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FEMALE GENITAL MUTILATION & ASYLUM IN THE EUROPEAN UNION

A Statistical Overview

UNHCR
The UN Refugee Agency

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UNHCR
United Nations High Commissioner for Refugees
Haut Commissariat des Nations Unies pour les réfugiés

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Introduction

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 girls and women. 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.

This statistical overview has been prepared on the occasion of the European Institute for Gender Equality (EIGE) study on FGM in the European Union and Croatia. Little is known about FGM in the European Union in general, and this statement holds true about FGM and asylum more specifically. In light of the recognized need for country- and community-tailored responses, this study provides some of the statistical evidence needed to advance the discussion on the necessary policies and tools to address the specific vulnerabilities of female asylum-seekers with FGM in the asylum system on the one hand, and of refugee girls and women living with FGM and integrating in EU Member States on the other hand. In addition, in the absence of statistical data on asylum claims relating to this harmful traditional practice, this document also provides estimates that draw attention to the specific needs for international protection girls (and their parents) as well as women may raise in relation to FGM.

> *"Female genital mutilations must be seen as child abuse and mistreatment.*
>
> Christine Flamand, Belgian lawyer, Intact (NGO).

UNHCR hopes this study will further encourage EU Member States to gather more systematic qualitative and quantitative data on this little-researched aspect of the asylum system, with the support of Eurostat, in order to provide timely, complete and sex-disaggregated statistical data.

It is also hoped that the study will encourage EU Member States and the European Asylum Support Office (EASO) to develop training material in the European Asylum Curriculum (EAC) and enhance the gender-sensitive nature of Country of Origin Information (COI) to strengthen the capacity of the asylum authorities to adjudicate claims relating to FGM. This study also aims to encourage the European Commission in considering the need for interpretative guidelines on FGM and asylum that would support Member States to further harmonize national practices in line with the spirit of the Common European Asylum System (CEAS). At the level of the national asylum authorities, the hope is for this report to help raise the awareness of individual staff members regarding FGM and its relevance to their responsibilities, be it as health practitioners, interviewers, decision-makers, policy-makers or managers.

> *"It is a matter of principle that women are free and equal.*
>
> Ayaan Hirsi Ali, Somali refugee in the Netherlands.

Last but not least, UNHCR also hopes that this study will encourage policy-makers at EU, state and regional levels and service providers to fully include asylum-seeking as well as refugee girls and women in their comprehensive and multi-disciplinary action plans for the abandonment of FGM in the European Union in line with the recent UN General Assembly Resolution.[1]

[1] UN General Assembly, Resolution "Intensifying global efforts for the elimination of female genital mutilations", sixty-seventh session, 16 November 2012, A/C.3/67/L.21/Rev.1.

Methodology

For the purpose of this study, FGM-practising countries of origin[2] include Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Congo,[3] Cote d'Ivoire, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Tanzania, Togo, Uganda, and Yemen. Given the recent arrival of these female asylum-seekers in the EU, it was deemed methodologically appropriate to use the FGM prevalence rates from the national survey data on FGM prevalence in the countries of origin for this study.[4] Given the lack of comparable data on FGM practices in Iraq, a key country of origin in the asylum systems of the EU, Iraq has not been included in this study.[5]

The statistics in this document were compiled between October and December 2012 using the data available in Eurostat for the four year period 2008 to 2011. Data on asylum applications for 2012 were unfortunately too incomplete to allow the inclusion of a fifth year in this study.

Methodological decisions also had to be made to address some of the constraints linked to the nature of Eurostat data. The category "New Asylum Applicant", i.e. excluding repeat applications and double-counting of individuals, has been used as much as possible in the preparation of the data set out in this study. However the category "Asylum Applicant" also had to be resorted to where the lack of disaggregated data between new and repeat applications made it impossible to have a full and comprehensive view of the phenomenon.

Likewise, Eurostat does not record whether the women and girls under statistical study are principal or secondary applicants making it more difficult to analyze the issues at hand.

Of note too, data in Eurostat is not consistently available for the appeal stage; as such this study only looks at first instance applications and decisions.

The estimates in the last section of this study on the number of applications raising FGM issues are calculated on the basis of the data recorded by the Belgian asylum authority and Eurostat statistics.

2 This study uses the concepts of (FGM-) practising and FGM-risk (in the tables) countries interchangeably.

3 The World Health Organisation (WHO) notes that there are only anecdotal reports on FGM in the Democratic Republic of Congo, and that the figure of 5% mentioned in a WHO publication in 1997 was a questionable estimate (available at: http://goo.gl/uSln2).

4 This national survey data is part of the Demographic and Health Surveys (DHS) published by Macro, or the Multiple Cluster Indicator Surveys (MICS), published by UNICEF; available at: http://goo.gl/AP93d

Content

Focusing on girls and women from FGM-practising countries of origin who seek asylum in the EU, this statistical study seeks to provide answers to the six following questions:

1. **Where do they seek asylum in the EU?** – This first set of data provides an overview of the destination countries for the approximately 20,000 women and girls who seek asylum from practising countries of origin in the EU every year.

2. **Where do they come from?** – This set of data in turn focuses on the countries of origin of these 20,000 girls and women, and looks at the different patterns of applications in the main asylum countries.

3. **Where do they settle in the EU?** – This set examines where girls and women from FGM-practising countries of origin granted international protection settle and integrate in the EU.

4. **What is the FGM prevalence rate?** – This set identifies the estimated FGM prevalence rate among female asylum-seekers in the EU, and constitutes a direct contribution to the EIGE study on FGM in the EU and Croatia.

5. **Where do these girls settle in the EU?** – The following set seeks to estimate the number of refugee girls from practising countries of origin who settle every year in EU Member States following the grant of international protection or other form of national status, and who should be fully incorporated into prevention, prosecution and protection responses to end FGM in the Diasporas of the EU.

6. **How many asylum claims relate to FGM?** – In the absence of disaggregated data collected by the EU asylum authorities on the grounds for international protection in general, and FGM in particular, the last set of data seeks to provide estimates of the number of asylum claims on FGM grounds the top destination asylum countries may handle every year.

5 FGM prevalence data for Iraq became available in 2013, too late to be taken into account in this publication. Based on Multiple Cluster Indicator Surveys (MICS) in 2011, the FGM prevalence rate for Iraq is estimated at 8.1% but rises to 42.8% in the Kurdistan Region (Suleimaniya: 54.3%; Erbil: 57.5%; Kirkuk: 19.9%). Source: Iraq - Multiple Indicator Cluster Survey, 2011, Final Report, Central Statistics Organization, Kurdistan Regional Statistics Office, Ministry of Health, UNICEF, September 2012, available at: http://goo.gl/qKyUJ

1. Where do they seek asylum in the EU?

Around 20,000 women and girls seek asylum from FGM-practising countries of origin in the EU every year. This number has remained relatively constant between 2008 (18,110) and 2011 (19,565), despite the total number of female applicants having increased from 65,125 in 2008 to 93,350 in 2011. This is due mostly to the general reduction in asylum claims from Somalia; Somali women and girls represented about 20% of all female applicants in 2011, down from 27.8% in 2008.[6]

In absolute numbers, **France** (4,210), **Italy** (3,095), **Sweden** (2,610), the **United Kingdom** (2,410), **Belgium** (1,930), **Germany** (1,720), and the **Netherlands** (1,545) were the main countries of asylum for these women and girls in 2011.[7] Between 2008 and 2011, all these EU Member States have experienced an increase in the total number of asylum claims from females from practising countries, apart from the Netherlands and Sweden.[8]

Over the four year period, **Finland**, **France**, **Greece**, **Ireland**, the **Netherlands**, **Spain**, **Sweden**, and the **United Kingdom**, all received an average of over 20% of female applicants from practising countries of origin. Within this time frame, the **United Kingdom** stands out having experienced an increase in the percentage of females from practising countries of origin seeking asylum, from 19.5% to 27.4%. As for **Belgium** and **Germany**, on average over 10% of all female applicants in these two States come from practising countries of origin.

On the other hand, **Malta** and **Italy** are the two Member States with the highest proportion of female asylum applicants from practising countries of origin out of the total female applicants. In **Malta**, the percentage of females from practising countries seeking asylum was more than 90% for the years 2008, 2009 and 2011.[9] In **Italy**, 10,270 applications from females from practising countries of origin were received between 2008 and 2011; an average of 66% of all female applicants over the four year period.

6 This data has been calculated using "Asylum Applicant" in Eurostat rather than "New Asylum Applicant" (i.e. excluding repeat applications) which had too many missing data and provided for an extremely incomplete picture. The same basis has been used for tables and graphs 1 to 1.2.

7 Table 1: Geographical distribution of female applicants from FGM-practising countries of origin (CoO) in the EU 27 Member States. The percentage of females applying for asylum from FGM-practising CoO for the years 2008-2011 has been calculated by identifying the number of females from FGM-practising CoO as a proportion of the total number of females applying for asylum. Countries with a significant percentage of female applications from FGM-practising CoO have been highlighted.

8 See Graph 1.2.

9 By contrast, in 2010, the proportion was only 42.8%, due most certainly to the considerably lower level of applications received from women in Malta that year. Over the four year period, Malta received a total of 1,075 female applicants from FGM-practising countries of origin.

Graph 1.1: Proportion of Female Applicants from FGM-risk Countries of Origin to Total Number of Female Applicants in Top 11 EU Member States

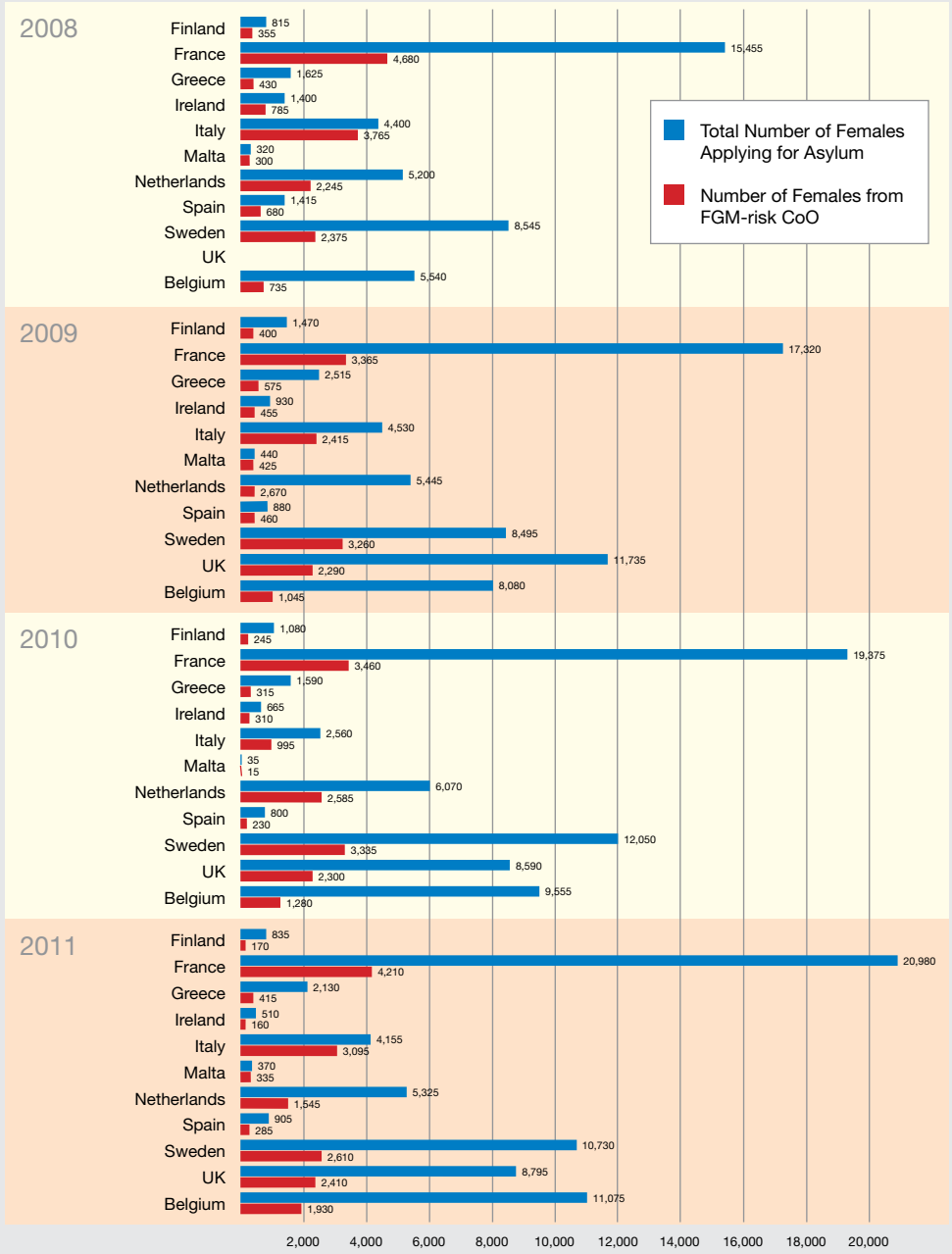


Table 1: Geographical Distribution of Female Applicants from FGM-risk Countries of Origin in EU 27 (2008-2011)

EU Member State	Total Number of Females Applying for Asylum				Females from FGM-risk Countries of Origin				Percentage of Females from FGM-risk Countries of Origin			
	Year				Year				Year			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Austria	4,255	4,855	3,260	3,765	365	355	215	385	8.58%	7.31%	6.60%	10.23%
Belgium	5,540	8,080	9,555	11,075	735	1,045	1,280	1,930	13.27%	12.93%	13.40%	17.43%
Bulgaria	175	160	165	155	5	5	5	5	2.86%	3.13%	3.03%	3.23%
Cyprus	1,075	1,085	1,045	640	50	40	80	55	4.65%	3.69%	7.66%	8.59%
Czech Republic	485	410	245	200	10	15	20	10	2.06%	3.66%	8.16%	5.00%
Denmark	550	885	1,215	1,120	60	95	85	75	10.91%	10.73%	7.00%	6.70%
Estonia	5	10	5	10				5				50.00%
Finland	815	1,470	1,080	835	355	400	245	170	43.56%	27.21%	22.69%	20.36%
France	15,455	17,320	19,375	20,980	4,680	3,365	3,460	4,210	30.28%	19.43%	17.86%	20.07%
Germany	8,500	10,995	17,770	19,630	1,185	1,345	1,885	1,720	13.94%	12.23%	10.61%	8.76%
Greece	1,625	2,515	1,590	2,130	430	575	315	415	26.46%	22.86%	19.81%	19.48%
Hungary	670	1,110	315	390	40	15	10	15	5.97%	1.35%	3.17%	
Ireland	1,400	930	665	510	785	455	310	160	56.07%	48.92%	46.62%	31.37%
Italy	4,400	4,530	2,560	4,155	3,765	2,415	995	3,095	85.57%	53.31%	38.87%	74.49%
Latvia	15	15	10	90				10				11.11%
Lithuania	180	130	140	95	5	5			2.78%	3.85%		
Luxembourg	160	140	245	905	10		20	15	6.25%		8.16%	1.66%
Malta	320	440	35	370	300	425	15	335	93.75%	96.59%	42.86%	90.54%
Netherlands	5,200	5,445	6,070	5,325	2,245	2,670	2,585	1,545	43.17%	49.04%	42.59%	29.01%
Poland	4,065	4,675	3,025	3,240	10	10		25	0.25%	0.21%		0.77%
Portugal	50	35	40	95	5	15	10	55	10.00%	42.86%	25.00%	57.89%
Romania	105	105	120	95	15	10	10	5	14.29%	9.52%	8.33%	5.26%
Slovakia	85	95	65	60			5	10			7.69%	16.67%
Slovenia	35	40	50	45			5	10			10.00%	22.22%
Spain	1,415	880	800	905	680	460	230	285	48.06%	52.27%	28.75%	31.49%
Sweden	8,545	8,495	12,050	10,730	2,375	3,260	3,335	2,610	27.79%	38.38%	27.68%	24.32%
United Kingdom	:	11,735	8,590	8,795	:	2,290	2,300	2,410	:	19.51%	26.78%	27.40%
EU (total)	65,125(1)	86,585(2)	90,095(2)	96,350(2)	18,110(1)	19,270	17,420	19,565	27.81%(1)	22.60%	19.34%	20.31%

