we are ICF

Estimation of the number of girls at risk of female genital mutilation in the EU

How can we improve asylum procedures and ensure that reporting obligations protect girls at risk of FGM? Exchange of challenges and good practices.

Estimating girls at risk of female genital mutilation

Preliminary findings

Livia Ortensi, Senior Statistician

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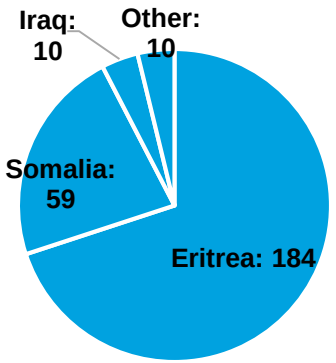
A short profile of the target population (2)

Denmark

Iraq	37%
Somalia	33%
Eritrea	10%
Ghana	3%
Ethiopia	2%
Nigeria	2%
Egypt	2%
Other	11%

Asylum seekers



Spain

Nigeria	28%
Senegal	22%
Gambia	12%
Mali	7%
Guinea	6%
Ghana	6%
Mauretania	4%
Other	15%

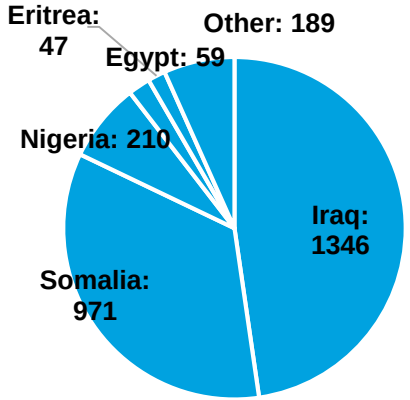
Luxemburg

Eritrea	23%
Iraq	22%
Guinea-Bissau	10%
Cameroon	10%
Senegal	8%
Togo	4%
Cote d'Ivoire	4%
Other	19%

Austria

Iraq	33.7%
Nigeria	16.5%
Egypt	15.2%
Somalia	15.2%
Ethiopia	6.0%
Ghana	3.2%
Kenia	2.0%
Other	8%

Asylum seekers



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Preliminary findings: recurring communities

- 7 **most represented countries** of origin of migrant girls in the 4 Member States:
  - Ghana, Iraq, and Nigeria are the three countries which are in the top seven most represented countries in three Member States.
  - Iraq is the most represented country of origin in two Member States (Denmark and Austria), the most of any country of origin.

- **Countries of origin with the most girls at risk of FGM:**
  - Egypt is in the top seven countries of origin for four Member States
  - Ethiopia, Somalia, Sudan, and Guinea are in the top seven countries of origin for three Member States (Austria, Denmark and Luxembourg).

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The importance of FGM-sensitive asylum procedures and reporting obligations

Kate Regan, Project Coordinator, ICF

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The importance of FGM-sensitive asylum procedures

- **Asylum claims based on fear of persecution on FGM-related grounds** can qualify for refugee status under **1951 Refugee Convention on the Status of Refugees.**
  - *Applicant must establish well founded fear of persecution, and persecution must be rooted in one of grounds of the Convention.*

- **Istanbul Convention** requires states parties to apply **gender-sensitive interpretation** of asylum grounds in 1951 Convention.

- Professionals in the asylum system **can be unfamiliar with the practice and reveal misconceptions about the practice** *(University of Oxford, 2015).*

- Victims of gender-related persecution face difficulties in providing **evidence of past of future persecution** *(Idib.).*

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The importance of professional obligations to report which are clear and protect girls, women and their communities.

- Istanbul Convention encourages state to ensure that **confidentiality rules do not constitute a barrier to reporting**, when professionals have reasonable grounds to believe a serious act of violence has occurred/will occur (Article 28).

- Certain Member States have either **FGM-specific professional secrecy legal exemptions** or **explicit legal obligations on doctors and other professionals to report FGM:** *BE, DE, FR, MT, NL, SE.*

- Similar obligations in Member States where **FGM is not specifically mentioned in law concerning professional secrecy**, but where there are general obligations to report crimes or suspected crimes.

