Flygtningenævnets baggrundsmateriale

Bilagsnr.:	**427**
Land:	Somalia
Kilde:	UNHCR
Titel:	Too much pain. Female Genital Mutilation and Asylum in the European Union – a statistical update
Udgivet:	Marts 2014
Optaget på baggrundsmaterialet:	10. juni 2014

FEMALE GENITAL MUTILATION & ASYLUM IN THE EUROPEAN UNION

A Statistical Update (March 2014)*

UNHCR
The UN Refugee Agency

Female genital mutilation is a human rights violation

Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. This harmful traditional practice is most common in the western, eastern, and north-eastern regions of Africa; in some countries in Asia and the Middle East; and among migrant and refugee communities from these areas in Europe, Australia, New Zealand, Canada and the United States of America.

FGM is recognized internationally as a violation of the human rights of women and girls. The practice also violates a person's rights to health, security and physical integrity; the right to be free from torture and cruel, inhuman or degrading treatment; and the right to life when the procedure results in death. The practice of FGM is also considered as a criminal act in all EU Member States.

> *"[My Grandma] caught hold of me and gripped my upper body. Two other women held my legs apart. The man, who was probably an itinerant traditional circumciser from the blacksmith clan, picked up a pair of scissors. […] Then the scissors went down between my legs and the man cut off my inner labia and clitoris. A piercing pain shot up between my legs, indescribable, and I howled. Then came the sewing: the long, blunt needle clumsily pushed into my bleeding outer labia, my loud and anguished protests. [… My sister] Haweya was never the same afterwards. She had nightmares, and during the day began stomping off to be alone. My once cheerful, playful little sister changed. Sometimes she just stared vacantly at nothing for hour."*
>
> Ayaan Hirsi Ali, Infidel – My Life,
> Somali refugee in The Netherlands

* UNHCR, *Too Much Pain: Female Genital Mutilation & Asylum in the European Union - A Statistical Overview,* February 2013, available at: http://goo.gl/F791Mp

FGM as a form of persecution

A girl or woman seeking asylum because she has been forced to undergo, or is likely to be subjected to, FGM can qualify for refugee status under the 1951 Convention relating to the Status of Refugees. Harmful practices in breach of international human rights law and standards cannot be justified on the basis of historical, traditional, religious or cultural grounds.

Like torture, FGM involves the deliberate infliction of severe pain and suffering, and the pain inflicted by FGM does not stop with the initial procedure, but often continues as on-going torture throughout a woman's life. FGM survivors often have to live its long-lasting consequences, including chronic pain, chronic pelvic infections, infection of the reproductive system, repetitive trauma at delivery and obstetric complications, as well as several emotional and psychological disturbances, most prominently post-traumatic stress disorder.

FGM is a form of gender-based violence, and all types of FGM are harmful and violate a range of human rights of girls and women. A woman or girl who has already undergone the practice before she seeks asylum, may still have a well-founded fear of future persecution because of the permanent and irreversible nature of FGM. In addition, a girl or woman subjected to FGM in her youth can later undergo a re-excision or re-infibulation, if the first procedure is considered not to be complete, at the time of her marriage, or child birth.

FGM and asylum in the EU

In 2013, **over 25,000 women and girls sought asylum from FGM-practising countries**.[1] This number has steadily increased since 2008.

Where do they come from?

These women and girls come mainly from **Somalia, Eritrea, Nigeria, Iraq, Guinea, Egypt, Ethiopia, Mali** and **Côte d'Ivoire.**

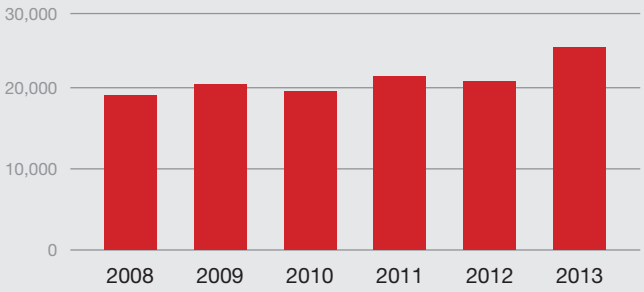
While Iraq ranks fourth, the number of women and girls seeking asylum from Iraq has decreased between 2008 and 2013, and the FGM prevalence rate in this country is very low (8.1%) and mostly concentrated in the Kurdistan Region. An increase has been registered for female asylum-seekers from **Eritrea** (two-fold), **Guinea** (four-fold) and **Egypt** (14-fold). The number of **Ethiopian** and **Ivorian** female applicants has also steadily increased. Lastly, the number of women and girls seeking asylum from **Mali** has been multiplied by over 40.

Where do they seek asylum?