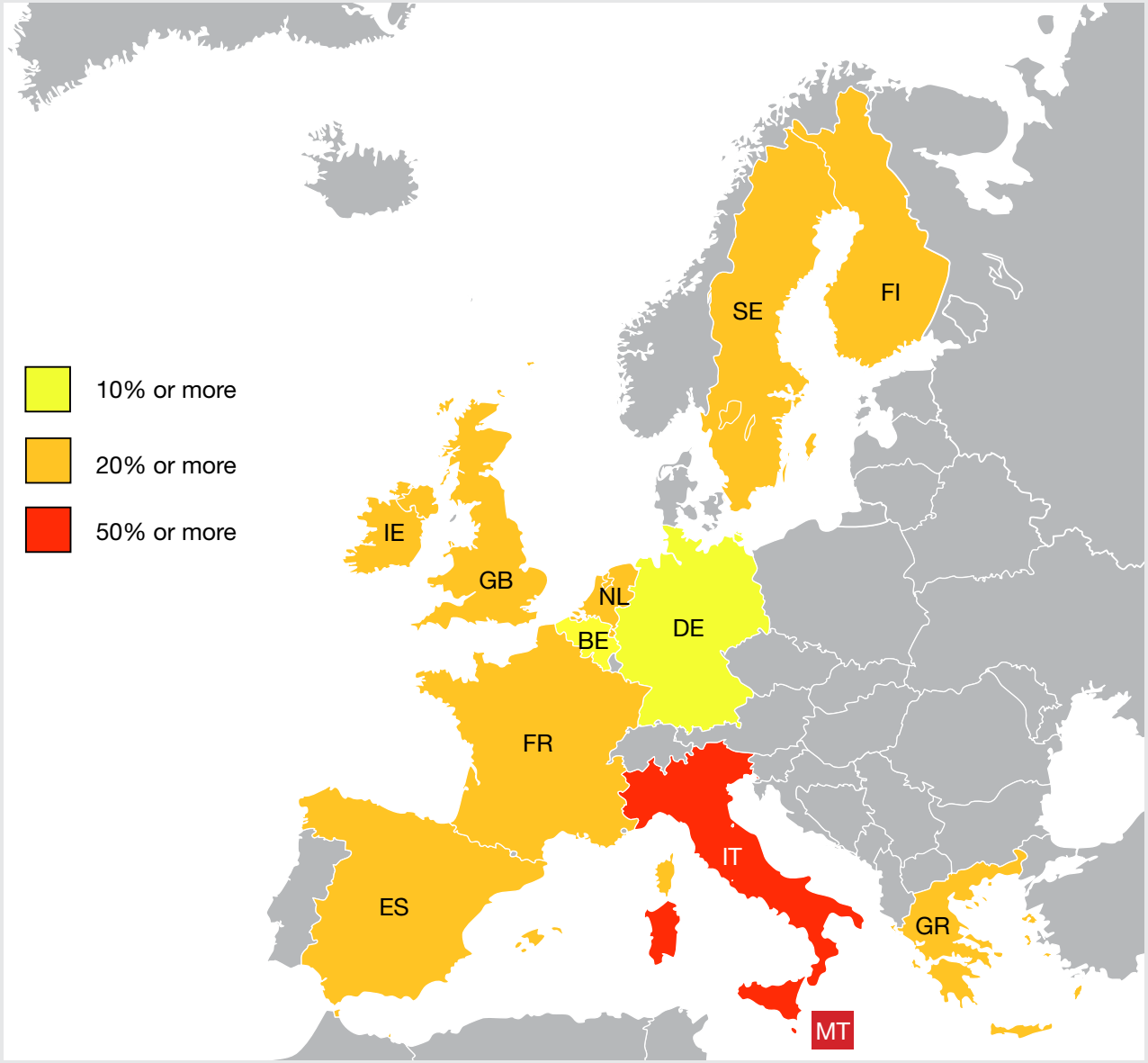
Notes:

FGM-risk countries of origin: Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Congo, Cote d'Ivoire, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Tanzania, Togo, Uganda, Yemen

* Only EU MS with significant number of female asylum applicants from FGM-risk CoO are highlighted. Colours represent the percentage of female applicants out of total female applicants from FGM-risk CoO: Red for 50% or more; Orange for 20% or more; and Yellow for 10% or more

(1) These EU totals exclude the UK whose numbers were unavailable in Eurostat.
(2) All numbers are rounded by Eurostat. EU totals do not match the sum of individual EU-27 states.
(:) represents no data available

Map: Female applicants from FGM-practising countries of origin in EU 27



Some preliminary comments

The sheer number of women and girls from FGM-practising countries in the asylum reception systems of the top destination countries in the EU is likely to lead to FGM-specific issues being raised in that context, be it in relation to primary health, reproductive health or psychological problems during the asylum procedure or later when settling and integrating in EU Member States. The section on FGM prevalence among female asylum-seekers in the EU Member States addresses FGM in the context of the asylum reception conditions more in depth, while two other sections focus more specifically on the integration of refugee girls and women and the prevention efforts necessary to ensure that these girls live free of FGM.

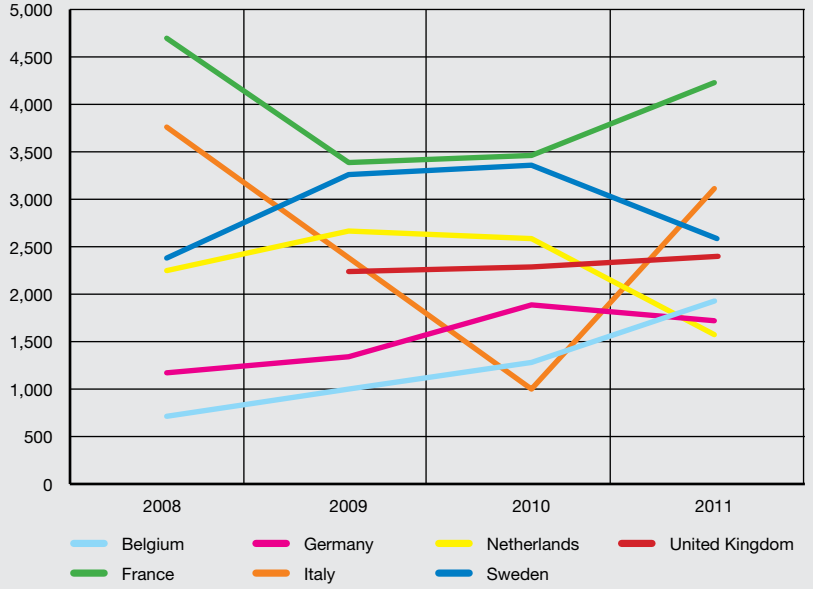
Notwithstanding the constraints posed by the lack of disaggregated data in Eurostat between principal and secondary applicants, and based on the sheer number of female applicants from FGM-practising countries of origin in the top countries of asylum, it is reasonable to assume that some of these women and girls may raise gender-specific issues in their applications and statements to the asylum authorities, including FGM-related issues.

> *"Professionals working with asylum-seekers and refugees face multiple challenges, including: linguistic differences; pressures of finite time; inadequate cultural awareness; and deficient expertise. Co-ordinated inter-agency training is key for all professionals working with affected communities, enabling them to provide effective and culturally sensitive support to those affected and to protect children by being sensitised to warning signs.*
>
> *Female genital mutilation, asylum seekers and refugees: the need for an integrated European Union agenda,* Richard A. Powell, Els Leye, Amanda Jayakody, Faith N. Mwangi-Powell, Linda Morison.

The different individual backgrounds and past experiences of women and girls from FGM-practising countries of origin will require specific gender, age and social awareness by staff and consequently tailored training to carry out the credibility assessment and the examination of the substantive issues arising in these applications. These in turn will require adjusted Country of Origin Information (COI) to document the situation in the different countries of origin these women and girls come from, as opposed to the countries of origin of applicants in general. For instance, while the total number of asylum claims from Nigeria is negligible, when considered through the "FGM lens", Nigeria becomes the top country of origin for these women and girls. Likewise, asylum adjudicators are also likely to need tailored COI to address the specific facts and country conditions these women and girls may refer to in their claims. To continue with the example of Nigeria, while male applicants tend to raise ethnic and religion-related issues, Nigerian women and girls may raise in addition gender-specific, including FGM-related, issues. Likewise, the issue of 'safe countries of origin' also takes a new dimension when considered through the "FGM lens".

The next section provides disaggregated data on the countries of origin of these women and girls for the top asylum countries in the EU and, as such, provides a tool to further refine this analysis at the level of individual Member States. The study is also a useful evidence basis for the further development of the European Asylum Curriculum, which needs to reflect the specific issues raised by FGM as part of general efforts to enhance training material on gender-related claims. It is also hoped that the statistical data in this report will also encourage EASO to further support Member States through the provision of gender-specific COI, including on FGM.

Graph 1.2: Number of Female Applicants from FGM-risk Countries of Origin (2008-2011)



2. Where do they come from?

In 2011, woman and girl asylum-seekers from FGM-practising countries of origin came mainly from **Nigeria** (3,835), **Somalia** (3,340), **Eritrea** (2,215), **Guinea** (1,965), and **Cote d'Ivoire** (955).[10] **Nigerian** and **Somali** female applicants represent 21% and 18% of all female applicants respectively.

Tables 2a, Graph 2b and Tables 2.1 to 2.7 show the geographical distribution of female applicants from the top 18 FGM-practising countries in the EU 27 Member States between 2008 and 2011.[11] Just under half of all the female claimants from **Nigeria** applied for asylum in **Italy**, followed by the **United Kingdom** and **France** (Table 2.1). **Sweden** was the primary destination of asylum for **Somali** female applicants, followed by the **Netherlands** (Table 2.2). **Sweden** was also the asylum country for the majority of female applicants from **Eritrea**, while **Belgium** and **France** recorded the majority of **Guinean** and **Ivorian** female claimants.

> *"[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.

The number of female applicants from **Somalia** has dramatically decreased from 5,190 in 2008 to 3,340 in 2011, while the number of **Guinean** female applicants has increased fivefold from 380 to 1,965, and the number of **Ivorian** women has almost tripled from 350 to 955.

Table 2a: Top 18 FGM-Risk Countries of Origin for Female Applicants in 2011

	FGM-practising Country of Origin	Total Nbr of Female Applicants from Practising Country	% out of Total Female Applicants from All FGM-Practising Countries
1	Nigeria	3,835	21.19%
2	Somalia	3,340	18.45%
3	Eritrea	2,215	12.24%
4	Guinea	1,965	10.86%
5	Cote d'Ivoire	955	5.28%
6	Ethiopia	685	3.78%
7	Congo	520	2.87%
8	Mali	515	2.85%
9	Cameroon	495	2.73%
10	Ghana	435	2.40%
11	Sudan	375	2.07%
12	Egypt	350	1.93%
13	Uganda	330	1.82%
14	Gambia	305	1.69%
15	Kenya	300	1.66%
16	Senegal	265	1.46%
17	Sierra Leone	250	1.38%
18	Mauritania	240	1.33%

[10] Table 2a shows the top 16 FGM-practising CoO for female applicants in the EU 27 Member States in 2011. For each FGM-practising CoO the number of female applicants has been calculated as a percentage of the total number of female applicants to the EU 27 Member States.

[11] The countries receiving a significant number of applications from FGM-practising CoO are marked in red, orange or yellow, based on the average over the four year period.