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FGM-sensitive asylum procedures– findings from this study

- FGM is **not standardly recognised as a distinct ground for asylum** across Member States. The exception is Luxembourg.

- The importance of **providing resources for asylum seeks affected by FGM:** medical consultations, counselling and ongoing care.

- Asylum claims can be rejected due to **a lack of 'credibility'.**

- The **need for improved training of professionals** that interact with asylum seeking women and girls.

- ***Austria**: health services available for victims of FGM; need for better education of interviewers*
- ***Denmark**: rejection of claims due to 'credibility'; non-standardisation of interview questions*
- ***Spain:** rejection of claims due to 'credibility'*
- ***Luxembourg**: legal ground for asylum*

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Professional reporting obligations – findings from this study

- Physicians in all Member States are **required to report crimes of bodily harm, caused by an illegal act.**

- Reporting requirements can **cause fear within affected communities.**

- **Training of healthcare professionals** can help ensure that reporting obligations are respected.

- ***Austria****: 2019 amendments to legislation made to oblige reporting; fear of detection by healthcare professionals can hamper trust between communities and support services*
- ***Denmark****: diagnosis code not always used; Danish doctors and midwives have FGM awareness training*
- ***Spain:*** *need to improve training of primary healthcare professionals.*
- ***Luxembourg****: healthcare professionals must report under Code of Criminal proceedings*

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Challenges to building FGM-sensitive asylum procedures and professional reporting obligations

Chiara Cosentino
Head of Policy and Advocacy
End FGM European Network

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Main challenges around FGM within the asylum system

1. Country of Origin Information (COI)
2. Credibility and vulnerability assessment
3. Procedural rights and guarantees

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1. Country of Origin (COI) Information

What is it?

- **All relevant facts related to the COI an asylum-seeker at the time of taking a decision on the application**

Main challenges

- Different COIs in different countries
- Inaccuracy of COIs (not evidence-based, anonymous sources)
- Lack of gender analysis
- Lack of specific information on HTPs
- Lack of cultural analysis of HTPs (statutory law enough protection)
- Lack of recognition of the *continuum* of violence
- Safe countries of origin lists

Tools

- Limited, incomplete and/or unspecific EU MS COIs
- EASO COIs with specific FGM chapters are limited to Somalia, Nigeria, The Gambia

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2. Credibility & Vulnerability Assessment

What is it?

- **The process of gathering relevant information, which must be coherent and plausible, from the applicant to determine the qualification for international protection**

Main challenges

- Taboo / intimate subject
- PTSD
- Lack of documentation
- Socio-economic status of mothers (UNCRC v. Denmark)
- Lack of understanding of functioning of social norms
- Different assessment methods in different countries
- Vulnerability affecting the credibility assessment of the claim

Tools

- EASO Training on Gender, Gender Identity and Sexual Orientation
- UNHCR 2009 Guidance Note on refugee claims related to FGM
- UNHCR tool to asses credibility

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3. Procedural rights & guarantees

What is it?

- **Set of processes and steps in place for granting (or withdrawing) international protection**

Main challenges

- Lack of individual assessment (presence of family members during interview)
- Gender and/or attitude of case-workers / asylum officers / interpreters
- Lack of trained asylum authorities
- Lack of information on asylum
- Lack of access to specialised (psycho-social or medical) support and/or (free) legal services
- Accelerated or border procedures

Tools

- EASO Tool for Identification of Persons with Special Needs (IPSN)
- UNHCR, IDC, Oak Foundation Vulnerability Screening Tool

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Recommendations around FGM within the asylum system

1. Country of Origin Information (COI)
2. Credibility and vulnerability assessment
3. Procedural rights and guarantees

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Country of Origin Lists

- Recognise women and girls who underwent FGM as refugees, considering the ***continuum* of GBV**
- Don't use **safe countries of origin** lists
- Use **common COI sources** and ensure they apply gender lens in their analysis and translated in national languages