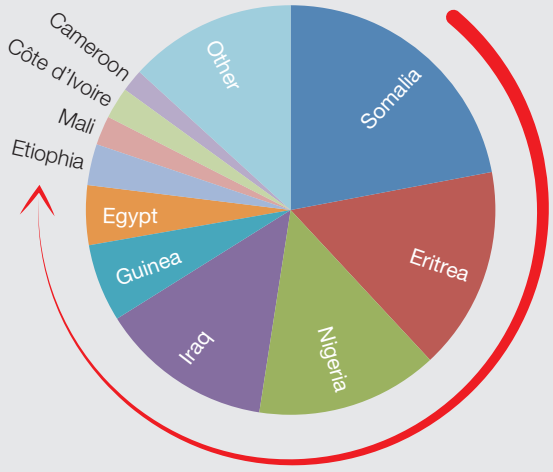
In 2013 these women and girls applied for asylum mainly in **Germany, Sweden,** the **Netherlands, Italy, France,** the **UK** and **Belgium.**[2]

In 2013 Germany was an asylum country for Iraqi and **Egyptian** female applicants. **Eritreans** mainly went to Sweden, while **Somali** girls and women sought asylum in the Netherlands. Most **Nigerians** were to be found in Italy, and **Guinean** female asylum-seekers applied in France mainly.

Total number of female asylum applicants from FGM-practising countries of origin



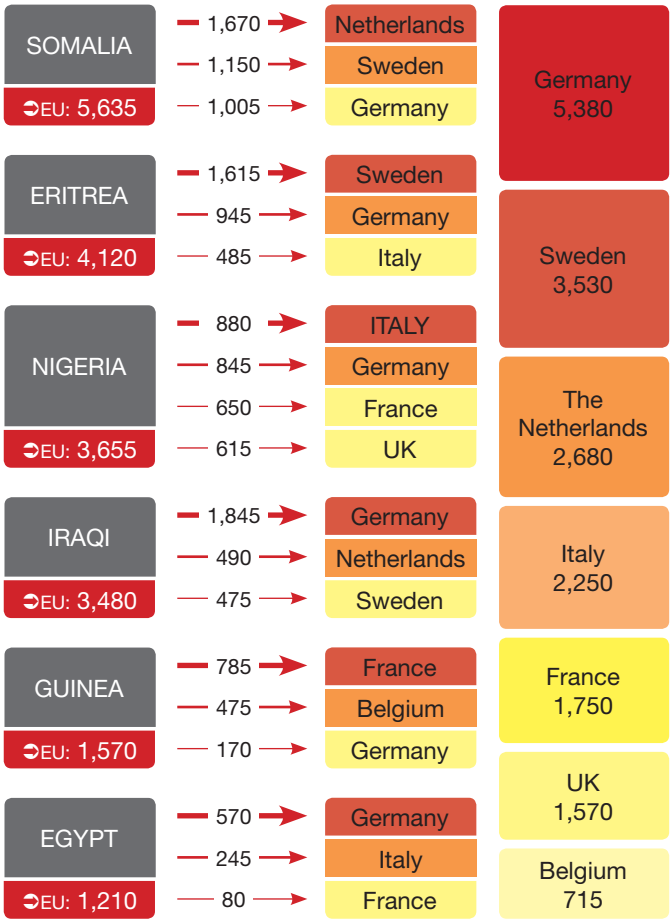
Top 10 FGM-practising countries of origin for female asylum-seekers



"The social worker to whom I explained my story said, 'Excuse me, but what are you talking about?' For a moment I was speechless, I could not understand how as a social worker she didn't know about excision. She is supposed to 'help' me and she does not even know what I am talking about; it was useless to continue telling her my story".

Teliwel Diallo, anti-FGM activist from Guinea, refugee in Belgium.

Female asylum-seekers from FGM-practising countries



What is the FGM prevalence rate in EU asylum systems?

It is estimated that around **16,000 women and girls could potentially have already been affected by FGM** at the time of their arrival in the EU in 2013 i.e. 62% of all female applicants come from FGM-practising countries.[3] These women and girls live with its life-long consequences in the asylum reception centres and communities of the EU while awaiting a decision on their applications, and later when granted international protection.

This represents an **increase** from the estimated 12,000 women and girls in 2011 and is due to the increase in the number of female claimants from Eritrea, Guinea, Egypt, and Mali, which have extremely high prevalence rates (85% to 97%).

The FGM prevalence rates for each national group provide a unique tool to identify the potential specific needs and vulnerabilities of women and girls from FGM-practising countries, starting with the registration and screening phase in the asylum procedure and in the asylum reception centres.

How many asylum claims on grounds of FGM?

In the absence of data collected by the national asylum authorities, UNHCR has estimated in Too Much Pain that over 2,000 asylum claims on grounds of FGM may have been received in 2011.