Graph 2b: Geographical Distribution of Female Applicants from Top 10 FGM-risk Countries (2011)

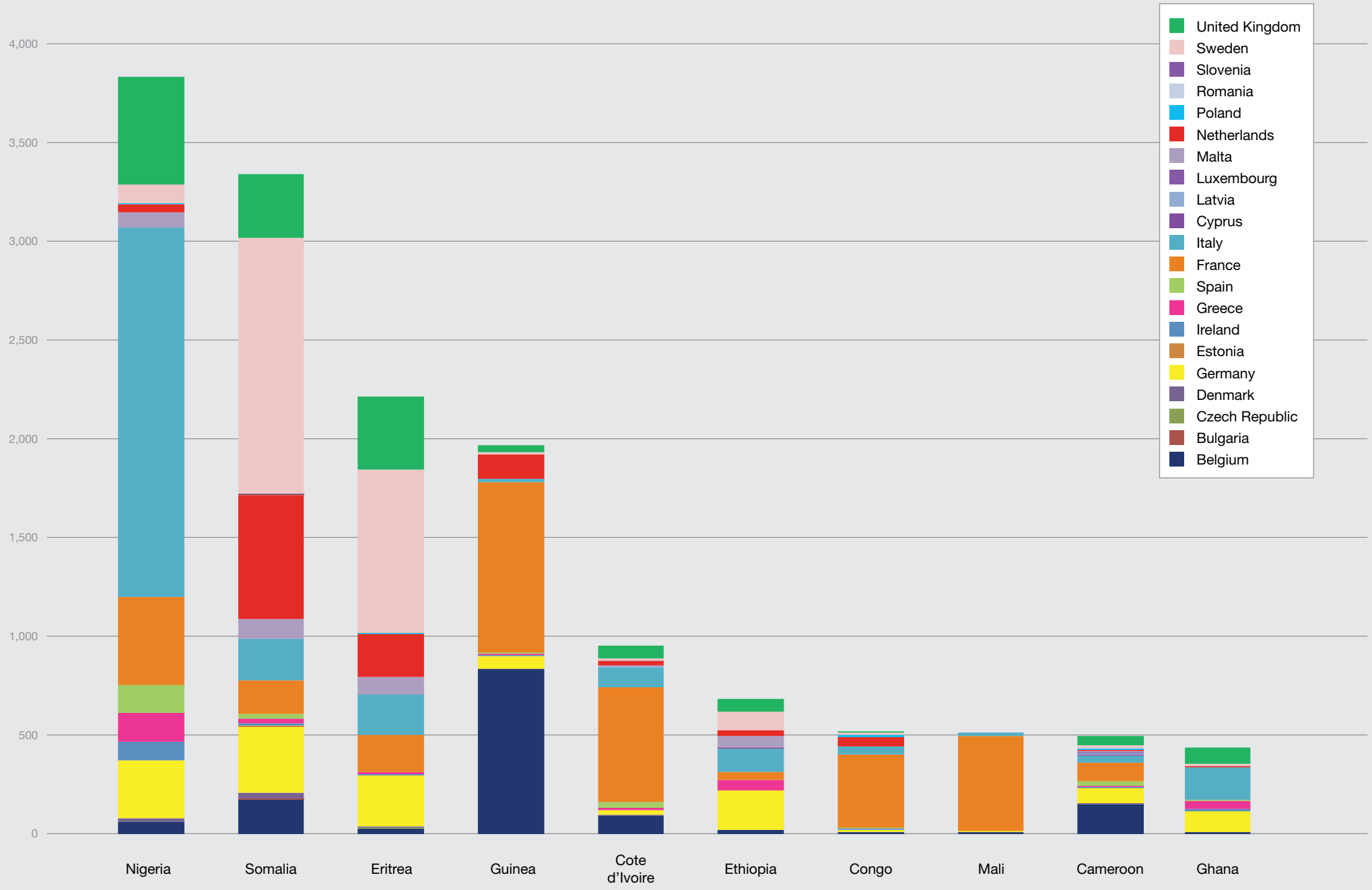


Table 2.1: Top 1: Female Applicants from Nigeria in EU 27

EU Member State	Year			
	2008	2009	2010	2011
Belgium	20	40	35	60
Bulgaria	:	:	:	0
Czech Republic	10	15	5	5
Denmark	:	:	10	15
Germany	200	305	260	295
Estonia	0	0	0	0
Ireland	485	245	175	90
Greece	:	:	:	150
Spain	:	:	125	140
France	:	405	400	445
Italy	1,745	1,325	690	1,870
Cyprus	5	5	10	0
Latvia	0	0	:	0
Lithuania	:	0	:	0
Luxembourg	:	:	:	0
Hungary	:	:	:	:
Malta	50	70	0	75
Netherlands	35	55	45	45
Austria	:	:	:	:
Poland	5	5	0	5
Portugal	0	5	0	:
Romania	:	:	:	0
Slovenia	0	0	0	0
Slovakia	:	:	0	:
Finland	:	:	:	:
Sweden	50	60	65	95
United Kingdom	485	385	555	545
EU (total)	3,090	2,920	2,375	3,835

Table 2.2: Top 2: Female Applicants from Somalia in EU 27

EU Member State	Year			
	2008	2009	2010	2011
Belgium	40	45	80	175
Bulgaria	:	:	:	5
Czech Republic	0	0	5	0
Denmark	:	:	30	30
Germany	65	130	515	335
Estonia	0	0	0	5
Ireland	55	30	15	10
Greece	:	:	:	25
Spain	:	:	15	20
France	:	85	115	170
Italy	790	355	15	215
Cyprus	5	0	0	0
Latvia	0	0	:	0
Lithuania	:	0	:	0
Luxembourg	:	:	:	0
Hungary	:	:	:	:
Malta	205	295	10	100
Netherlands	1,640	2,020	1,755	625
Austria	:	:	:	:
Poland	0	0	0	0
Portugal	0	0	0	:
Romania	:	:	:	0
Slovenia	0	0	5	5
Slovakia	:	:	5	:
Finland	:	:	:	:
Sweden	1,580	2,380	2,190	1,295
United Kingdom	810	575	330	325
EU (total)	5,190	5,915	5,085	3,340

Table 2.3: Top 3: Female Applicants from Eritrea in EU 27

EU Member State	Year			
	2008	2009	2010	2011
Belgium	5	15	25	30
Bulgaria	:	:	:	0
Czech Republic	0	0	0	5
Denmark	:	:	10	5
Germany	135	190	250	255
Estonia	0	0	0	0
Ireland	25	25	5	5
Greece	:	:	:	15
Spain	:	:	0	0
France	:	125	185	190
Italy	500	280	45	200
Cyprus	0	0	0	0
Latvia	0	0	:	0
Lithuania	:	0	:	0
Luxembourg	:	:	:	5
Hungary	:	:	:	:
Malta	20	45	0	85
Netherlands	110	130	175	220
Austria	:	:	:	:
Poland	0	0	0	5
Portugal	:	10	0	:
Romania	:	:	:	0
Slovenia	0	0	0	0
Slovakia	:	:	0	:
Finland	:	:	:	:
Sweden	455	530	725	825
United Kingdom	695	380	305	370
EU (total)	1,945	1,730	1,725	2,215

Table 2.4: Top 4: Female Applicants from Guinea in EU 27

EU Member State	Year			
	2008	2009	2010	2011
Belgium	215	400	525	835
Bulgaria	:	:	:	0
Czech Republic	0	0	0	0
Denmark	:	:	0	0
Germany	35	65	60	65
Estonia	0	0	0	0
Ireland	5	10	0	5
Greece	:	:	:	10
Spain	:	:	10	5
France	:	605	685	860
Italy	20	25	15	20
Cyprus	0	0	0	0
Latvia	0	0	:	0
Lithuania	:	0	:	0
Luxembourg	:	:	:	0
Hungary	:	:	:	:
Malta	0	0	0	0
Netherlands	65	95	110	120
Austria	:	:	:	:
Poland	0	0	0	0
Portugal	0	0	5	:
Romania	:	:	:	0
Slovenia	0	0	0	0
Slovakia	:	:	0	:
Finland	:	:	:	:
Sweden	5	10	0	15
United Kingdom	35	50	35	30
EU (total)	380	1,260	1,445	1,965

Table 2.5: Top 5: Female Applicants from Cote d'Ivoire in EU 27

EU Member State	Year			
	2008	2009	2010	2011
Belgium	20	15	45	90
Bulgaria	:	:	:	0
Czech Republic	0	0	0	0
Denmark	:	:	5	5
Germany	30	15	15	25
Estonia	0	0	0	0
Ireland	10	0	0	0
Greece	:	:	:	10
Spain	:	:	15	35
France	:	180	210	580
Italy	205	75	40	100
Cyprus	0	0	0	0
Latvia	0	0	:	5
Lithuania	:	0	:	0
Luxembourg	:	:	:	0
Hungary	:	:	:	:
Malta	0	0	0	5
Netherlands	35	25	35	25
Austria	:	:	:	:
Poland	0	0	0	0
Portugal	0	0	0	:
Romania	:	:	:	0
Slovenia	0	0	0	0
Slovakia	:	:	0	:
Finland	:	:	:	:
Sweden	10	5	5	10
United Kingdom	40	20	25	65
EU (total)	350	335	395	955

Table 2.6: Top 6: Female Applicants from Ethiopia in EU 27

EU Member State	Year			
	2008	2009	2010	2011
Belgium	20	20	15	20
Bulgaria	:	:	:	0
Czech Republic	0	0	0	0
Denmark	:	:	5	0
Germany	105	125	165	200
Estonia	0	0	0	0
Ireland	5	5	5	0
Greece	:	:	:	55
Spain	:	:	5	0
France	:	50	45	40
Italy	120	20	10	115
Cyprus	10	5	10	5
Latvia	0	0	:	0
Lithuania	:	0	:	0
Luxembourg	:	:	:	5
Hungary	:	:	:	:
Malta	20	15	0	55
Netherlands	20	25	30	30
Austria	:	:	:	:
Poland	0	0	0	0
Portugal	0	0	0	:
Romania	:	:	:	0
Slovenia	0	0	0	0
Slovakia	:	:	0	:
Finland	:	:	:	:
Sweden	60	90	85	95
United Kingdom	85	45	65	65
EU (total)	445	400	440	685

Some preliminary comments

The above data further refine the preliminary comments in the previous section regarding the top asylum countries for all female applicants from FGM-practising countries by providing a breakdown of these countries of origin. The following data are therefore meant as a tool for Member States to further focus the capacity of their respective COI Units or COI Researchers on the relevant key FGM-practising countries of origin. The data could also be useful to EASO in its support role with regards COI, including when developing the Common COI Portal, organizing COI Workshops, and gathering COI on specific topics, to enhance their gender-sensitivity in general and incorporate FGM more specifically.

As is the case for all asylum claims, each top destination country receives applications from a different set of countries of origin allowing for further specialization of both the COI Units and the adjudicators in the respective asylum authorities. Harmful traditional practices, and FGM in particular, are not a uniform phenomenon across the various FGM-practising countries of origin; the contextual circumstances of each country of origin, including its laws and their application, the social mores and the changes in behaviour vary, notwithstanding the personal background of the applicant herself, including her age, gender, ethnic origin, social status and place of residence. As such the issues raised in their claims by these women and girl applicants are likely to be of a different nature and require the examination of specific issues depending on the conditions in the FGM-practising countries of origin.

Table 2.7: Geographical Distribution of Female Applicants from FGM-risk Countries of Origin in EU 27 (2011)

EU Member State	FGM-risk Countries of Origin with Smaller Numbers of Applicants (2011)											
	Benin	Burkina Faso	CAR	Chad	Djibouti	Guinea-Bissau	Liberia	Niger	Tanzania	Togo	Yemen	TOTAL
Austria	:	:	:	:	:	:	:	:	:	:	:	:
Belgium	10	20			30		10	20	30	55		175
Bulgaria												
Cyprus												
Czech Republic												
Denmark												
Estonia												
Finland	:	:	:	:	:	:	:	:	:	:	:	:
France	5	20	25	60	15	30	10	10		40	5	220
Germany	5	10								25	10	50
Greece								10	10			20
Hungary	:	:	:	:	:	:	:	:	:	:	:	:
Ireland												
Italy	5	10		30			15	20	5	10	5	100
Latvia												
Lithuania												
Luxembourg												
Malta												
Netherlands							5			5	5	15
Poland												0
Portugal	:	:	:	:	:	:	:	:	:	:	:	:
Romania												
Slovakia	:	:	:	:	:	:	:	:	:	:	:	:
Slovenia												
Spain		5								5		10
Sweden					5		10		10		40	65
United Kingdom							10		25	5	30	70
EU (total)	25	65	25	90	50	30	60	60	80	145	95	725

3. Where do they settle in the EU?

Over the four year period under study (2008-2011), the number of female asylum-seekers from FGM-practising countries of origin granted international protection in the EU 27 increased from 1,380 to 1,950. The majority of these women and girls came from Somalia (1,690), Eritrea (795), and Nigeria (595).[12]

Recognition rates seem to indicate that 14 EU Member States granted international protection to female refugees from FGM-practising countries during the same period: the **United Kingdom**, **France**, **Sweden**, **Germany**, the **Netherlands**, **Austria**, **Belgium**, **Italy**, and to a lesser degree **Ireland**, **Romania**, **Greece**, the **Czech Republic**, **Finland** and **Cyprus**.

The **United Kingdom** offered protection to the largest number of women and girls from FGM-practising countries of origin (2,525) i.e. to over 600 a year (from 685 in 2008 to 640 in 2011); these came mainly from Somalia, Eritrea and Nigeria.[13]

> *"Even if the law exists and that multiple actions to improve prevention [against FGM] are conducted, disarray amongst professionals confronted with this problem remains enormous.*
>
> Fabienne Richard, midwife-referent, GAMS Belgium, and researcher at the Department of Public Health, Institute of Tropical Medicine in Antwerp.

France in turn granted international protection to 1,775 women and girls, of whom the majority came from Guinea, Mali and Congo. The number of females receiving international protection in **France** increased from 345 to 485 between 2008 and 2011.[14] **Sweden** then came third,[15] followed by **Germany**[16] and the **Netherlands**.[17]

From the top 7 EU Member States that received women and girls seeking asylum from FGM-practising countries of origin, **Italy** provided international protection to the smallest number of females (75 between 2008 and 2011),[18] while **Austria** granted protection to 145 women and girls,[19] more than **Belgium**[20] and **Italy**. Graph 3 provides an overview of recognition rates for female asylum-seekers from FGM-practising countries of origin in the top seven EU destination countries between 2008 and 2011.

Table 3.1: Number of Females Granted International Protection in EU 27

	2008	2009	2010	2011	Total 2008-11
Nigeria	140	85	175	195	595
Somalia	300	415	410	565	1,690
Eritrea	245	220	165	165	795
Guinea	115	155	135	180	585
Cote d'Ivoire	65	45	25	45	180
Ethiopia	75	75	130	135	415
Cameroon	80	40	50	50	220
Congo	70	70	55	35	230
Mali	10	40	145	75	270
Ghana	5	15	10	20	50
Sudan	50	105	50	40	245
Egypt	0	15	25	30	70
Gambia	30	30	105	80	245
Senegal	5	10	30	35	80
Mauritania	25	55	25	50	155
Sierra Leone	30	15	45	45	135
Benin	0	0	0	0	0
Burkina Faso	0	0	5	5	10
Central African Republic	10	5	5	5	25
Chad	15	40	5	10	70
Djibouti	5	0	0	0	5
Guinea-Bissau	0	0	5	5	10
Kenya	25	20	45	50	140
Liberia	10	0	0	5	15
Niger	5	0	5	25	35
Tanzania	5	0	5	5	15
Togo	15	25	15	15	70
Uganda	30	20	55	70	175
Yemen	15	25	15	10	65
EU Total	1,380	1,525	1,740	1,950	6,595

12 See Table 3.1.
13 See Table 3.2.
14 See Table 3.3.
15 See Table 3.4.
16 See Table 3.5
17 See Table 3.6.
18 See Table 3.8.
19 See Table 3.9.
20 See Table 3.7.

Some preliminary comments

This section provides detailed data on the EU Member States in which refugee women and girls from FGM practising countries reside, as well as information about their respective countries of origin. The data in this set aim at raising awareness on these refugee women and girls who live in EU Member States with very specific long-lasting physical, sexual and mental health problems resulting from FGM. Social, linguistic, religious and cultural barriers may hinder the access of these refugee women and girls to specialist health and support services. It is thus hoped that this data, with its breakdown by countries of origin, will encourage the tailored and targeted design of initiatives aimed at supporting the integration of refugee women and girls in the key destination EU Member States.