Credibility & Vulnerability Assessment

- Provide **specific initial and continuous training** to asylum personnel on GBV and FGM
- Ensure that **late disclosure does not undermine the credibility** of the applicant

Procedural rights & guarantees

- Provide the possibility to **request asylum personnel of the preferred sex**
- Train **all interpreters on GBV and FGM**, as well as on gender-sensitivity and ethical issues
- **Don't apply border or accelerated procedures** to vulnerable people
- Systematically provide **information, access to healthcare and full range of services** for FGM survivors

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Professional reporting obligations (I)

Challenges for professionals to report cases of FGM

- ***Lack of professional training and awareness:*** some do not know to have a duty to report or do not recognise FGM when they see it
- ***Principle of beneficence*****:** primary duty to protect women and girls
- ***Best interest of the child*** **and** ***principle of do-no-harm*****:** minimizing negative consequences on children (penalty for parents extremely severe and applicable automatically after reporting)
- ***Prosecution VS prevention/awareness raising:*** risk to jeopardise the trust relation doctor/patient

Challenges for communities

- ***Racism and racial profiling*****:** being reported without evidence and based on stereotypical ideas
- ***Reluctance to seek medical care*****:** fear of being reported and prosecuted

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Professional reporting obligations (II)

A few suggestions & food for thought:

- Initiate an **institutional reflection on the legislation and its consequences on the principle of the best interest of the child and on the effectiveness of the professionals' duty to report.**
- Shift the focus of effectiveness of law enforcement from prosecution and number of FGM court cases to **awareness-raising and number of women and girls protected.**
- Consider substituting the "*duty to report*" to law enforcement authorities with the "***obligation to help***", which can also be fulfilled by other means:
  - referring the (potential) victim to specialised services and NGOs or encourage her to report herself
  - only consider the duty to report as a last resort in case other remedies do not work

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Setting the objectives for the second session

Nathalie Meurens, Project Manager,
ICF Consulting Services

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National example:

Catalan framework for tackling FGM

Oriol Amorós,

Secretary of Equality, Migration and Citizenship, Catalan Government

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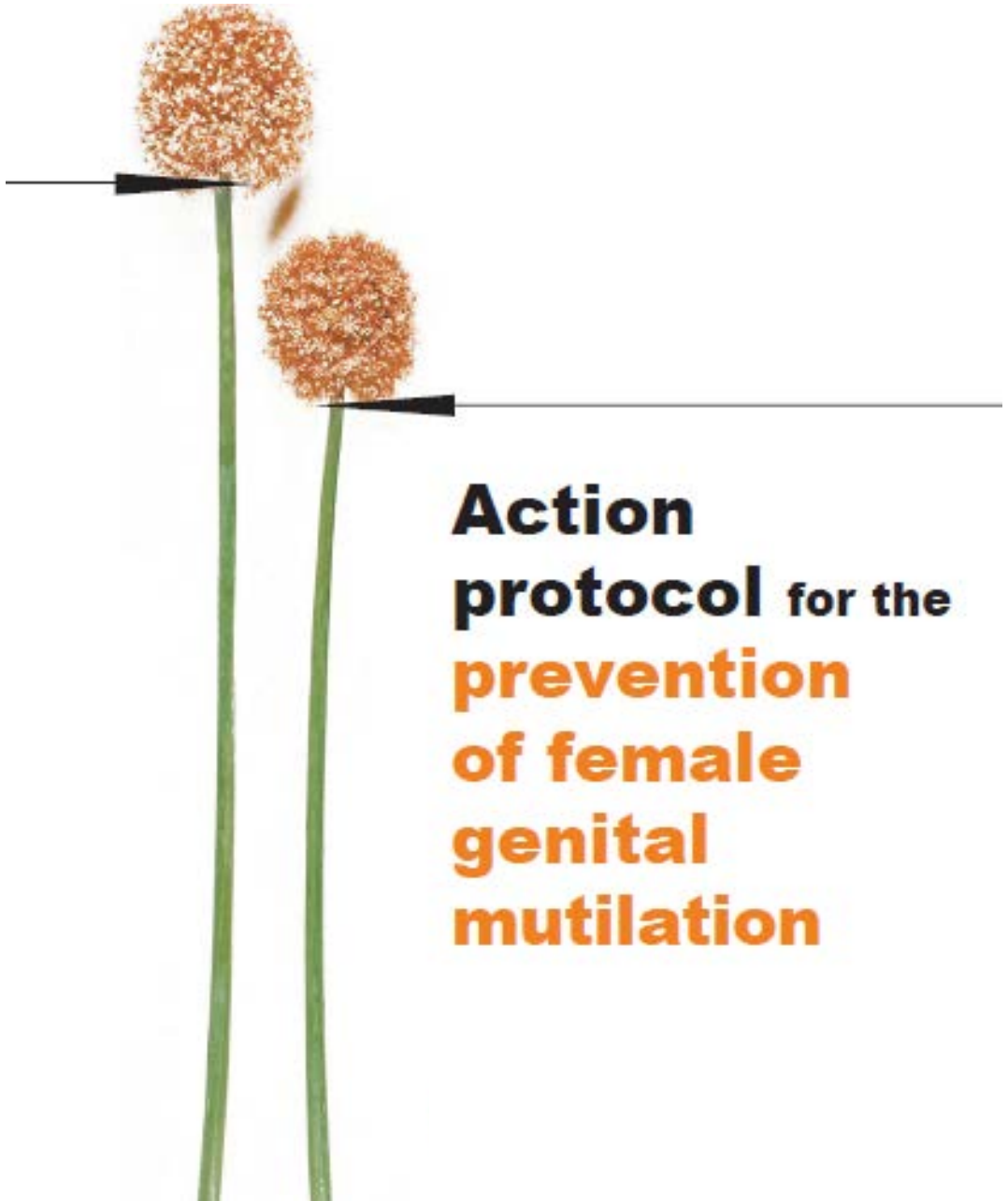


