Female genital mutilation: a case for asylum in Europe

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With some 71% of female EU asylum applicants from FGM-practising countries estimated to be survivors of this harmful traditional practice, it is time to accept that this subject demands greater scrutiny and a more dedicated response.

UNHCR has estimated that 18,500 of the 25,855 women and girls from FGM-practising countries seeking asylum in the EU in the first three quarters of 2014 may have been survivors of female genital mutilation (FGM), translating into an estimated 71% prevalence rate of FGM in EU asylum systems. The main countries of origin for these women and girls include Eritrea, Nigeria, Somalia, Guinea and Ethiopia, most of which have persistently high prevalence rates for FGM.[1] These numbers debunk the still all too common view that the practice is so insignificant in the asylum system as not to merit dedicated attention and specific responses.

There are a number of misconceptions relating to FGM that may create obstacles

to meeting the specific protection needs and vulnerabilities of these women and girls. Many workers in the European asylum systems are not familiar with the practice and it is not uncommon to hear or read opinions that FGM is not a problem for these women because it is part of their culture; that educated parents should be able to protect their daughters from it; that 'intact' teenage girls and young women are too old to be at risk; that the increasingly medicalised practice of FGM is a minor procedure with no ill effects[2]; or that women should simply refuse to become 'cutters' and carry out this practice like their mothers.

Many of these misconceptions stem from a lack of awareness of the gender dimension in general and its role in this harmful traditional practice in particular, and from limited (or lack of) knowledge of the practice, its regional variations and its life-long consequences. This often leads to incorrect assumptions about the forms of persecution these women and girls may fear, the risks they may face if returned, the protection of which they could avail themselves, the specific interventions they may need during the asylum procedure (and later when/if settling in Europe), and the prevention of the practice by the communities in exile in Europe.

Complex asylum claims

For the first three quarters of 2014, the main countries of asylum for women and girls from FGM-practising countries were Germany, Sweden, France, Switzerland, UK, the Netherlands, Italy, Belgium, Norway and – a new entrant into the list – Denmark.

The fact that only a handful of states collect data on the grounds on which applications are made and decided limits our ability to better understand the extent of this phenomenon. Gathering better statistical data on FGM in European asylum systems should be a priority; data should include the number of FGM survivors assisted in European asylum centres as well as the number of asylum claims involving FGM issues. It is estimated, however, that asylum systems in the EU receive a few thousand applications every year relating directly to FGM, pointing again to the fact that this is not a negligible ground for asylum. In addition, these asylum claims are particularly complex and involve a variety of risk profiles.

"I fled my country because of the persecution I had been subjected to because of my activism against excision[3] and my political engagement to promote the rights of women." (Halimatou Barry[4])

In addition to the women and men activists persecuted for their opinions and commitment to end FGM in their countries of origin and/or their perceived threat to religious beliefs, European Member States have also been receiving claims from:

- women and (unaccompanied and separated) girls who seek protection from being subjected to FGM whether they come directly from FGM-practising countries or have lived most of their lives in Europe and may be at risk of being cut upon return
- women and girls who have already been subjected to FGM and seek protection from re-excision, defibulation or reinfibulation[5] upon marriage (including child marriage[6]) or at childbirth
- parents who claim international protection to protect their daughters from FGM
- women who are under pressure from their family and community but refuse to become 'cutters' in countries of origin
- women who had been subjected to FGM, have accessed reconstructive surgery (often while in Europe) and who fear being cut again upon return

When members of communities flee, they bring with them their customs and traditions, which may include harmful traditional practices such as FGM. Beyond the asylum system, we need to learn how to work with the FGM-practising communities in exile in Europe to prevent the practice of

FGM in Europe. Lessons can be learned from the progress achieved in countries of origin, in particular how ending FGM has involved changing the social norms of practising communities, the participation of the communities, and the empowerment of women and girls but also of men, young and old, to urge their respective communities to abandon the practice.

"It is horrible; it is painful, mentally, emotionally and physically; and I wished it had not happened to me. Whatever happened to me can never be turned back; it cannot disappear. The pain will remain forever." (Ifrah Ahmed[7])

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1. See UNHCR (2014) *Too Much Pain: Female Genital Mutilation & Asylum in the European Union - A Statistical Update* www.refworld.org/pdfid/5316e6db4.pdf
See also www.unhcr.org/pages/5315def56.html

2. See Foldes article pp82-3.

3. Excision: a form of FGM (in French, used to denote FGM in general).

4. In UNHCR (2014) *Too Much Pain – the Voices of Refugee Women* www.youtube.com/watch?v=pW3TFcLIXiw

5. Infibulation: surgical removal of the external female genitalia and the suturing of the vulva. Defibulation: reconstructive surgery of the infibulated scar.

6. Child marriage is poorly understood in the asylum system, too often conflated with 'arranged' marriage (i.e. culturally acceptable), rather than a way of subjugating girls to a submissive gender role. In this sense, its purpose is closely allied to that of FGM. The practices of FGM and child marriage are generally prevalent in the same countries.

7. Anti-FGM activist, in UNHCR (2014) *Too Much Pain – the Voices of Refugee Women*

FGM terminology

Initially the procedure was generally referred to as 'female circumcision' but the expression 'female genital mutilation' (FGM) gained support from the late 1970s in order to establish a clear distinction from male circumcision and to emphasise the gravity and harm of the procedure.

From the late 1990s, the terms 'female genital cutting' (FGC) and 'female genital mutilation/cutting' (FGM/C) have also been used, partly due to dissatisfaction with the negative connotations of 'mutilation' for survivors and partly because there is some evidence that the use of the term 'mutilation' may alienate communities that practise FGM and thereby perhaps hinder the process of social change.

Abstracted from World Health Organization (2008) ***Eliminating Female genital mutilation: An interagency statement***, p22. www.who.int/reproductivehealth/publications/fgm/9789241596442/en/