

FRANCE – Country Sheet

ASYLUM LAWS, POLICIES AND PRACTICES IN EUROPEAN COUNTRIES: WHAT IS THE IMPACT ON FGM-AFFECTED WOMEN AND GIRLS?

Main issues

1. Qualification

a. Legal framework

In France, FGM can be ground for asylum based on the belonging to a social group. Categories of asylum seekers that are granted asylum based on FGM are: Women and girls being at risk of FGM; Women and girls who have already undergone FGM but only partially or who have undergone reconstructive surgery and might therefore be subjected to the practice again; Parents and siblings protecting their daughters/sisters from FGM (but the personal persecution needs to be proven); individuals opposing FGM.

In France there is the legal status of “*refugee sur place*”, where international protection is granted for applicants coming from FGM-affected countries but who are born in France and face return at the time the claim is lodged.

b. Criteria for assessment

For women and girls at risk of FGM:

In France, age of risk and socio-economic situation are explored based on an individual basis. There is a safe country of origin list, but the final decision is taken on an individual basis and there are women and girls recognised even when coming from these safe countries. The women and girls at risk need to provide a medical certificate assessing that they have not been cut, as well as a medical certificate in case the mother has undergone FGM.

For women and girls who have already undergone FGM:

In France they are generally not granted asylum, unless the consequences and trauma suffered is so great that they cannot live anymore in the country of origin. The risk of re-cutting is recognized, but mainly for partially cut women and girls or women who underwent reconstructive surgery.

c. Country of Origin Information

In France, the Division de l'Information, de la Documentation et de la Recherche sur les pays d'origine (DIDR) of OFPRA is responsible for producing COI. OFPRA officers also use EASO

COI. COIs are published on OFPRA website, and sources of information are quoted, except for when this could endanger the informant. Twice a year OFPRA conducts fact-finding missions in cooperation with the Court Nationale du Droit d'Asile (CNDA). When collecting information on FGM, there are always gatherings with CSOs and institutional actors on the matter.

2. Procedures

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

In France, *identification* of vulnerable applicants is done by the OFII (concerning reception needs and services), and during the first interview by OFPRA (concerning the qualification of the prosecution). OFII is also in charge of providing *information* around asylum procedures to vulnerable applicants. In terms of *support*, it is possible to choose the preferred sex of the officer and interpreter (in case needed) and it needs to be indicated in the asylum application form.

b. Available gender-sensitively trained stakeholders

In France, all asylum officers from OFPRA receive initial and continuous training on vulnerabilities and gender, both internal and with external speakers. Moreover there are thematic groups of officers dealing with GBV, minors, trafficking etc. and they go to external trainings to then train internally colleagues. To learn about FGM the officers watch the video Bilakoro (on the MIPROF website) and then debate about the topic. 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 internal website of OFPRA.

c. Role of certificates in the asylum procedure / cooperation between sectors

In France, FGM is the only exception where it is compulsory that women and girls provide a medical certificate to show they were not cut (loi de 2015 (articles L.723-5 et L.752-3 du CESEDA)). When the asylum seeker is a minor, the medical certificate must be provided by a specialised forensic doctor. These doctors belong to the Unités Médico-Judiciaires (UMJ). The certificates are directly transmitted by the UMJ to OFPRA (they are an exception to the medical confidentiality) and are paid by OFPRA. It might also be useful to prove the risk, that the mother provides evidence that she underwent FGM, by providing a certificate from a doctor of her choice (at their own expenses).

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

Only in France, according to article L. 752-3 du Ceseda, there is a legal requirement to undergo every 5 years a medical examination to ensure that a woman or girl who was granted international protection for risk of FGM is protected. In case of suspicion 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, but their parents are signalled to the public prosecutor.

e. Late disclosure and the credibility issue

Late application does not invalidate the request for international protection, but it is an element to be 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.

f. Family reunification

Generally, there are no ways to facilitate family reunification of girls at risk of FGM (unless they fall into the family reunification criteria, which concerns spouses, (dependent) parents and minor children – and in France also minor children of the parents).

In general, when it comes to family reunification procedure of unaccompanied minors with a relative in another European country, most of the countries require a Best Interest Assessment of the child 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.

g. Dublin decisions' effects on procedures

It would be possible to argue for overthrowing a Dublin decision based on the fact that the country of first entry does not offer sufficient protection to asylum applicant. In situations of vulnerability, it is possible to lodge appeals against Dublin decisions for reasons of, for example, interruption of the therapeutic path in progress in the second country. It would be equally possible to overthrow a Dublin decision if there was a risk of chain refoulement in case the applicant is sent to another Member State in the context of the Dublin Regulation.

3. Reception Conditions

a. Gender-sensitive reception centres

No information

b. Gender-sensitive accessible general and specialised services

No information

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

No information

d. Dublin decisions' effects on reception conditions

In all countries, a woman/girl who is subject to a Dublin decision still has all the rights associated with the status of asylum seeker.

4. Data collection

e. National registry for FGM cases in the asylum system

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

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

5. Integration

f. Tailored service provision after being granted asylum

No information