Graph 3: Recognition Rate for Females from FGM-risk Countries in Top EU 7 Member States

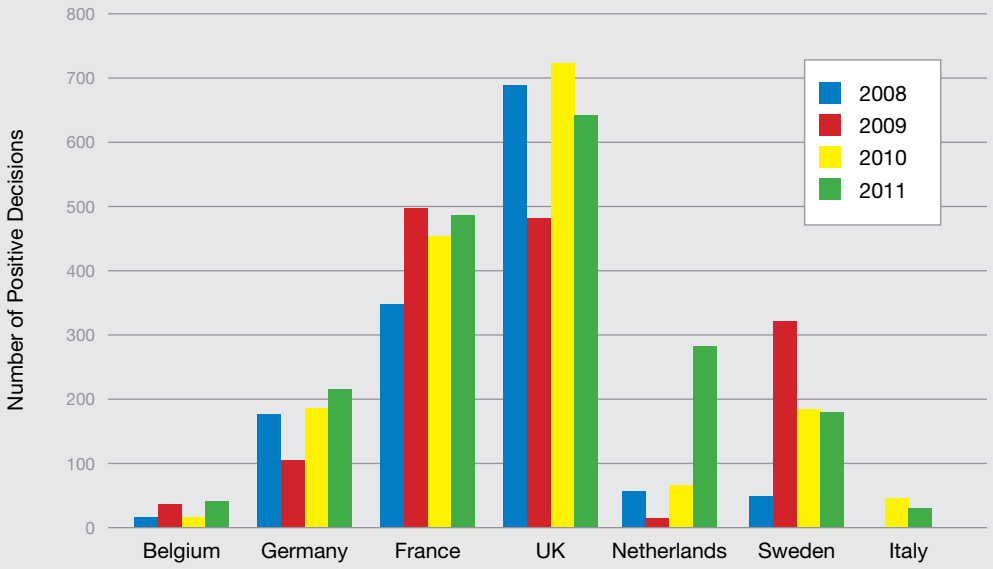


Table 3.2: United Kingdom

	2008	2009	2010	2011
Nigeria	45	40	70	105
Somalia	245	180	215	135
Eritrea	140	90	80	70
Guinea	15	10	10	5
Cote d'Ivoire	25	5	10	15
Ethiopia	20	15	30	25
Cameroon	45	15	25	15
Congo	5	5	0	0
Ghana	5	5	10	15
Sudan	35	20	40	15
Egypt	0	5	10	20
Gambia	25	30	100	75
Senegal	0	0	5	10
Sierra Leone	10	5	25	25
Chad	0	5	0	0
Kenya	15	15	30	25
Liberia	10	0	0	5
Tanzania	5	0	5	5
Togo	0	0	0	5
Uganda	25	15	45	60
Yemen	15	20	10	10
TOTAL	685	480	720	640

Table 3.3: France

	2008	2009	2010	2011
Nigeria	40	10	25	30
Somalia	5	0	5	10
Eritrea	5	5	5	35
Guinea	70	115	105	135
Cote d'Ivoire	30	40	15	30
Ethiopia	5	0	0	10
Cameroon	20	15	15	10
Congo	60	60	40	30
Mali	10	40	145	75
Sudan	15	80	5	20
Egypt	0	5	0	5
Gambia	5	0	5	0
Senegal	5	10	20	20
Mauritania	25	55	25	45
Sierra Leone	5	5	10	5
Burkina Faso	0	0	5	5
Central African Republic	10	5	5	5
Chad	15	35	5	10
Djibouti	5	0	0	0
Guinea-Bissau	0	0	5	5
Kenya	5	0	5	0
Togo	10	15	5	0
TOTAL	345	495	450	485

Table 3.4: Sweden

	2008	2009	2010	2011
Nigeria	5	5	5	0
Somalia	5	190	125	115
Eritrea	30	95	25	20
Cote d'Ivoire	5	0	0	0
Ethiopia	5	5	15	10
Cameroon	0	0	0	5
Congo	0	0	0	5
Ghana	0	0	0	5
Sudan	0	5	5	0
Egypt	0	5	5	5
Kenya	0	5	0	10
Uganda	0	5	0	5
Yemen	0	5	5	0
TOTAL	50	320	185	180

Table 3.5: Germany

	2008	2009	2010	2011
Nigeria	10	5	15	35
Somalia	15	5	5	20
Eritrea	65	25	45	20
Guinea	10	5	10	5
Cote d'Ivoire	5	0	0	0
Ethiopia	40	50	80	80
Cameroon	5	5	5	15
Sudan	0	0	0	5
Gambia	0	0	0	5
Sierra Leone	5	5	5	10
Kenya	5	0	5	15
Niger	5	0	5	0
Togo	5	5	5	5
Uganda	5	0	5	0
TOTAL	175	105	185	215

Table 3.6: Netherlands

	2008	2009	2010	2011
Nigeria	5	0	0	0
Somalia	15	15	35	235
Eritrea	5	0	5	20
Guinea	15	0	5	10
Ethiopia	0	0	0	5
Congo	5	0	10	0
Sierra Leone	10	0	5	5
Kenya	0	0	5	0
Uganda	0	0	0	5
TOTAL	55	15	65	280

Table 3.7: Belgium

	2008	2009	2010	2011
Somalia	0	5	0	5
Guinea	5	25	5	25
Cameroon	10	5	5	0
Senegal	0	0	5	5
Mauritania	0	0	0	5
TOTAL	15	35	15	40

Table 3.8: Italy

	2008	2009	2010	2011
Nigeria	0	0	40	0
Niger	0	0	0	25
Togo	0	0	5	5
TOTAL	0	0	45	30

Table 3.9: Austria

	2008	2009	2010	2011
Nigeria	5	10	10	20
Somalia	5	10	15	35
Eritrea	0	0	5	0
Ethiopia	0	0	5	5
Congo	0	5	5	0
Ghana	0	5	0	0
Togo	0	5	0	0
TOTAL	10	35	40	60

Table 3.10: Ireland

	2008	2009	2010	2011
Nigeria	30	15	10	5
Somalia	5	5	5	0
Eritrea	0	5	0	0
Ethiopia	5	5	0	0
Ghana	0	5	0	0
Uganda	0	0	5	0
TOTAL	40	35	20	5

4. What is the FGM prevalence rate?

The study estimates that **8,809 female asylum applicants aged 14-64 may have been affected by FGM** in 2011,[21] i.e. **61%** of the total 14,440 girls and women from the same age group who sought asylum in the EU 27 Member States from FGM-practising countries of origin that year.[22] The majority of these were aged 18 to 34. Based on the FGM prevalence rate in the countries of origin, **Somali**, **Eritrean** and **Guinean** girls and women seeking asylum in the EU were likely to be the most affected by FGM.

> *"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 in Guinea, refugee in Belgium.

While female applicants from FGM-practising countries represented 20% of all women and girls seeking asylum in the EU in 2011, as outlined in the first section of this study, the estimated proportion of women and girls aged 14-64 potentially affected by FGM out of the total number of female asylum applicants is 9.1%.[23]

Table 4.1: Estimated Number of Female Asylum-Seekers Aged 14-64 Potentially Affected by FGM

FGM-risk Country of Origin	Age			Total Nbr of Female Applicants Aged 14-64	FGM Prevalence Rate*	Estimated Nbr of Female Applicants Aged 14-64 Potentially Affected by FGM
	14-17	18-34	35-64			
Cameroon	15	310	100	425	1.4%	6
Central African Republic	0	15	5	20	25.7%	5
Chad	5	50	15	70	44.9%	31
Congo	35	300	95	430	:	:
Dijbouti	0	15	15	30	93.1%	28
Eritrea	165	1,275	385	1,825	88.7%	1,619
Ethiopia	70	450	60	580	74.3%	431
Kenya	15	175	70	260	27.1%	70
Somalia	210	1,765	490	2,465	97.9%	2,413
Uganda	15	190	65	270	0.8%	2
Tanzania	5	45	10	60	14.6%	9
Egypt	15	140	75	230	91.1%	210
Sudan	10	185	45	240	90.0%	216
Benin	0	15	5	20	12.9%	3
Burkina Faso	0	30	5	35	72.5%	25
Cote d'Ivoire	15	560	205	780	36.4%	284
Gambia	15	155	45	215	78.3%	168
Ghana	5	250	85	340	3.8%	13
Guinea	195	1,170	120	1,485	95.6%	1,420
Guinea-Bissau	0	15	5	20	44.5%	9
Liberia	0	40	0	40	58.2%	23
Mali	10	185	40	235	85.2%	200
Mauritania	10	110	35	155	72.2%	112
Niger	0	40	0	40	2.2%	1
Nigeria	65	2,835	300	3,200	29.6%	947
Senegal	5	160	45	210	28.2%	59
Sierra Leone	25	140	10	175	94.0%	165
Togo	5	75	30	110	5.8%	6
Yemen	5	35	25	65	38.2%	25
TOTAL	915	10,730	2,385	14,030		8,500

* The FGM-prevalence rates are derived from national survey data (the Demographic and Health Surveys (DHS) published by Macro, or the Multiple Cluster Indicator Surveys (MICS), published by UNICEF), available at: http://www.who.int/reproductivehealth/topics/fgm/prevalence/en/index.html

(:) The World Health organization (WHO) notes that there are only anecdotal reports on FGM in the Democratic Republic of Congo.

21 See Table 4.1. The estimate number was calculated by multiplying the FGM prevalence rate in each FGM-practising CoO with the total number of females aged 14-64 applying for asylum from that CoO in each EU Member State. The FGM prevalence rates for each FGM-practising CoO are based on the national survey data on FGM prevalence in these CoO as part of the Demographic and Health Surveys (DHS) published by Macro, or the Multiple Cluster Indicator Surveys (MICS), published by UNICEF; available at: http://goo.gl/6TlK5. These prevalence rates use the age cohort 15-49. The prevalence rate may vary slightly within the larger age cohort of 14-64, however the FGM prevalence rate for this age group is not available. For the purpose of this study, it is therefore assumed that the FGM prevalence rate for the age group 15-49 is comparable to that of the age group 14-64. The symbol (:) signifies that no data is currently available.

22 The total number of female applicants aged 14 to 64 is different for tables 4.1 and 4.2 as Austria, Finland, Portugal, Slovakia and Hungary have not been included in the analysis for table 4.1; no data was available for these countries based on "New Asylum Applicant" in Eurostat.

23 This percentage has been calculated using "Asylum Applicant" rather than "New Asylum Applicant" to include Hungary, Slovakia, Portugal, Austria and Finland in the analysis for which no data is otherwise available under "New Asylum Applicant".

In absolute numbers, the top five asylum countries with the highest estimated number of female applicants aged 14-64 likely to be affected by FGM in 2011 were **Sweden**, **France**, **Italy**, the **United Kingdom** and **Belgium**.[24] Looking at the proportion these girls and women potentially affected by FGM may represent out of the total number of female applicants from FGM-practising countries of origin in each Member State, the **Netherlands**, **Austria** and **Malta** then join this group of top Member States.[25]

According to this estimate, over 50% of all female applicants from FGM-practising countries of origin in **Austria, Malta, Belgium, France, Germany** and the **United Kingdom** were potentially affected by FGM in 2011, and they came mostly from **Somalia**, **Guinea** and **Eritrea**.

> *"All the women usually try to avoid being examined in that are because they don't feel comfortable. Especially those who are newcomers because of the language they have to have a third person as an interpreter or the husband.*
>
> *Women's Experiences, Perceptions and Attitudes of Female Genital Mutilation* - The Bristol PEER Study, Principal Researcher Dr. Eiman Hussein , Foundation for Women's Health Research and Development (FORWARD).

In **Sweden,** 1,716 female applicants between the ages of 14 and 64 are likely to be affected by FGM i.e. 85.4% of the total female applicants from FGM-practising countries of origin in **Sweden**. The majority of these were **Somali** women and girls (estimated at 964).

In the **Netherlands**, it is estimated that 798 female asylum-seekers are likely to be affected by FGM, representing 80.6% of the total female applicants aged 14-64 from FGM-practising countries. The majority of these are from **Somalia** (an estimated 387 girls and women).

[24] Table 4.2 provides an overview of the estimated number of female applicants aged 14-64 affected by FGM in each of the EU 27 Member States. Tables 4.3 to 4.9 show the breakdown by FGM-practising CoO and estimated number of female applicants likely to be affected by FGM in the top 6 Member States: Sweden, France, Italy, UK, Belgium, the Netherlands and Germany.

[25] The calculation only takes into account those Member States that receive over 200 applications from females aged 14-64 from FGM-practising CoO.

Table 4.2: Estimated Number of Female Applicants Aged 14-64 Potentially Affected by FGM in EU 27 Member States (2011)

EU Member State	Total Female Applicants Aged 14 to 64 from FGM-risk Countries	Estimated Nbr of Female Applicants Aged 14 to 64 Potentially Affected by FGM	Estimated % of Female Applicants Aged 14-64 Potentially Affected by FGM out of the Total Female Applicants from FGM-risk Countries	Estimated % of Female Applicants Aged 14-64 Potentially Affected by FGM out of Total Female Applicants
Sweden	2,010	1,716	85.4%	11.88%
France	2,820	1,597	56.6%	11.06%
Italy	2,665	1,092	41.0%	7.56%
UK	1,830	1,085	59.3%	7.51%
Belgium	1,380	945	68.5%	6.54%
Netherlands	990	798	80.6%	5.53%
Germany	1,250	733	58.6%	5.08%
Malta	285	207	72.6%	1.43%
*Austria	235	176	74.9%	1.22%
Greece	395	156	39.5%	1.08%
*Finland	110	81	73.6%	0.56%
Spain	190	65	34.2%	0.45%
Ireland	65	29	44.6%	0.20%
Denmark	55	29	52.7%	0.20%
Cyprus	40	27	67.5%	0.19%
*Portugal	30	19	63.3%	0.13%
*Slovakia	15	15	100.0%	0.10%
*Hungary	15	15	100.0%	0.10%
Czech Republic	10	6	60.0%	0.04%
Slovenia	5	5	100.0%	0.03%
Bulgaria	5	5	100.0%	0.03%
Luxembourg	10	4	40.0%	0.03%
Latvia	10	2	20.0%	0.01%
Poland	15	1	6.7%	0.01%
Romania	5	1	20.0%	0.01%
Estonia	0	0	0.0%	0.00%
Lithuania	0	0	0.0%	0.00%
EU TOTAL	14,440	8,809		

* Data for these countries is based on "Asylum Applicant" not "New Asylum Applicant" as this information was not available in Eurostat

Some preliminary comments

The EU asylum *acquis* requires that the special needs of vulnerable asylum-seekers be taken into account, including needs arising from torture. 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.[26]