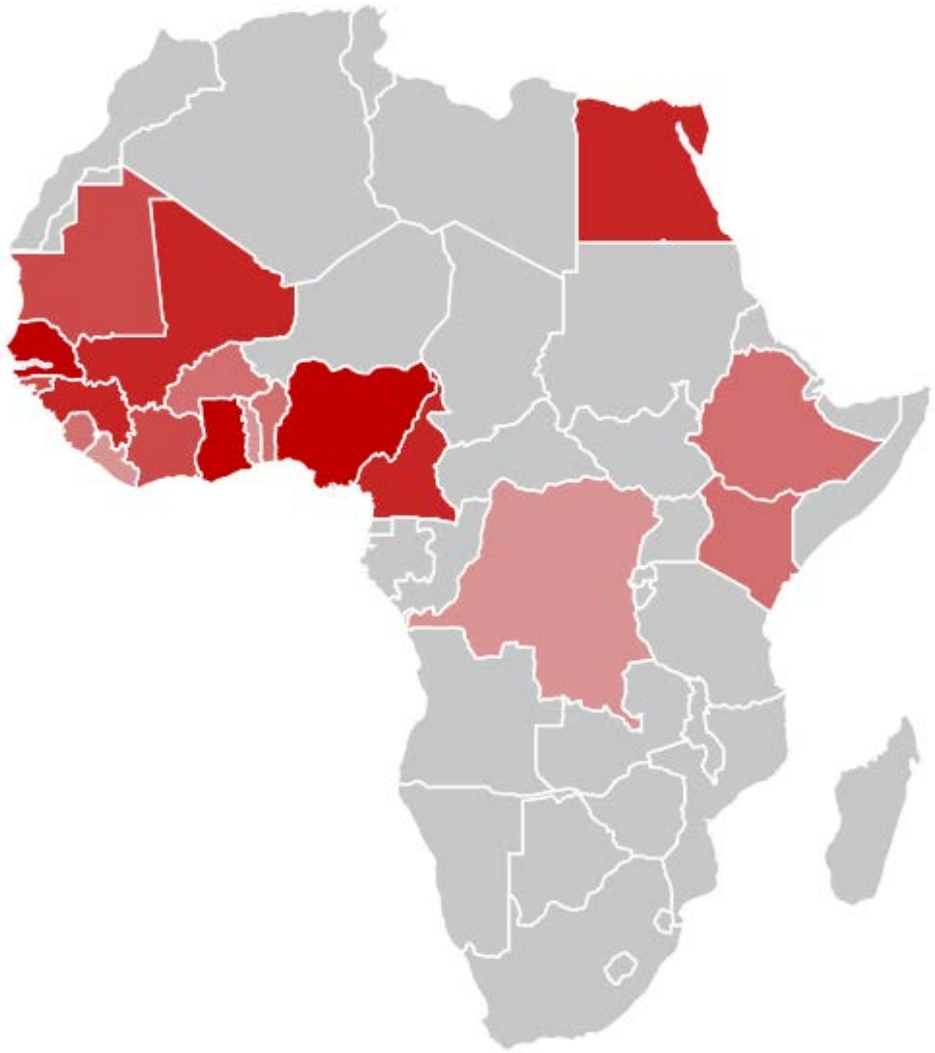
Oriol Amorós i March

November, 10th 2020

Generalitat de Catalunya
Departament de Treball, Afers Socials i Famílies
Secretaria d'Igualtat, Migracions i Ciutadania

Registered women by country of origin. 2019

	0 to 14 years old	15 to 19 years old	Total women
Benin	5		33
Burkina Faso	17	7	88
Cameroon	90	26	506
Ivory Coast	35	9	233
Egypt	114	38	494
Ethiopia	4	2	57
Gambia	1.181	260	3.642
