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Mini-feature on FGM and asylum in Europe Editors' Introduction

The issue of female genital mutilation (FGM) has become a rallying point for advocacy and legal challenge both within some of the societies where it is practised and elsewhere, particularly in countries where members of those societies have come to live but where the practice is seen as an abuse of girls and women and of their rights.

This FMR mini-feature addresses some of the issues relating to the practice of FGM in respect of asylum. Of necessity – but also by choice – we have included some material on the practice of FGM itself. The focus is on asylum in Europe in particular, and this

mini-feature has been produced in collaboration with UNHCR's Bureau for Europe. However, it is obvious – and right – that the implications are applicable beyond the borders of Europe.

The mini-feature is also available (in English) as a stand-alone pdf at www.fmreview.org/climatechange-disasters/FGM.pdf; for French, Spanish and Arabic versions, please visit www.fmreview.org/climatechange-disasters and click on the appropriate language tab. We encourage you to use and disseminate it widely.

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs, carried out for traditional, cultural or religious reasons. In other words, the procedure is for non-medical reasons.

All forms of FGM are considered harmful, although the consequences tend to be more severe the more extensive the procedure. Other factors, such as age and social situation, may also have an impact on the gravity of the consequences. FGM is mostly carried out on girls under the age of 15 years, although it is occasionally also performed on adult and married women. The procedure is often performed with

rudimentary tools and without anaesthesia while the girl or woman is held down. Almost all those who are subjected to FGM experience extreme pain and bleeding. Other health complications include shock, psychological trauma, infections, urine retention, damage to the urethra and anus, and even death. The 'medicalisation' of FGM, whereby the procedure is performed by trained health professionals rather than traditional practitioners, does not necessarily make it less severe.

Taken from UNHCR (May 2009) Guidance Note on Refugee Claims relating to Female Genital Mutilation www.refworld.org/docid/4a0c28492.html