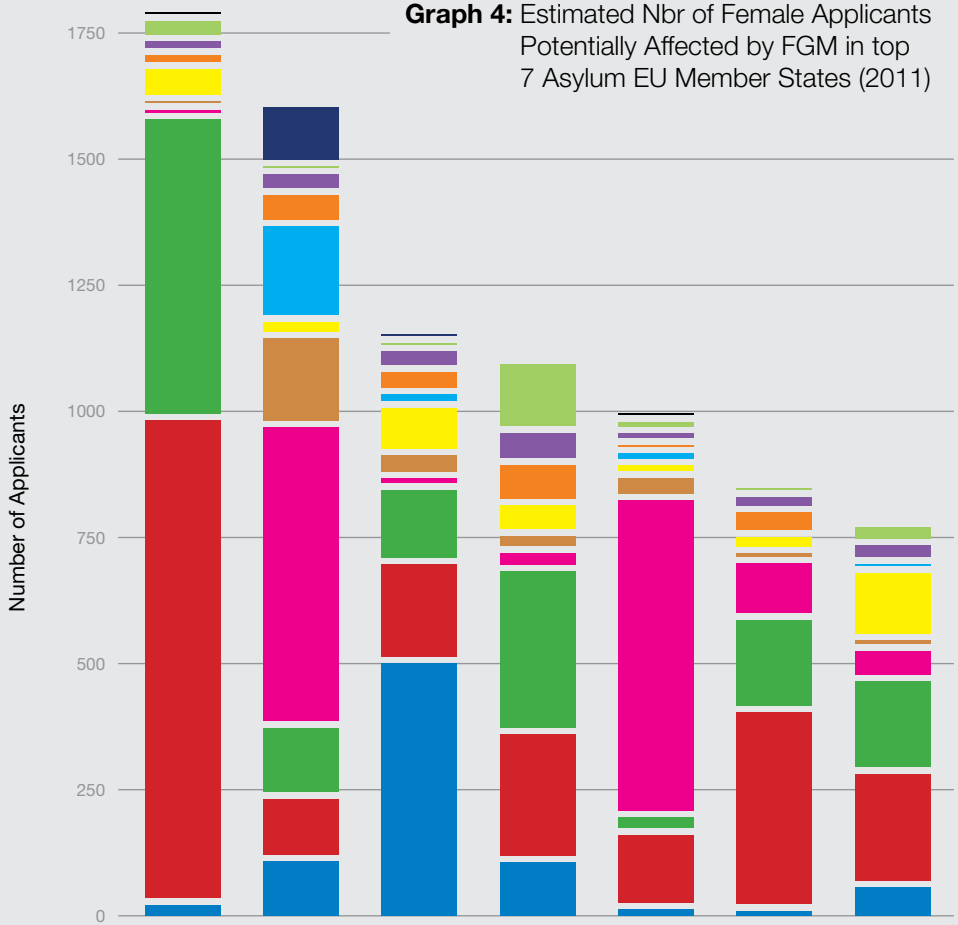
The data in this study are aimed at further supporting Member States enhance the capacity of their respective reception systems to identify and meet the specific needs of the women and girl asylum-seekers living with FGM and its long-lasting consequences, including chronic pain, chronic pelvic infections, 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.

This section provides statistical data on the FGM prevalence amongst female asylum-seekers in the 27 EU Member States. It is designed in support of policy makers' efforts to ensure that the specific needs of this group of women and girls are effectively addressed. Awareness raising and training on FGM amongst health practitioners, in the asylum centres and the areas where asylum-seekers live in the community, are necessary so that the girls and women affected by FGM can be identified and appropriately taken care of and have a safe space where they can discuss FGM-related issues. Likewise, guardians who look after the well-being and best interests of children would also need to be sensitized to these issues. More specifically, training ethnic minority health workers from FGM-practising countries could also contribute to enhancing the response capacity of asylum reception systems in EU Member States in this field. In States where the specialist medical expertise required to address FGM is not available in the health units present in or servicing asylum reception centres, tailored responses could include, for instance, the establishment of referral mechanisms to the national health sector with expertise in FGM.

The European Commission could also play a useful role in facilitating exchanges of information and best practices between health practitioners in Members States where such expertise has been developed over the years on the one hand, and "newcomers" to the issue on the other.

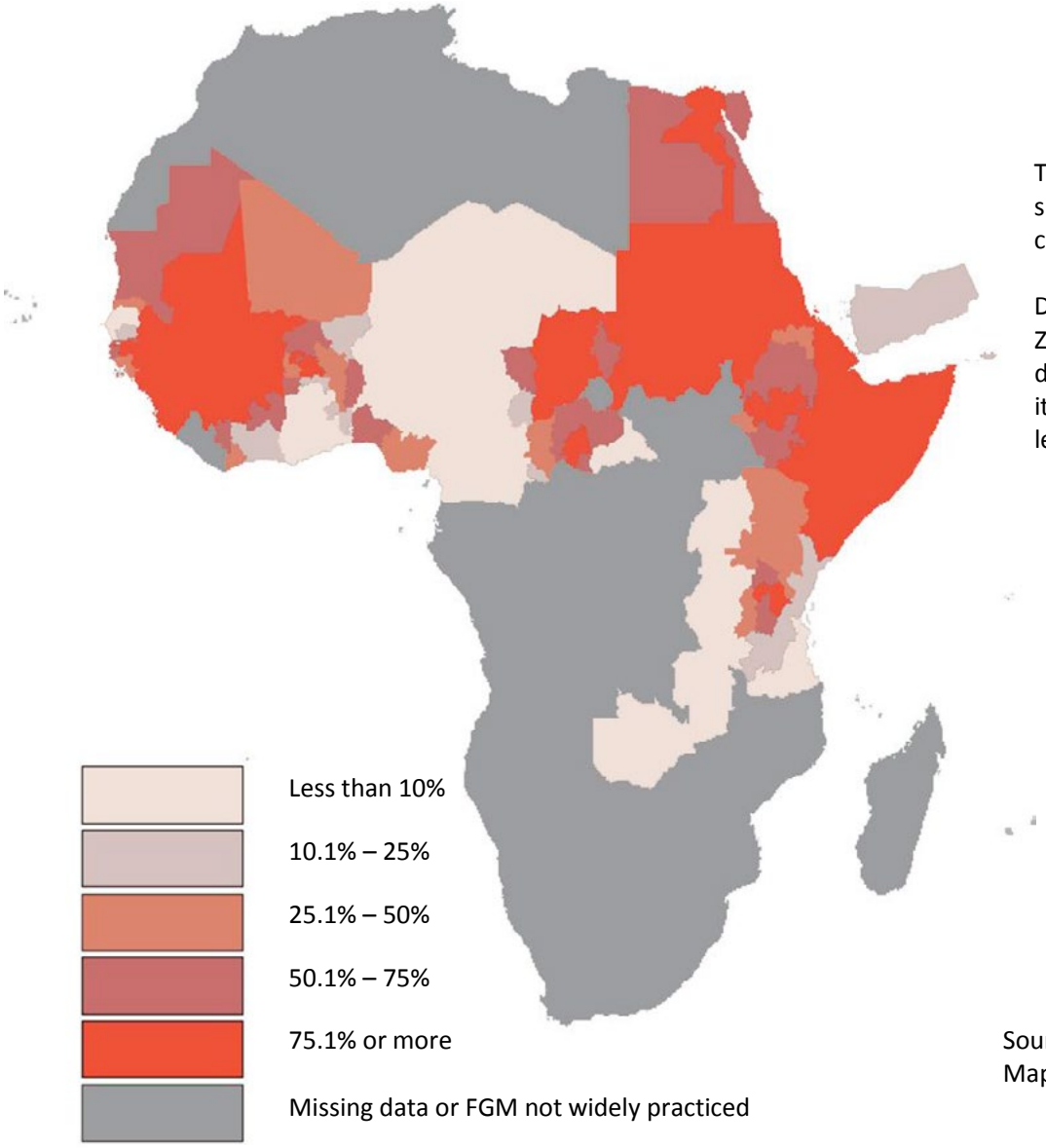
[26] UN General Assembly, Human Rights Council, Seventh Session, Item 3 of the provisional agenda, Promotion and Protection of All Human Rights, Civil, Political, Economic, Social and Cultural Rights, Including the Right to Development, Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Manfred Nowak, A/HRC/7/3, 15 January 2008, available at: http://goo.gl/OM5a9, page 16.

Graph 4: Estimated Nbr of Female Applicants Potentially Affected by FGM in top 7 Asylum EU Member States (2011)



	Sweden	France	Italy	UK	Belgium	Netherlands	Germany
Mauritania	0	105	4	0	0	0	0
Gambia	4	4	4	125	4	4	23
Egypt	27	27	27	50	9	18	23
Sudan	14	50	32	68	9	36	0
Mali	0	179	13	0	4	0	4
Ethiopia	52	19	82	48	11	19	123
Cote d'Ivoire	4	166	33	20	31	7	7
Guinea	5	593	10	24	626	100	48
Eritrea	594	129	137	315	22	173	173
Somalia	964	113	186	245	137	387	215
Nigeria	22	110	509	108	13	10	58

Map: Prevalence of female genital mutilation in Africa and Yemen (women aged 15-49)



The map shows the areas were FGM is practised, and since that can vary markedly in different parts of any country, no national boundaries are shown.

Data at the sub-national level are not available for Zambia. Due to a discrepancy between the regional divisions used by DHS and the one adopted by DevInfo, it was not possible to include data at the sub-national level for Yemen.

Sources: MICS, DHS and other national surveys, 1997–2006
Map developed by UNICEF, 2007

This section also provides more insights into the FGM prevalence rates amongst each national group of female asylum-seekers from FGM-practising countries of origin. The purpose here is to provide statistical tools to raise the awareness of asylum practitioners to the potential specific needs of women and girls from the respective FGM-practising countries, starting from the registration and screening phase. The data can also be used to raise the awareness of FGM amongst health practitioners in the asylum reception centres. For instance, if 30% of all Nigerian female applicants in Sweden are potentially already affected by FGM at the time of their arrival in the EU, registration and other staff have at hand a useful indicator to identify specific vulnerabilities and needs, and where relevant apply the necessary safeguards for persons with vulnerabilities.

Refugee girls and women may not come uniformly from a country of origin and may, depending on the political, religious, ethnic, social and other conditions, come from some regions in particular, where the FGM prevalence might be even higher than the national average. For instance, while the national FGM prevalence in Gambia is 78.3%, the highest prevalence rises to 99%.[27] Many refugee women and girls from Gambia are Mandinka, Fulas and Serahule, amongst whom FGM is more common. It is thus hoped that this study will encourage health practitioners as well as registration staff and decision-makers in the asylum system to further enhance their understanding of the practice of FGM amongst the various national, ethnic and religious groups who seek asylum in their respective Member States.

The statistical data will also be useful to raise the awareness of interviewers and decision-makers to the specific vulnerabilities of this group of applicants. Although the scientific research addressing the psychological consequences of FGM is limited, documented psychological consequences include feelings of low-esteem, post-traumatic stress disorder, anxiety, depression and memory loss, which would need to be taken into account by decision-makers who examine cases that involve women and girls from FGM-practising countries of origin, in particular when assessing the credibility of the material facts of their claims.

Table 4.3: Top 1: Sweden

FGM-risk CoO	Total Female Applicants Aged 14 to 64	FGM Prevalence Rate	Estimated Nbr of Female Applicants Aged 14 to 64 Potentially Affected by FGM
Nigeria	75	29.6%	22
Somalia	985	97.9%	964
Eritrea	670	88.7%	594
Guinea	5	95.6%	5
Cote d'Ivoire	10	36.4%	4
Ethiopia	70	74.3%	52
Cameroon	15	1.4%	0
Congo	15	:	:
Mali	0	85.2%	0
Ghana	10	3.8%	0
Sudan	15	90.0%	14
Egypt	30	91.1%	27
Gambia	5	78.3%	4
Senegal	0	28.2%	0
Mauritania	0	72.2%	0
Sierra Leone	10	94.0%	9
Benin	0	12.9%	0
Burkina Faso	0	72.5%	0
Central African Republic	0	25.7%	0
Chad	0	44.9%	0
Djibouti	0	93.1%	0
Guinea-Bissau	0	44.5%	0
Kenya	25	27.1%	7
Liberia	5	58.2%	3
Niger	0	2.2%	0
Tanzania	5	14.6%	1
Togo	0	5.8%	0
Uganda	35	0.8%	0
Yemen	25	38.2%	10
TOTAL	2,010		1,716

[27] Refer to Inter-Agency, *Eliminating Female Genital Mutilation. An Interagency Statement,* February 2008, p. 5, for a map showing the prevalence of FGM in Africa and Yemen, and highlighting at times markedly varied differences within one country, available at: http://www.unhcr.org/refworld/docid/47c6aa6e2.html

Table 4.4: Top 2: France

FGM-risk CoO	Total Female Applicants Aged 14 to 64	FGM Prevalence Rate	Estimated Nbr of Female Applicants Aged 14 to 64 Potentially Affected by FGM
Nigeria	370	29.6%	110
Somalia	115	97.9%	113
Eritrea	145	88.7%	129
Guinea	620	95.6%	593
Cote d'Ivoire	455	36.4%	166
Ethiopia	25	74.3%	19
Cameroon	80	1.4%	1
Congo	310	:	:
Mali	210	85.2%	179
Ghana	0	3.8%	0
Sudan	55	90.0%	50
Egypt	30	91.1%	27
Gambia	5	78.3%	4
Senegal	65	28.2%	18
Mauritania	145	72.2%	105
Sierra Leone	30	94.0%	28
Benin	5	12.9%	1
Burkina Faso	10	72.5%	7
Central African Republic	20	25.7%	5
Chad	45	44.9%	20
Djibouti	10	93.1%	9
Guinea-Bissau	20	44.5%	9
Kenya	5	27.1%	1
Liberia	5	58.2%	3
Niger	5	2.2%	0
Tanzania	0	14.6%	0
Togo	30	5.8%	2
Uganda	5	0.8%	0
Yemen	0	38.2%	0
TOTAL	2,820		1,597

Table 4.5: Top 3: Italy

FGM-risk CoO	Total Female Applicants Aged 14 to 64	FGM Prevalence Rate	Estimated Nbr of Female Applicants Aged 14 to 64 Potentially Affected by FGM
Nigeria	1,720	29.6%	509
Somalia	190	97.9%	186
Eritrea	155	88.7%	137
Guinea	10	95.6%	10
Cote d'Ivoire	90	36.4%	33
Ethiopia	110	74.3%	82
Cameroon	25	1.4%	0
Congo	30	:	:
Mali	15	85.2%	13
Ghana	115	3.8%	4
Sudan	35	90.0%	32
Egypt	30	91.1%	27
Gambia	5	78.3%	4
Senegal	35	28.2%	10
Mauritania	5	72.2%	4
Sierra Leone	15	94.0%	14
Benin	5	12.9%	1
Burkina Faso	5	72.5%	4
Central African Republic	0	25.7%	0
Chad	25	44.9%	11
Djibouti	0	93.1%	0
Guinea-Bissau	0	44.5%	0
Kenya	10	27.1%	3
Liberia	15	58.2%	9
Niger	10	2.2%	0
Tanzania	0	14.6%	0
Togo	5	5.8%	0
Uganda	5	0.8%	0
Yemen	0	38.2%	0
TOTAL	2,665		1,092

