices and decision-making so that at every stage of development and implementation, an analysis is made of the effects on women and men, and appropriate action taken
<b>Gender-related claims</b>	A term used to encompass the range of different claims in which gender is a relevant consideration in the determination of refugee or subsidiary protection status
<b>Gender-Related Persecution</b>	The reason for persecution is gender-based, i.e. the applicant fears persecution on account of her or his gender or gender identity

<b>Gender-Specific Persecution</b>	The form of persecution experienced is gender-specific or predominantly gender-specific. For example, rape and other forms of sexual violence, domestic violence, female genital mutilation (FGM), forced abortion and sterilisation etc.
<b>International protection</b>	Refugee status and subsidiary protection status
<b>Persecution</b>	Human rights abuses or other serious harm, often, but not always, with a systematic or repetitive element
<b>Person eligible for subsidiary protection</b>	A third-country national or a stateless person who does not qualify as a refugee, but who would face a real risk of suffering serious harm if returned to his/her country of origin or habitual residence, and is thus unable or unwilling to avail him/herself of the protection of said country
<b>Refugee</b>	A third-country national or a stateless person who is unable or unwilling to get the protection from his/her State of nationality or habitual residence and is outside of said country because of a well-founded fear of being persecuted for reasons of race, religion, nationality, political opinion or membership of a particular social group, and unable or unwilling to return to it because of the same well-founded fear
<b>Refugee status</b>	The recognition by a State of a third-country national or stateless person as a refugee
<b>Safe country of origin</b>	In the EU context, a country where, on the basis of the legal situation, the application of the law within a democratic system and the general political circumstances, it can be shown that there is generally and consistently no persecution, no torture or inhuman or degrading treatment or punishment and no threat by reason of indiscriminate violence in situations of international or internal armed conflict
<b>Subsidiary protection</b>	The protection given to a third-country national or a stateless person who does not qualify as a refugee but who, if returned to his/her country of origin or former habitual residence, would face a real risk of suffering serious harm and is unable or unwilling to avail him/herself of the protection of that country
<b>Subsidiary protection status</b>	The recognition by a State of a third country national or a stateless person as a person eligible for subsidiary protection
<b>Survivor</b>	A survivor is a person who has been subjected to one or several forms of violence and is living with the mental and physical consequences on her/his life. The End FGM European Network uses this term to emphasize an individual's capacity to resilience and empowerment, without prejudice to the fact that a person may prefer to use the term "victim"
<b>Vulnerable person</b>	Minors, unaccompanied minors, disabled people, elderly people, pregnant women, single parents with minor children, victims of trafficking in human beings, persons with serious illnesses, persons with mental disorders and persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence, such as victims of female genital mutilation. These people are not necessarily vulnerable <i>per se</i> – depending on an individual's capacity for resilience – but are likely to be vulnerable within the asylum system because of their personal situation, the harshness of the system and/or the violence/persecution they have been subjected to.

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- <sup>15</sup> Ibid.
- <sup>16</sup> i.e.: Guidance produced by authorities that are not accessible to the public.
- <sup>17</sup> [An EU "safe countries of origin" list](#) (consulted 20 September 2016)
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- <sup>25</sup> [Report of the Special Rapporteur on Torture and other cruel, inhuman or degrading treatment or punishment](#), 2008 (Consulted 11 October 2016)
- <sup>26</sup> [Directive 2013/32/EU](#) of the European Parliament and the Council of 26 June 2013 on common procedures for granting and withdrawing of international protection (recast), Recital 32 (Consulted 26 September 2016)
- <sup>27</sup> At national, regional and community level.
- <sup>28</sup> Medicalisation of FGM is a worrying trend that is observed in a number of FGM-practising countries (Egypt, Guinea, Kenya, Nigeria, Mali, Yemen etc.), which is at least equally harmful as the traditional practice and highly unethical.
- <sup>29</sup> Forced Migration Review (mini-feature) [FGM and asylum in Europe](#), May 2015
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- <sup>38</sup> *Ibid.*
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- <sup>41</sup> [Council of Europe Convention on preventing and combating violence against women and domestic violence](#) (Consulted 26 September 2016)
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- <sup>44</sup> [Directive 2013/33/EU](#) of the European Parliament and the Council of 26 June 2013 laying down the standards for the reception of applicants for international protection (recast), notably article 21 (Consulted 26 September 2016)
- <sup>45</sup> [Directive 2013/32/EU](#) of the European Parliament and the Council of 26 June 2013 on common procedures for granting and withdrawing of international protection (recast), notably article 24 (Consulted 26 September 2016)
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- <sup>51</sup> [The UNHCR Heightened Risk Identification Tool](#) Version 2 (Consulted 7 October 2016)
- <sup>52</sup> UNHCR, [Beyond Proof: Credibility Assessment in EU Asylum Systems](#), 2013 (Consulted 26 September 2016)
- <sup>53</sup> [EASO Tool for Identification of Persons with Special needs](#) (Consulted 26 September 2016)
- <sup>54</sup> “Applying the principle of dual criminality” would mean that a Member State would only assess an FGM-related claim if FGM was criminalised in the country of origin (and on the Member State’s territory). Consequently, women and girls coming from countries where FGM is not legally banned would see their claims rejected, impairing their right to international protection.