Ghana	572	112	2.037
Guinea-Bissau	38	10	183
Kenya	6	7	113
Liberia	1		9
Mali	665	58	1.580
Mauritania	93	8	276
Nigeria	791	75	3.009
Guinea	361	68	1.258
D.R. of Congo	2		25
Senegal	1.671	260	5.582
Sierra Leone	7	3	33
Togo	6		29
Total	**5.659**	**943**	**19.187**



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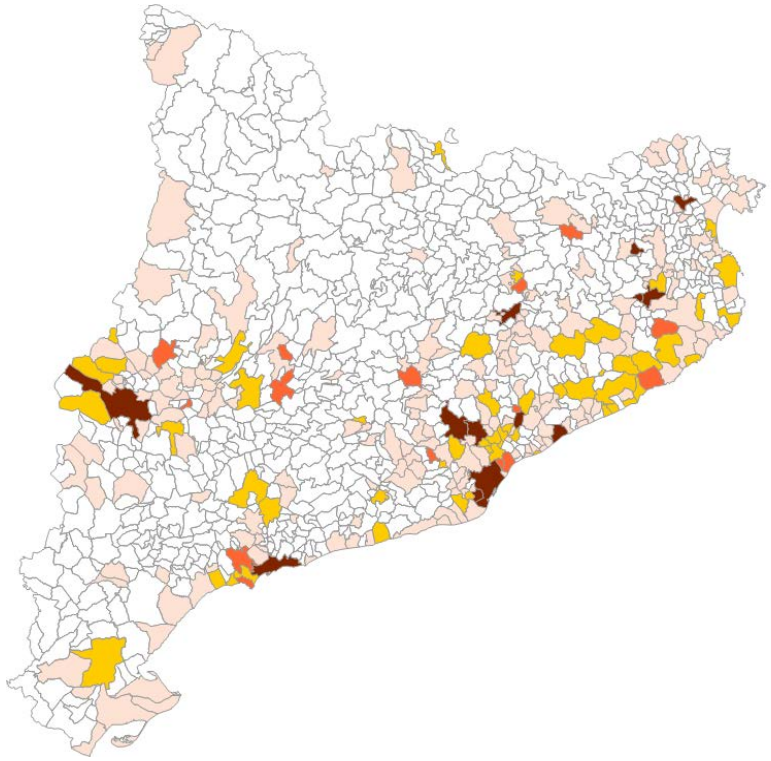
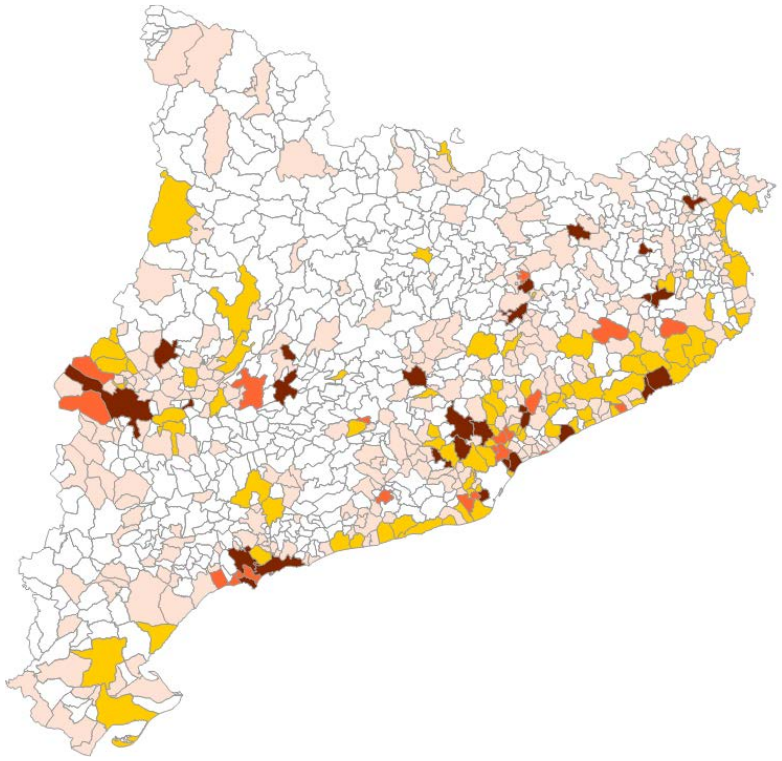
Women from countries where FGM exists. 2019