Table 4.6: Top 4: United Kingdom

FGM-risk CoO	Total Female Applicants Aged 14 to 64	FGM Prevalence Rate	Estimated Nbr of Female Applicants Aged 14 to 64 Potentially Affected by FGM
Nigeria	365	29.6%	108
Somalia	250	97.9%	245
Eritrea	355	88.7%	315
Guinea	25	95.6%	24
Cote d'Ivoire	55	36.4%	20
Ethiopia	65	74.3%	48
Cameroon	40	1.4%	1
Congo	5	:	:
Mali	0	85.2%	0
Ghana	65	3.8%	2
Sudan	75	90.0%	68
Egypt	55	91.1%	50
Gambia	160	78.3%	125
Senegal	15	28.2%	4
Mauritania	0	72.2%	0
Sierra Leone	40	94.0%	38
Benin	0	12.9%	0
Burkina Faso	0	72.5%	0
Central African Republic	0	25.7%	0
Chad	0	44.9%	0
Djibouti	0	93.1%	0
Guinea-Bissau	0	44.5%	0
Kenya	70	27.1%	19
Liberia	5	58.2%	3
Niger	0	2.2%	0
Tanzania	20	14.6%	3
Togo	0	5.8%	0
Uganda	135	0.8%	1
Yemen	30	38.2%	11
TOTAL	1,830		1,085

Table 4.7: Top 5: Belgium

FGM-risk CoO	Total Female Applicants Aged 14 to 64	FGM Prevalence Rate	Estimated Nbr of Female Applicants Aged 14 to 64 Potentially Affected by FGM
Nigeria	45	29.6%	13
Somalia	140	97.9%	137
Eritrea	25	88.7%	22
Guinea	655	95.6%	626
Cote d'Ivoire	85	36.4%	31
Ethiopia	15	74.3%	11
Cameroon	145	1.4%	2
Congo	10	:	:
Mali	5	85.2%	4
Ghana	5	3.8%	0
Sudan	10	90.0%	9
Egypt	10	91.1%	9
Gambia	5	78.3%	4
Senegal	45	28.2%	13
Mauritania	0	72.2%	0
Sierra Leone	15	94.0%	14
Benin	5	12.9%	1
Burkina Faso	15	72.5%	11
Central African Republic	0	25.7%	0
Chad	0	44.9%	0
Djibouti	20	93.1%	19
Guinea-Bissau	0	44.5%	0
Kenya	25	27.1%	7
Liberia	10	58.2%	6
Niger	15	2.2%	0
Tanzania	25	14.6%	4
Togo	45	5.8%	3
Uganda	5	0.8%	0
Yemen	0	38.2%	0
TOTAL	1,380		945

Table 4.8: Top 6: The Netherlands

FGM-risk CoO	Total Female Applicants Aged 14 to 64	FGM Prevalence Rate	Estimated Nbr of Female Applicants Aged 14 to 64 Potentially Affected by FGM
Nigeria	35	29.6%	10
Somalia	395	97.9%	387
Eritrea	195	88.7%	173
Guinea	105	95.6%	100
Cote d'Ivoire	20	36.4%	7
Ethiopia	25	74.3%	19
Cameroon	5	1.4%	0
Congo	40	:	:
Mali	0	85.2%	0
Ghana	5	3.8%	0
Sudan	40	90.0%	36
Egypt	20	91.1%	18
Gambia	5	78.3%	4
Senegal	0	28.2%	0
Mauritania	0	72.2%	0
Sierra Leone	45	94.0%	42
Benin	0	12.9%	0
Burkina Faso	0	72.5%	0
Central African Republic	0	25.7%	0
Chad	0	44.9%	0
Djibouti	0	93.1%	0
Guinea-Bissau	0	44.5%	0
Kenya	0	27.1%	0
Liberia	0	58.2%	0
Niger	0	2.2%	0
Tanzania	0	14.6%	0
Togo	5	5.8%	0
Uganda	50	0.8%	0
Yemen	0	38.2%	0
TOTAL	990		798

Table 4.9: Top 7: Germany

FGM-risk CoO	Total Female Applicants Aged 14 to 64	FGM Prevalence Rate	Estimated Nbr of Female Applicants Aged 14 to 64 Potentially Affected by FGM
Nigeria	195	29.6%	58
Somalia	220	97.9%	215
Eritrea	195	88.7%	173
Guinea	50	95.6%	48
Cote d'Ivoire	20	36.4%	7
Ethiopia	165	74.3%	123
Cameroon	60	1.4%	1
Congo	5	:	:
Mali	5	85.2%	4
Ghana	85	3.8%	3
Sudan	0	90.0%	0
Egypt	25	91.1%	23
Gambia	30	78.3%	23
Senegal	10	28.2%	3
Mauritania	0	72.2%	0
Sierra Leone	15	94.0%	14
Benin	5	12.9%	1
Burkina Faso	5	72.5%	4
Central African Republic	0	25.7%	0
Chad	0	44.9%	0
Djibouti	0	93.1%	0
Guinea-Bissau	0	44.5%	0
Kenya	105	27.1%	28
Liberia	0	58.2%	0
Niger	0	2.2%	0
Tanzania	0	14.6%	0
Togo	20	5.8%	1
Uganda	25	0.8%	0
Yemen	10	38.2%	4
TOTAL	1,250		733

5. Where do these girls settle in the EU?

The age at which FGM is performed varies. In some areas it is carried out during infancy (as early as a couple of days after birth), in others during childhood, at the time of marriage, during a woman's first pregnancy or after the birth of her first child. The most typical age is between infancy and age 15. Data in this section therefore focuses on the girls under 14 of age who seek asylum in the EU.

Over 3,000 (3,665) girls aged under 14 sought asylum in the EU in 2011, out of a total of 20,000 women and girls from FGM-practising countries.

> *"Researchers estimate that there are 3,000-4,000 new FGM cases in the UK every year.*
>
> Richard A Powell, Amanda Lawrence, Faith N Mwangi-Powell and Linda Morison, *Female genital mutilation, asylum-seekers and refugees: the need for an integrated UK policy agenda,* Forced Migration Review, 14, 2004.

Over the four year period under study, the number of girls under 14 seeking asylum in the EU[28] almost doubled (from 1,905 in 2008 to 3,665 in 2011) due in particular to significant increases in girl claimants from Guinea (tenfold jump to 455), Mali and to a lesser extent from Nigeria and Eritrea. Within this timeframe, **France** received the most applications followed by the **Netherlands** and **Sweden**.[29]

Table 5.1: Total Girls Under 14 Seeking Asylum from FGM-risk Countries of Origin

EU Member State	2008	2009	2010	2011
Austria	:	:	:	:
Belgium	70	150	180	300
Bulgaria	:	:	:	0
Cyprus	5	0	5	10
Czech Republic	0	0	0	0
Denmark	:	:	5	15
Estonia	0	0	0	0
Finland	:	:	:	:
France	:	725	890	1,115
Germany	245	275	345	390
Greece	:	:	:	0
Hungary	:	:	:	:
Ireland	230	155	120	70
Italy	10	35	60	415
Latvia	0	0	0	0
Lithuania	0	0	0	0
Luxembourg	:	:	:	0
Malta	40	25	0	40
Netherlands	485	650	920	315
Poland	0	0	0	5
Portugal	5	5	0	0
Romania	:	:	:	0
Slovakia	:	:	0	:
Slovenia	0	0	0	0
Spain	:	:	20	40
Sweden	420	520	590	515
United Kingdom	395	435	460	435
TOTAL	1,905	2,975	3,595	3,665

[28] In line with the assumptions made for the EIGE study, it was assumed that despite the varying practices regarding the ages at which FGM is practised in the countries of origin, girls under the age of 14 may still be intact at the time of their arrival in Europe.

[29] Table 5.1 shows the number of girls under the age of 14 from FGM-practising CoO that sought asylum in the EU 27 Member States for the years 2008-2011.The countries receiving the most significant numbers of applications from girls under 14 are highlighted based on an average over the four year period: red for over 1,000; orange over 500; and yellow over 200.

Table 5.2: Number of Girl Beneficiaries of International Protection from FGM-risk Countries of Origin in each EU Member State

Year	2008					2009					2010					2011				
EU Member State	Total Girls Under 14 Seeking Asylum from FGM-risk CoO	Recognition Rate of Under 14 Girls from FGM-CoO			Number of Girls with International Protection	Total Girls Under 14 Seeking Asylum from FGM-risk CoO	Recognition Rate of Under 14 Girls from FGM-CoO			Number of Girls with International Protection	Total Girls Under 14 Seeking Asylum from FGM-risk CoO	Recognition Rate of Under 14 Girls from FGM-CoO			Number of Girls with International Protection	Total Girls Under 14 Seeking Asylum from FGM-risk CoO	Recognition Rate of Under 14 Girls from FGM-CoO			Number of Girls with International Protection
		Total Decisions	Positive Decisions	Rec Rate (%)			Total Decisions	Positive Decisions	Rec Rate (%)			Total Decisions	Positive Decisions	Rec Rate (%)			Total Decisions	Positive Decisions	Rec Rate (%)	
Austria	:	15	0	0		:	30	10	33.33	10	:	35	15	42.86	15	:	40	25	62.5	25
Belgium	70	65	0	0		150	30	5	16.67	5	180	65	0	0		300	40	5	12.5	5
Bulgaria	:	0	0	0		:	0	0	0		:	0	0	0			0	0	0	
Cyprus	5	0	0	0			5	0	0		5	5	5	100	5	10	0	0	0	
Czech Republic		0	0	0			0	0	0			0	0	0			0	0	0	
Denmark	:	0	0	0		:	0	0	0		5	0	0	0		15	0	0	0	
Estonia		0	0	0			0	0	0			0	0	0			0	0	0	
Finland	:	0	0	0		:	0	0	0		:	0	0	0		:	0	0	0	
France	:	0	0	0		725	0	0	0		890	130	75	57.7	75	1,115	130	70	53.85	70
Germany	245	45	20	44.44	20	275	20	10	50	10	345	20	15	75	15	390	85	30	35.29	30
Greece	:	0	0	0		:	0	0	0		:	0	0	0			5	5	100	5
Hungary	:	0	0	0		:	0	0	0		:	0	0	0		:	0	0	0	
Ireland	230	180	10	5.56	10	155	185	5	2.7	5	120	205	5	2.44	5	70	90	0	0	
Italy	10	0	0	0		35	0	0	0		60	0	0	0		415	0	0	0	
Latvia		0	0	0			0	0	0			0	0	0			0	0	0	
Lithuania		0	0	0			0	0	0			0	0	0			0	0	0	
Luxembourg	:	0	0	0		:	0	0	0		:	0	0	0			0	0	0	
Malta	40	0	0	0		25	0	0	0			0	0	0		40	5	0	0	
Netherlands	485	0	0	0		650	10	5	50	5	920	15	5	33.33	5	315	35	25	71.43	25
Poland		0	0	0		0	0	0	0			0	0	0		5	0	0	0	
Portugal	5	0	0	0		5	0	0	0			0	0	0			0	0	0	
Romania	:	0	0	0		:	0	0	0		:	0	0	0			0	0	0	
Slovakia	:	0	0	0		:	0	0	0			0	0	0		:	0	0	0	
Slovenia		0	0	0			0	0	0			0	0	0			0	0	0	
Spain	:	0	0	0		:	5	0	0		20	5	0	0		40	0	0	0	
Sweden	420	50	5	10	5	520	70	25	35.71	25	590	80	20	25	20	515	90	20	22.22	20
United Kingdom	395	285	135	47.37	135	435	235	70	29.79	70	460	400	150	37.5	150	435	345	145	42.03	145
TOTAL	1,905				170	2,975				130	3,595				290	3,665				325

Table 5.3: Number of Girl Beneficiaries of International Protection from FGM-risk Countries of Origin in the EU

Year	2008			2009			2010			2011		
FGM-Risk COO	Total Girls under 14 Seeking Asylum in EU 27 MS	Recognition Rate for Under-14 Girls (%) Total Decisions/ Positive Decisons	Girls under 14 with International Protection	Total Girls under 14 Seeking Asylum in EU 27 MS	Recognition Rate for Under-14 Girls (%) Total Decisions/ Positive Decisons	Girls under 14 with International Protection	Total Girls under 14 Seeking Asylum in EU 27 MS	Recognition Rate for Under-14 Girls (%) Total Decisions/ Positive Decisons	Girls under 14 with International Protection	Total Girls under 14 Seeking Asylum in EU 27 MS	Recognition Rate for Under-14 Girls (%) Total Decisions/ Positive Decisons	Girls under 14 with International Protection
Nigeria	355	11%	25	355	8%	20	445	11%	35	620	20%	60
Somalia	885	65%	55	1,110	47%	40	1,360	44%	40	740	64%	75
Eritrea	150	43%	15	220	43%	15	295	38%	15	360	50%	15
Guinea	45	0%		240	50%	5	315	33%	15	455	40%	20
Côte d'Ivoire	30	33%	10	55	0%		105	0%		170	50%	10
Ethiopia	40	33%	5	55	0%		55	50%	10	90	29%	10
Cameroon	30	33%	15	55	0%		45	20%	5	70	0%	
Congo	20	100%	5	50	0%		60	0%		80	0%	
Mali		0%		245	0%		255	63%	50	285	62%	40
Ghana	60	0%		60	0%		60	13%	5	100	20%	5
Sudan	30	25%	5	55	40%	10	75	43%	15	120	50%	10
Egypt	20	0%		35	0%		60	50%	10	105	33%	10
Gambia	55	75%	15	100	50%	15	125	47%	45	90	60%	30
Senegal		0%		50	0%		70	50%	10	60	40%	10
Mauritania		0%		50	0%		50	0%		70	0%	
Benin	10	0%		15	0%		5	0%			0%	
Burkina Faso		0%		5	0%			0%		15	0%	
CAR		0%		5	0%		5	0%		5	0%	
Chad	5	0%		20	0%		25	0%		20	0%	
Djibouti		0%		5	0%		10	0%		10	0%	
Guinea-Bissau	5	0%		10	0%		10	0%		5	0%	
Kenya	35	0%		25	50%	10	35	50%	5	20	17%	5
Liberia	5	0%		10	0%		5	0%		5	0%	
Niger	5	33%	5	5	0%			100%	5	15	0%	
Sierra Leone	20	20%	5	45	0%		40	33%	5	50	67%	10
Tanzania	10	0%		5	0%			0%		15	0%	
Togo	30	0%		25	50%	5	25	0%		30	50%	5
Uganda	25	50%	5	25	0%		35	22%	10	25	50%	10
Yemen	35	20%	5	40	50%	10	25	50%	10	35	0%	
TOTAL	1,905		170	2,975		130	3,595		290	3,665		325

Notes: * Recognition rate based on final decisions not first decisions; 1. For 2008 and 2009, figures exclude Austria, Bulgaria, Denmark, Finland, France, Greece, Hungary, Luxembourg, Romania, Slovakia and Spain
2. For 2010, figures exclude Austria, Bulgaria, Finland, France, Greece, Hungary, Luxembourg, and Romania; 3. For 2011, figures exclude Austria, Finland, Hungary and Slovakia