Estimated number of female applicants potentially affected by FGM 2013

Country of Origin	Female applicants 2013*	Prevalence rate**	Estimated number of female applicants potentially affected by FGM 2013
Benin	45	12.9%	6
Burkina Faso	75	75.8%	57
Cameroon	490	1.4%	7
Central African Rep.	130	24.2%	31
Chad	105	44.2%	46
Côte d'Ivoire	605	38.2%	231
Djibouti	95	93.1%	88
Egypt	1,210	91.1%	1,102
Eritrea	4,120	88.7%	3,654
Ethiopia	795	73.3%	583
Gambia	315	76.3%	240
Ghana	355	3.8%	13
Guinea	1,570	96.9%	1,521
Guinea-Bissau	45	49.8%	22
Iraq***	3,480	8.1%	282
Kenya	220	27.1%	60
Liberia	35	65.7%	23
Mali	610	85.2%	520
Mauritania	195	72.2%	141
Niger	10	2%	0
Nigeria	3,655	27%	987
Senegal	305	25.7%	78
Sierra Leone	245	88.3%	216
Somalia	5,635	97.9%	5,517
Sudan	455	69.4%	316
Tanzania	70	14.6%	10
Togo	165	3.9%	6
Uganda	350	1.4%	5
Yemen	160	38.2%****	61
Total	25,545		15,826

* Calculated using monthly data

** Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change, produced by UNICEF in July 2013

*** Not included in the statistics presented in *"Too Much Pain"*

**** PAPFAM report 2003

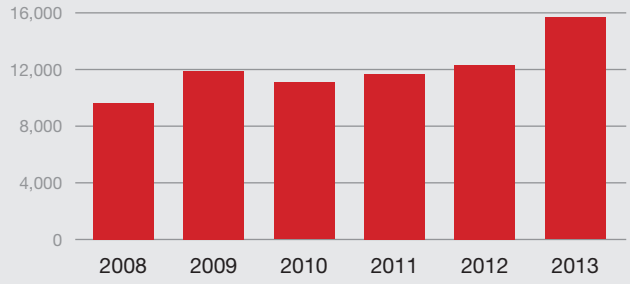
"I come from a village in Mali where excisions are always practised. My sister had a daughter and when the baby was not even 2 years old, she was mutilated. When I was four months' pregnant and my doctor told me it was a little girl, I was scared for her and ran away to France. I didn't want my daughter to undergo what they did to me when I was young."

Aissata, a young woman from Mali who has a 2-year-old daughter.

"I have been subjected to something my whole life and I will never forget; I have a scar on me. Today I suffer from pain, I leek urine et when I gave birth, they had to tear me open. I always have to take medication. For me it is something very important that my daughter is protected and not excised."

A refugee woman with her daughter in Belgium.

Estimated number of female asylum-seekers potentially affected by FGM



The way forward

Too Much Pain is the first comprehensive analysis on FGM and asylum in the EU. It provides statistical evidence needed to advance the discussion on the necessary policies and tools to address the specific vulnerabilities of female asylum-seekers affected by FGM in the asylum system, and of refugee girls and women living with FGM and integrating in EU Member States. It is now essential to ensure the correct transposition and implementation of the EU legislative framework, guaranteeing protection to women and girls at risk.

The European Asylum Support office (EASO) and Member States should reflect the specific issues raised by FGM and gender-based claims in their training tools, and develop **training** material to support the identification of special needs and vulnerabilities.

EU Member States and EASO need to enhance the **gender-sensitive nature of Country of Origin Information (COI)** to support awareness of FGM-related issues in the countries of origin, and strengthen the capacity of the asylum authorities to adjudicate claims relating to FGM.

EU Member States need to **develop country- and community-tailored prevention and protection policies and responses for the abandonment of FGM in the EU.** Social, linguistic, religious and cultural barriers may hinder the access of these refugee women and girls to specialist health and support services. We need to address the specific needs of refugee girls and women integrating in EU Member States, who live with the long-lasting physical, sexual and mental health problems resulting from FGM.

UNHCR welcomes the European Commission November 2013 Communication *Towards the elimination of female genital mutilation,* where the Commission has committed to encourage Member States to continue to, start to or increase the use of financial incentives for the **resettlement of children and women at risk, including those at risk of gender-based violence.**

Online at: http://goo.gl/F791Mp

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1 This data aggregates all female applicants from FGM-practising countries: Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Iraq, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Tanzania, Togo, Uganda, and Yemen. It has been calculated using "New Asylum Applicant" monthly data in Eurostat.

2 This represents a slight change from the distribution of asylum countries in the EU in 2011 (France, Italy, Sweden, UK, Belgium, Germany, Netherlands) due mainly to the inclusion of applicants from Iraq in this update (they sought asylum in Germany in the main); the increase in the number of Somali female applicants (Netherlands, Sweden, Germany); the increase in Eritrean applicants who sought asylum in Sweden, Germany and Italy; the increase in the number of female asylum-seekers from Egypt (Germany, Italy, France); and the reduction in the number of applicants from Guinea in Belgium.

3 The estimate was calculated by multiplying the FGM prevalence rate in each FGM-practising country of origin with the total number of females applying for asylum from that country of origin. The FGM prevalence rates for each FGM-practising country of origin are based on the national survey data on FGM prevalence in these countries published by UNICEF, Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change : Summary, 23 July 2013, available at: http://goo.gl/3umZKN, and by PAPFAM for Yemen (2003), available at: http://goo.gl/51VFpm