Women under 15 years old



Women who are 15 or older



- 1 to 10
- 11 to 55
- 51 to 100
- Over 100

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Protocol for the prevention of FGM

PREVENTION

- **Information and training for professionals:** tailored courses for professionals
- **Citizenship:** information and health education
- **Families:** information and health education

DETECTION

Health	Police	Education	Primary Health Care	Child protection	NGOs

INTERVENTION

Reasons for intervention and possible risk evaluation:

- **Belonging to ethnicity that practices FGM**
- **Belonging to a family of a family group that practices FGM**
- **Upcoming trip or holiday**

Non-Urgent

Follow-up and coordinated intervention

Urgent

Risky situation (indicators)

Practiced FGM

Social services

Child protection teams

Health services

Police Support

PROSECUTION COURT

RECOVERY

Coordination and networking with the professionals of social services, health, education, child and adolescent care teams, police and civil organizations

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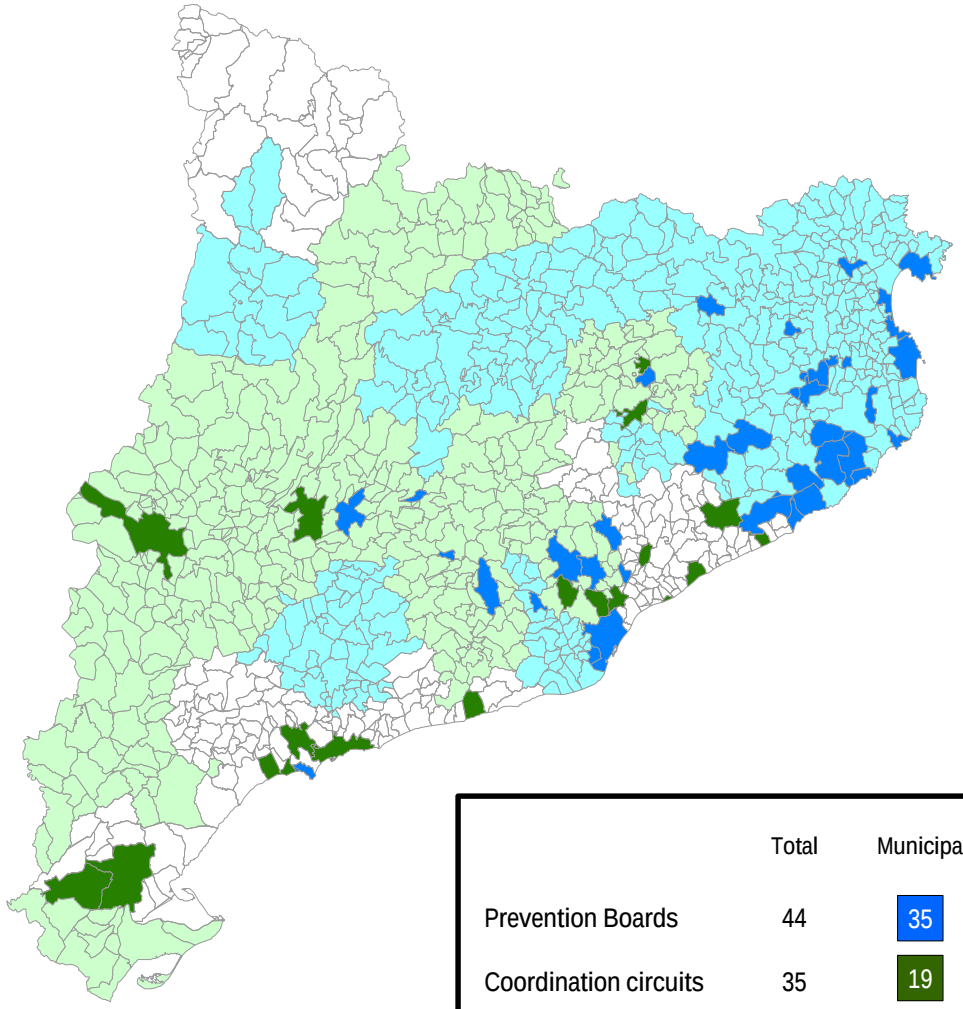
79 multi-stakeholder coordination boards

- Professionals from the social field
- Education professionals
- Child and adolescent care professionals
- Security forces
- Immigration professionals
- Prevention of gender-based violence professionals
- Local civil organizations



	Total	Municipal	Supra-municipal
Prevention Boards	44	35	9
Coordination circuits	35	19	16

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The Protocol at a glance

Launched in 2007

Since the Protocol was launched (2007):

278 cases taken care of

288 commitments signed before the departure to the country of origin

Awareness-rising activities for women with a migration background of countries where FGM is practiced

60 courses and **950** professionals trained

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Actions since September 2019