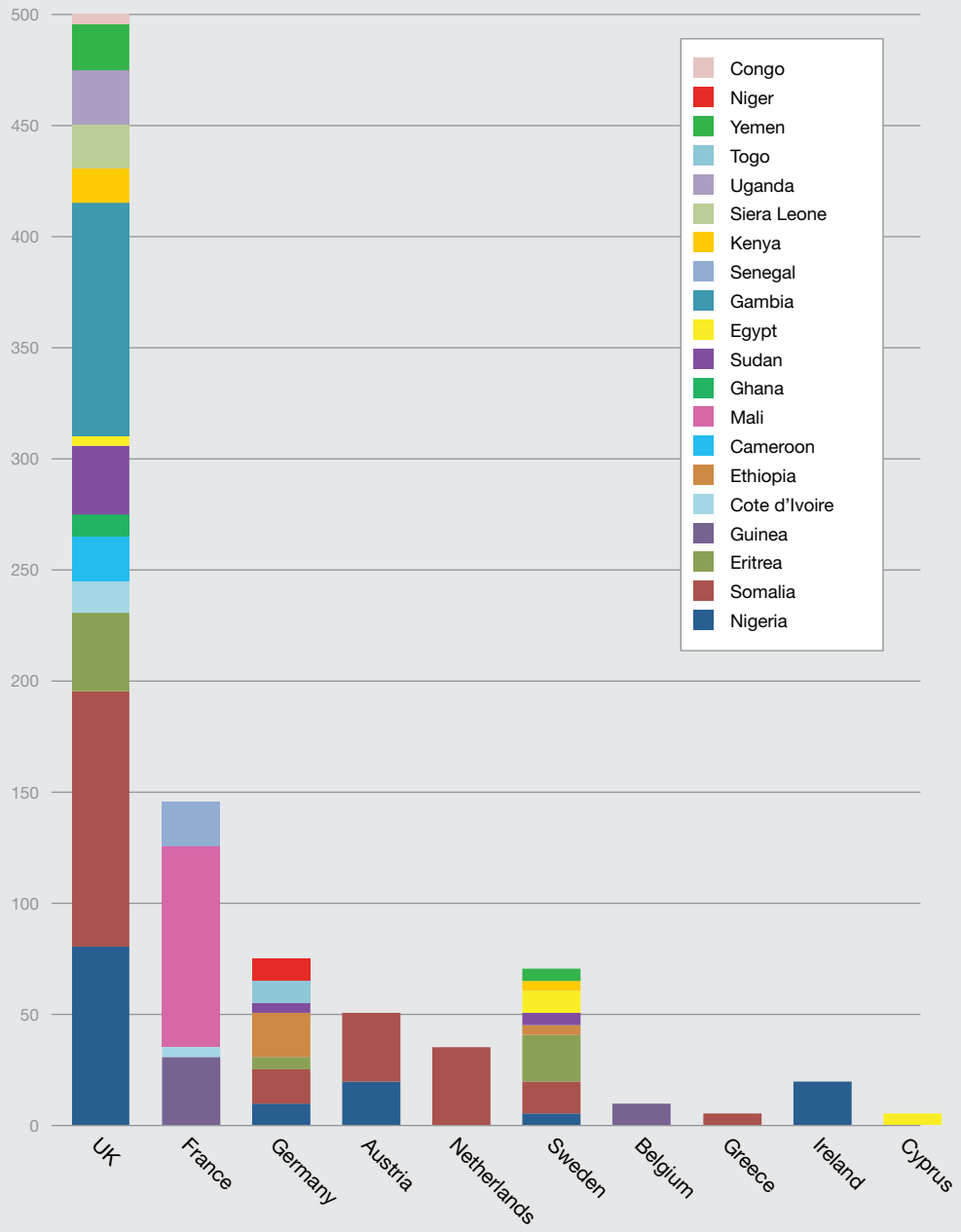
These countries are excluded as no data was available in Eurostat based on "New Asylum Applicant". Red respresents applications over 1000; Orange over 500; Yellow over 250.
Green represents FGM-risk countries of origin with over 40 girls granted international protection in EU-27

Over the same period, the number of these girls receiving international protection at first instance increased from 179 in 2008 to 325 in 2011,[30] which amounts to a recognition rate at first instance of less than 10% (8.8%). The figures suggest that between 2008 and 2011, ten EU Member States only granted international protection to girls under the age of 14 from FGM-practising countries of origin, up from just four Member States in 2008.[31] The **United Kingdom** has provided protection to the highest number of these girls, 500 in total, since 2008. This is more than three times as many provided by any other EU 27 Member State and over half of the EU total for the four years. The United Kingdom is followed by **France**, **Germany** and **Sweden**.

Girl asylum-seekers under 14 from FGM-practising countries are from **Somalia**, **Nigeria** and **Guinea** (of note is the fact that Eritrea comes fourth only for this group).[32] Over the four year period under study, 210 girls from **Somalia** were granted international protection i.e. 23% of the total girls from FGM-practising countries of origin with international protection in the EU. Girl asylum-seekers under 14 from **Nigeria** (in the UK) were the second largest group, followed by **Gambia** (in the UK) and **Mali** (in France).[33]

The **United Kingdom** granted international protection to more than half of the girls from Nigeria and Somalia and all the girls from Gambia from 2008-2011. The geographical distribution of girls under 14 from FGM-practising countries of origin to the top six EU Member States, **United Kingdom**, **France**, **Germany**, **Sweden**, **Austria** and the **Netherlands**, during this period can be viewed in tables 10.1 to 10.6.

Graph 5: Geographical Distribution of Girls Under 14 with International Protection (2008-2011)



[30] Table 5.2 provides an overview of the distribution of applications from girls under 14 in the EU 27 and the number of girls receiving international protection in each country for the years 2008-2011.The recognition rate has been calculated using the total number of positive decisions as a percentage of the total decisions for each FGM-practising CoO in each Member State. Positive decisions include Refugee Status, Subsidiary Protection and Humanitarian Status. Graph 5 shows the geographical distribution of girls under 14 with international protection in the top 10 EU asylum countries.

[31] All the figures are based on new applications not total applications.

[32] See Table 5.3: The recognition rate for girls under 14 for each FGM-practising CoO has been calculated using the same method as outlined in table 5.2. FGM-practising CoO with over 1,000 applications are highlighted in red; over 500 in orange; and over 200 in yellow.

[33] Table 5.3 highlights in green the FGM-practising CoO where international protection was granted to over 40 girls.

Some preliminary comments

The lack of disaggregated data in Eurostat between principle and secondary applicants unfortunately limits any in-depth analysis in this section. The questions as to whether child-sensitive asylum procedures gave these girls the opportunity to claim international protection on their own separate grounds, or whether FGM featured as a consideration when a Best Interest Assessment and/or Determination was carried out,[34] or whether the determining authorities used a child-sensitive interpretation of the refugee definition and of serious harm will remain unanswered. This study though provides a platform for further discussions and exchanges on these important aspects of child asylum claims.

Female genital mutilation is a deeply entrenched tradition within communities and their social, economic and political structures. The pressure to subject girls to FGM comes from families and communities both in the countries of origin and in Europe. The practice itself is cross-border in nature, being performed in a variety of countries. In light of the current discussions within the EU regarding the need for comprehensive and integrated approaches for the abandonment of FGM, it was felt necessary for this statistical study to also look at the number of potentially intact refugee girls from FGM-practising countries who settle every year in communities throughout the EU.

Knowledge is currently not available on the (potential) changes of behaviour by members of the Diasporas from FGM-practising countries in the EU. Research is needed to better understand how FGM practices are affected by migration and exile, including forced displacement, and by contact with communities where FGM is not practised and considered a criminal act punishable by law.

As such, the set of data provided in this study does not purport to reach any conclusions. Its aim is merely to draw the attention of policy-makers to the number of refugee girls from FGM-practising countries living in communities in the EU whose rights, including the right to live intact from FGM, need to be factored in the policies and actions devised by the European Union and its Member States to prevent FGM. The tables in this section are also intended to support community-tailored and appropriate prevention and protection responses by providing more details regarding these refugee girls.

[34] UNHCR, *Field Handbook for the Implementation of UNHCR BID Guidelines,* November 2011, available at: http://www.unhcr.org/refworld/docid/4e4a57d02.html :"Individual casework with children at risk, including unaccompanied and separated children, must be based on an assessment of protection needs with recommendations for interventions and referrals. UNHCR's assessment tool for protection of individual children is referred to as a Best Interests Assessment (BIA). A BIA is essential before any action affecting an individual child of concern to UNHCR is taken, unless a BID is required.[…] Best interests determination (BID) describes the formal process with strict procedural safeguards designed to determine the child's best interests for particularly important decisions that affect him or her", pages 7-8.

Geographical Distribution of Refugee Girls under 14 in the Top Six EU Member States

Table 5.4: United Kingdom

FGM-risk CoO	2008	2009	2010	2011
Nigeria	15	10	20	35
Somalia	45	20	25	25
Eritrea	10	5	10	10
Côte d'Ivoire	10			5
Cameroon	15		5	
Congo	5			
Ghana			5	5
Sudan	5	5	15	5
Egypt				5
Gambia	15	15	45	30
Kenya		5	5	5
Sierra Leone	5		5	10
Uganda	5		10	10
Yemen	5	10	5	
TOTAL	135	70	150	145

Table 5.5: France

FGM-risk CoO	2008	2009	2010	2011
Guinea			15	15
Côte d'Ivoire				5
Mali			50	40
Senegal			10	10
TOTAL	0	0	75	70

Table 5.6: Germany

FGM-risk CoO	2008	2009	2010	2011
Nigeria				10
Somalia	10	5		
Eritrea			5	
Ethiopia	5		5	10
Sudan				5
Niger	5		5	
Togo		5		5
TOTAL	20	10	15	30

Table 5.7: Sweden

FGM-risk CoO	2008	2009	2010	2011
Nigeria			5	
Somalia		5		10
Eritrea	5	10		5
Ethiopia			5	
Sudan		5		
Egypt			5	5
Kenya		5		
Yemen			5	
TOTAL	5	25	20	20

Table 5.8: Austria

FGM-risk CoO	2008	2009	2010	2011
Nigeria		5	5	10
Somalia		5	10	15
TOTAL		10	15	25

Table 5.9: Netherlands

FGM-risk CoO	2008	2009	2010	2011
Somalia		5	5	25
TOTAL		5	5	25

6. How many asylum claims relate to FGM?

In the absence of disaggregated data collected by the EU asylum authorities on the grounds for international protection in general, and FGM in particular, this section seeks to provide estimates of the number of asylum claims on FGM grounds the top destination asylum countries may handle every year.

Belgium has been gathering data on gender-based claims, including FGM, since 2008. Table 6.1 shows the number of FGM-based decisions. The study has therefore used this unique data to try and approximate what the number of FGM-related claims could be in other EU Member States where that data is not collected.

Based on the number of FGM-related claims over the four year period under study, the study has averaged the four annual percentages of FGM-related decisions out of the total applications by female applicants from FGM-practising Countries of Origin.[35] Using a process of extrapolation these percentages have been applied to the top 6 destination EU Member States for female applicants from FGM-practising countries to estimate the number of FGM-related claims that could have been handled by these Member States in 2011. These findings can be viewed in tables 6.2-6.7.[36]

[35] See Table 6.1. These percentages (marked in red in Table 6.1) have been calculated by applying the number of FGM-based decisions made by Belgium to the total number of female applicants received from each FGM-practising country.

[36] The estimates have been calculated by applying the four-year average percentages of FGM-based decisions in Belgium (marked in yellow on table 6.1) to the number of female applications for each FGM-practising CoO in these top 6 EU Member States. The estimates are limited to 18 of the FGM-practising CoO due to the constraint of an average over a four year period. Where data was only available for three years (Tanzania and Uganda) this has been marked in the table. The colours in Tables 6.2 to 6.7 represent the FGM-practising CoO with the 3 highest estimates of FGM-based decisions.

Table 6.1: Number of FGM-Based Decisions for Females in Belgium (2008-2011)

Year	2008			2009			2010			2011			4 Year Average (2008-2011)
FGM-Risk CoO	Nbr of Female Applicants	Nbr of FGM-based Decisions	% of FGM-based decisions from female applicants	Nbr of Female Applicants	Nbr of FGM-based Decisions	% of FGM-based decisions from female applicants	Nbr of Female Applicants	Nbr of FGM-based Decisions	% of FGM-based decisions from female applicants	Nbr of Female Applicants	Nbr of FGM-based Decisions	% of FGM-based decisions from female applicants	
Nigeria	20	1	5%	40	6	15%	35	5	14%	60	12	20%	14%
Somalia	40	5	13%	45	7	16%	80	6	8%	175	11	6%	10%
Guinea	215	103	48%	400	82	21%	525	104	20%	835	254	30%	30%
Cote d'Ivoire	20	5	25%	15	5	33%	45	5	11%	90	9	10%	20%
Cameroon	130	4	3%	120	6	5%	95	6	6%	150	6	4%	5%
Sudan	10	2	20%	15	6	40%	5	1	20%	20	6	30%	28%
Gambia	5	1	20%	5	1	20%	5	2	40%	5	4	80%	40%
Senegal	10	2	20%	20	4	20%	50	2	4%	50	10	20%	16%
Mauritania	10	6	60%	10	7	70%	25	2	8%	5	4	80%	55%
Burkina Faso	5	1	20%	10	2	20%	15	4	27%	20	3	15%	20%
Djibouti	10	1	10%	20	2	10%	25	3	12%	30	7	23%	14%
Kenya	25	4	16%	20	10	50%	30	10	33%	25	12	48%	37%
Niger	15	3	20%	20	4	20%	20	3	15%	20	2	10%	16%
Togo	35	2	6%	40	1	3%	45	7	16%	55	2	4%	7%
Sierra Leone	10	8	80%	15	6	40%	10	10	100%	20	5	25%	61%
Liberia	5	0	0%	10	3	30%	10	5	50%	10	7	70%	38%
Tanzania	15	1	7%	25	:	:	15	3	20%	30	6	20%	*16%
Uganda	5	1	20%	10	2	20%	10	1	10%	5	:	:	*17%
TOTAL	585	150		840	154		1,045	179		1,605	360		21%

* For Uganda and Tanzania the average % is calculated for 3 years of data

The results based on this methodology seem to indicate that in 2011 **France** may potentially have handled an estimated 670 FGM-related claims, mostly by female applicants from Guinea, the largest number of such claims in the EU.[37] **Italy** would come second with an estimated 375 FGM-related claims, the majority of these by females from Nigeria.[38]

> *"I dream of blood. It's an abuse. I just want [my daughter] Aisha to be able to grow up stronger than I am. We have no choice about it in our country. I did not understand that I had rights until I came to the UK.*
>
> Binte Jobe, Gambian asylum-seeker in the UK, who suffers recurrent infections, sexual problems and pain as a result of FGM, The Guardian, 6 November 2012.

Graph 6.8 provides an overview of the estimated number of FGM-related claims made as a proportion of the total number of female applications received from 18 FGM-practising countries of origin in the top 7 destination countries for this group of applicants in 2011. Using this methodology, **Belgium** would have the second highest percentage of FGM-related claims (after France) i.e. 22.4% of all decisions on applications from females from FGM-practising countries of origin, the majority of these being from Guinea. Third would be the **United Kingdom** with an estimated 364 decisions, mostly by female asylum-seekers from Gambia.

Table 6.2: Estimated Number of FGM-Based Decisions in France

FGM-risk CoO	Total Nbr of Female Applicants from FGM-risk Countries of Origin	% of FGM-based Decisions in Belgium	Estimated Nbr of FGM-based Decisions
Nigeria	445	14%	62
Somalia	170	10%	17
Guinea	860	30%	258
Côte d'Ivoire	580	20%	116
Cameroon	95	5%	5
Sudan	80	28%	22
Gambia	15	40%	6
Senegal	115	16%	18
Mauritania	220	55%	121
Burkina Faso	20	20%	4
Djibouti	15	14%	2
Kenya	10	37%	4
Liberia	10	38%	4
Niger	10	16%	2
Tanzania	0	16%	0
Togo	40	7%	3
Sierra Leone	40	61%	24
Uganda	10	17%	2
TOTAL	2,735	20%	670

[37] See table 6.2.

[38] See Table 6.3.

Some preliminary comments

The EU asylum *acquis* requires States to take into account the gender dimension of claims when examining applications for asylum, in particular the individual background of the applicant which includes his or her gender when assessing the facts and circumstances of the application,[39] as well as the gender-specific nature of acts of persecution,[40] and the gender-related aspects of the reasons for persecution.[41] As such, the identification of potential gender-specific elements in an asylum claim is an important and necessary step in the examination of applications.

> *"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.

The estimates of FGM-related claims in this section are unlikely to represent the actual numbers of such applications those six Member States actually handled in 2011. The estimates are calculated from a small sample of cases with the potential risk of distortion. Likewise, a variety of factors may also be relevant in this regard which cannot be taken into consideration in this statistical study, such as the differences between the profiles of cases received by different Member States. In addition, and unlike in Belgium, the FGM-related aspects of the claims may not have been investigated and considered in full and/or may have been discarded as irrelevant early in the examination of the case, and the claim finally decided on other grounds. As such, these estimates are intended as working tools rather than set figures. UNHCR hopes that these estimates will encourage Member States to collect data on FGM-related claims and/or decisions to provide the necessary evidence needed to better understand these complex and potentially large numbers of claims.

Table 6.3: Estimated Number of FGM-Based Decisions in Italy

FGM-risk CoO	Total Nbr of Female Applicants from FGM-risk Countries of Origin	% of FGM-based Decisions in Belgium	Estimated Nbr of FGM-based Decisions
Nigeria	1,870	14%	262
Somalia	215	10%	22
Guinea	20	30%	6
Côte d'Ivoire	100	20%	20
Cameroon	35	5%	2
Sudan	60	28%	17
Gambia	5	40%	2
Senegal	35	16%	6
Mauritania	10	55%	6
Burkina Faso	10	20%	2
Djibouti	0	14%	0
Kenya	15	37%	6
Liberia	15	38%	6
Niger	20	16%	3
Tanzania	5	16%	1
Togo	10	7%	1
Sierra Leone	25	61%	15
Uganda	5	17%	1
TOTAL	2,455		375

[39] European Union: Council of the European Union, *Directive 2011/95/EU of the European Parliament and of the Council of 13 December 2011on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted (recast),* hereinafter EU Qualification Directive (Recast), 20 December 2011, OJ L 337; December 2011, Art. 4(2) and 4(3), available at: http://www.unhcr.org/refworld/docid/4f197df02.html

[40] EU Qualification Directive (Recast), Art. 9(2)(f).

[41] EU Qualification Directive (Recast), Art. 10(1)(d).

Asylum claims on FGM grounds are particularly complex and involve a growing variety of profiles at risk. In addition to the women and men activists persecuted for their opinions and commitment to end FGM in their countries of origin (political opinion) and/or their perceived threat to religious beliefs (religion), EU Member States have also been receiving claims from:

- girls and women who seek protection from FGM whether they come directly from FGM-practising countries or have lived most of their lives in the EU and face return at the time the claim is lodged;
- girls and women who have already been subjected to FGM and seek protection from re-excision for instance or infibulation, defibulation or reinfibulation, upon marriage or at child birth;
- girls and women who may suffer from a continuous form of harm and/or for whom there may be compelling reasons to seek protection arising from that past persecution;
- parents claiming international protection to protect their (baby) daughters from FGM;
- women who are under pressure from their families and communities but refuse to become excisers in light of the growing awareness generated by anti-FGM campaigns in countries of origin;
- women who had been subjected to FGM, have accessed reconstructive surgery (often while in the EU) and who fear being cut again upon return for instance at the time of marriage.

These claims often give rise to additional considerations involving fear linked to early and forced marriage and domestic violence. The UNHCR Guidance Note on Refugee Claims relating to Female Genital Mutilation provides guidance on the adjudication of these claims.[42]

Table 6.4: Estimated Number of FGM-Based Decisions in the United Kingdom

FGM-risk CoO	Total Nbr of Female Applicants from FGM-risk Countries of Origin	% of FGM-based Decisions in Belgium	Estimated Nbr of FGM-based Decisions
Nigeria	545	14%	76
Somalia	325	10%	33
Guinea	30	30%	9
Côte d'Ivoire	65	20%	13
Cameroon	45	5%	2
Sudan	110	28%	31
Gambia	235	40%	94
Senegal	15	16%	2
Mauritania	0	55%	0
Burkina Faso	0	20%	0
Djibouti	0	14%	0
Kenya	75	37%	28
Liberia	10	38%	4
Niger	0	16%	0
Tanzania	25	16%	4
Togo	5	7%	0
Sierra Leone	65	61%	40
Uganda	165	17%	28
TOTAL	1,715		364

[42] UNHCR, Guidance Note on Refugee Claims relating to Female Genital Mutilation, May 2009, available at: http://www.unhcr.org/refworld/docid/4a0c28492.html

In the light of the not-so-negligible number of women and girls applicants from FGM-practising countries of origin and the potential hundreds of asylum claims on grounds of FGM every year in the EU, these estimates tend to indicate the need for guidelines to harmonize and support the practice of decision-makers in the asylum authorities of Member States when FGM-related issues are raised by applicants, and enhanced provision of information to applicants from FGM-practising countries or origin.

These estimates combined with the complexities, shame and stigma arising from FGM claims also point to the need for specific training to enhance the quality of the adjudication of gender-based claims in general and claims related to FGM in particular, and to capacitate interviewers with the skills necessary to create an environment conducive to disclosure.

> *"For asylum claims based on FGM, there is still much to be done to take into account the girls or women who flee their countries.*
>
> Teliwel Diallo, anti-FGM activist in Guinea, refugee in Belgium.

These estimates would also tend to indicate the need for gender-sensitive and gender-specific Country of Origin Information (COI) to document the situation in the countries of origin of these women and girls generally speaking and more specifically the practice of FGM. Workshops of COI researchers could also help address the need for expertise and exchange of information on gender-sensitive COI.

On all the above three accounts, EASO, in its support to Member States, could play an important role to fill these gaps.

When international protection is granted to protect girls from FGM, the monitoring of the continued physical integrity of these girls through regular medical check-ups has sparked a debate on the need for protection- and child-sensitive operational approaches as well as greater legal clarity on the basis for such mandatory check-ups and what would happen should the girl be subjected to FGM. UNHCR hopes that this study will encourage the EU institutions, EU Member States and EASO to engage into much-needed information exchange, debate and policy clarification on this issue.

Table 6.5: Estimated Number of FGM-Based Decisions in Sweden

FGM-risk CoO	Total Nbr of Female Applicants from FGM-risk Countries of Origin	% of FGM-based Decisions in Belgium	Estimated Nbr of FGM-based Decisions
Nigeria	95	14%	13
Somalia	1,295	10%	130
Guinea	15	30%	5
Côte d'Ivoire	10	20%	2
Cameroon	15	5%	1
Sudan	30	28%	8
Gambia	10	40%	4
Senegal	0	16%	0
Mauritania	0	55%	0
Burkina Faso	0	20%	0
Djibouti	5	14%	1
Kenya	30	37%	11
Liberia	10	38%	4
Niger	0	16%	0
Tanzania	10	16%	2
Togo	0	7%	0
Sierra Leone	15	61%	9
Uganda	40	17%	7
TOTAL	1,580		196

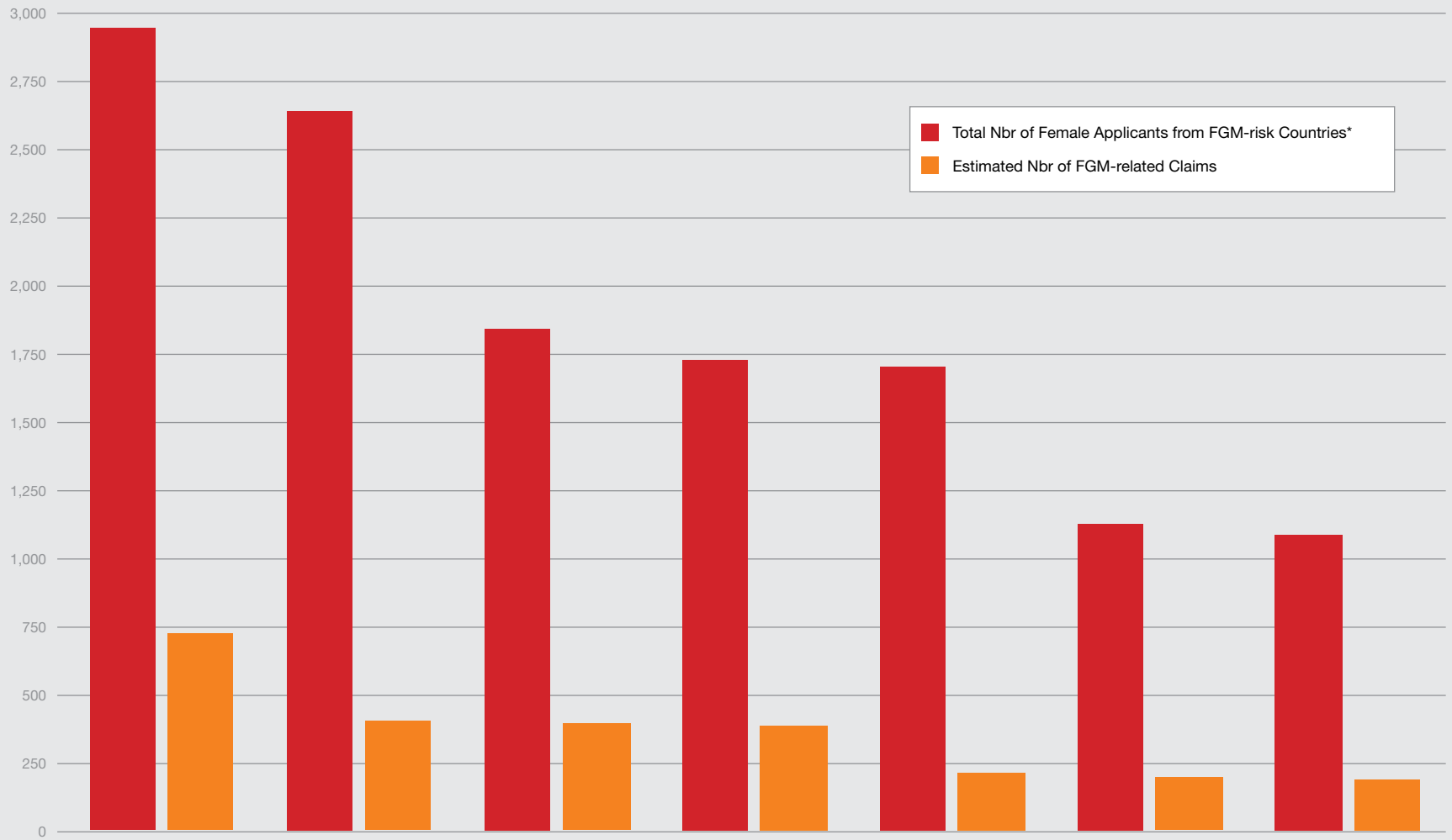
Table 6.6: Estimated Number of FGM-Based Decisions in Germany

FGM-risk CoO	Total Nbr of Female Applicants from FGM-risk Countries of Origin	% of FGM-based Decisions in Belgium	Estimated Nbr of FGM-based Decisions
Nigeria	295	14%	41
Somalia	335	10%	34
Guinea	65	30%	20
Côte d'Ivoire	25	20%	5
Cameroon	75	5%	4
Sudan	5	28%	1
Gambia	30	40%	12
Senegal	10	16%	2
Mauritania	0	55%	0
Burkina Faso	10	20%	2
Djibouti	0	14%	0
Kenya	120	37%	44
Liberia	0	38%	0
Niger	0	16%	0
Tanzania	0	16%	0
Togo	25	7%	2
Sierra Leone	20	61%	12
Uganda	30	17%	5
TOTAL	1,045		184

Table 6.7: Estimated Number of FGM-Based Decisions in the Netherlands

FGM-risk CoO	Total Nbr of Female Applicants from FGM-risk Countries of Origin	% of FGM-based Decisions in Belgium	Estimated Nbr of FGM-based Decisions
Nigeria	45	14%	6
Somalia	625	10%	63
Guinea	120	30%	36
Côte d'Ivoire	25	20%	5
Cameroon	5	5%	0
Sudan	55	28%	15
Gambia	5	40%	2
Senegal	0	16%	0
Mauritania	0	55%	0
Burkina Faso	0	20%	0
Djibouti	0	14%	0
Kenya	0	37%	0
Liberia	5	38%	2
Niger	0	16%	0
Tanzania	5	16%	1
Togo	5	7%	0
Sierra Leone	55	61%	34
Uganda	55	17%	9
TOTAL	1,005		173

Graph 6.8: Estimated Proportion of FGM-related Claims to Total Number of Female Applicants from 18 FGM-risk Countries in Top 7 Asylum EU Member States (2011)



* Only the total number of female applications from 18 FGM-risk Countries is calculated as these are the countries for which Belgium has made decisions based on FGM for 3 or 4 consecutive years between 2008-2011

* FGM-risk Countries include: Nigeria, Somalia, Guniea, Côte D'Ivoire, Cameroon, Sudan, Gambia, Senegal, Mauritania, Burkina Faso, Djibouti, Kenya, Liberia, Niger, Tanzania, Togo, Sierra Leone and Uganda