Territorial team of 5 professionals for the prevention of gender-based violence towards migrant women

Territorial team of 5 professionals for the training of women

175 courses of 135 h. each, for the empowerment of migrant women

2 courses of 30 h. each, to train men from West African countries to become instructors of other men in the prevention of FGM.

Development of communication strategies adapted to 6 different cultural background

- Message
- Content
- Channel

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Challenges

1. Collaboration Strategies with the countries of origin

2. Training of education professionals to improve detection and referral of FGM cases

3. Improve the psychological support of the Recovery Services

4. Continue to train and sensitize men

5. Finding a balance between the reporting obligation and professional ethics.

Some professionals do not want to report cases of women who suffered FGM when they were children.

They believe a criterion should be established, according to the age when the FGM happened or the time passed since it occurred.

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National example:

Challenges in asylum procedure, Denmark

Mary Lisa Jayaseelan,

Legal Advisor, Danish Refugee Council

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Mary Lisa Jayaseelan

FGM – Challenges in the Asylum Procedure

DRC DANISH REFUGEE COUNCIL

Our work - DRC & asylum department

- Danish Refugee Council is a leading, international humanitarian displacement organisation, supporting refugees and internally displaced persons during displacement, in exile, when settling and integrating in a new place or upon return. We provide protection and life-saving humanitarian assistance. We support displaced persons in becoming self-reliant and included into hosting societies - and we work with communities, civil society and responsible authorities to promote protection of rights and peaceful coexistence. Founded in Denmark in 1956, 9,000 staff, 7,500 volunteers.

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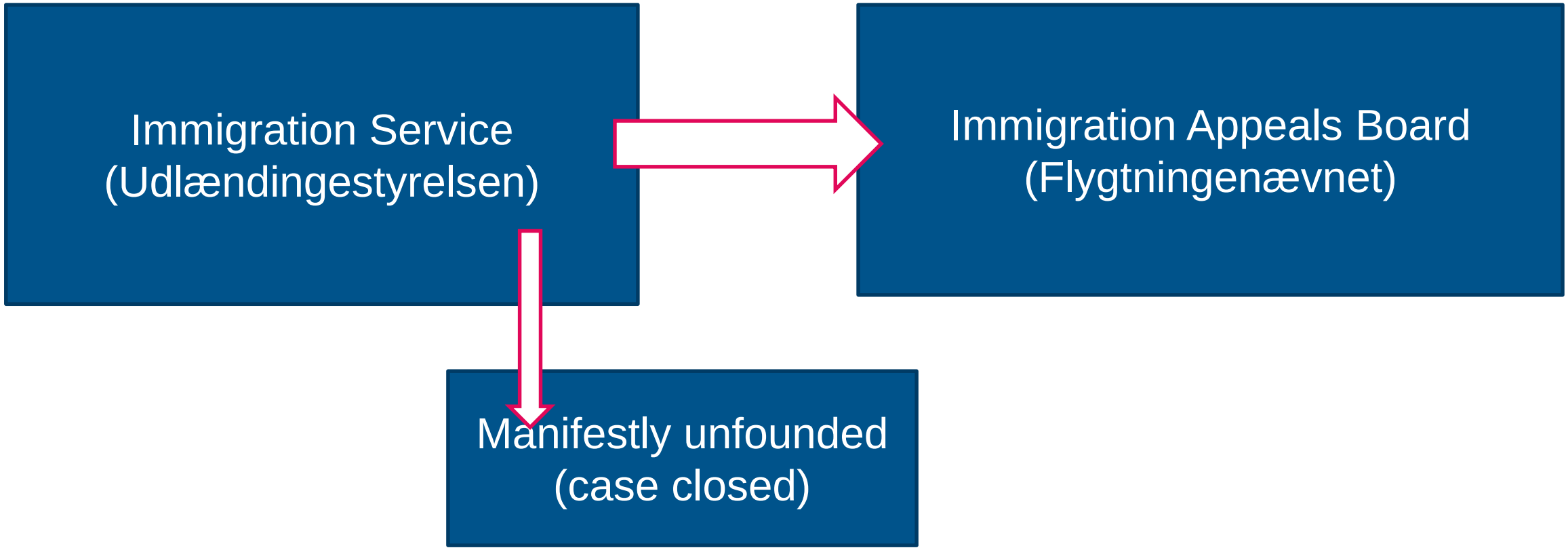
The Danish Asylum Procedure



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FGM in asylum cases - Somalia

- Early legal aid → information
- Attention on this issue in the procedure
- FGM is recognized – if risk → conventionstatus.

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FGM in asylum cases - Somalia

- Early legal aid → information
- Attention on this issue in the procedure
- FGM is recognized and if risk is assessed → particular social group/conventionstatus.

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Challenges

Main problem: in the assessment of the risk/protection:

- **Focus on ”ressources”, education/”appears resourceful”. Concept used by the ECtHR to assess IFA.**
  - If “resourceful parents” →protection rejected
    - Lack of proportion, when you look at prevalence
    - Child is considered at risk – state unwilling/unable to protect → still no protection, because parents are “resourceful”.

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Challenges

Main problem: in the assessment of the risk/protection:

- The child as principal applicant
  - CRC critized Denmark (I.A.M v Denmark)

> Rigorous scrutiny is needed

> Protection of person/children independent of status

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Thank you

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