



AD HOC QUERY ON 2019.87 Somalian young girls and women who have already experienced FGM

Requested by EMN NCP Cyprus on 13 September 2019

Responses from Austria, Belgium, Bulgaria, Croatia, Czech Republic, Estonia, Finland, France, Germany, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Slovakia, Sweden, United Kingdom plus Norway (22 in Total)

Disclaimer:

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1. Background information

Following the AHQ 2017.1187 on Type of International Protection Status for victims of FGM, which was more focused on the type of protection granted, more clarification is needed for the type of protection granted especially for those cases which have already experienced FGM and there is a fear of re-infibulation in case of return.

Summary of Cyprus' policy: When young girls and young women from Somalia have already experienced Female Genital Mutilation (FGM) and there is a fear of re-infibulation in case they go back in Somalia, then the Asylum Service grants them a form of international protection (subsidiary protection status).

In case of (especially) minor girls, who do not know whether they will face FGM if they return to Somalia, then the Asylum Service examines whether their ignorance emanates from their age, immaturity, lack of other female person in the family, etc., and international protection is granted accordingly.

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2. Questions

1. What is your policy concerning young Somalian girls and women who have already experienced FGM and there is a fear of re-infibulation in case they go back to Somalia?


2. Do you take into consideration the Type (I, II, III) of FGM they have already been subjected to when you examine this issue?

3. For which cases – concerning the issue of re-infibulation – international protection is granted and which the type of protection (refugee status or subsidiary protection status) is granted?

We would very much appreciate your responses by **11 October 2019**.

3. Responses

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		Wider Dissemination ²	
	EMN NCP Austria	No	This EMN NCP has provided a response to the requesting EMN NCP. However, they have requested that it is not disseminated further.

¹ If possible at time of making the request, the Requesting EMN NCP should add their response(s) to the query. Otherwise, this should be done at the time of making the compilation.

² A default "Yes" is given for your response to be circulated further (e.g. to other EMN NCPs and their national network members). A "No" should be added here if you do not wish your response to be disseminated beyond other EMN NCPs. In case of "No" and wider dissemination beyond other EMN NCPs, then for the Compilation for Wider Dissemination the response should be removed and the following statement should be added in the relevant response box: "This EMN NCP has provided a response to the requesting EMN NCP. However, they have requested that it is not disseminated further."





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	EMN NCP Belgium	No	This EMN NCP has provided a response to the requesting EMN NCP. However, they have requested that it is not disseminated further.
	EMN NCP Bulgaria	Yes	<ol style="list-style-type: none"> 1. For the last two years there have been no asylum seekers from Somalia in our country. Therefore, we do not have rich experience with this group of asylum seekers. 2. N/A 3. N/A
	EMN NCP Croatia	Yes	<ol style="list-style-type: none"> 1. Concerning the fact that there were very few asylum claims from Somali women in the Republic of Croatia who claimed they were victims of FGM, we have not set out our policy concerning the specific issue at this moment. Nevertheless, generally speaking, such person would probably be granted the asylum in case it was established that she had really been the subject of FGM. But, definite decision in such cases depends on all the circumstances and facts of specific case that must be taken in consideration. 2. No. 3. International protection would probably be granted in all cases of proven FGM. The type of protection would preferably be the refugee status / asylum.
	EMN NCP Czech Republic	Yes	<ol style="list-style-type: none"> 1. The Czech Republic does not have any general policy. We do access every case on strictly individual basis taking in consideration individual situation etc. 2. The Czech Republic considers all cases of this type similarly important and do not distinguish between type I, II, III.



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			<p>3. As mentioned above in Q1. Every single case is assessed individually and the granted status depends on individual circumstances. Therefore, we cannot generalise.</p>
	EMN NCP Estonia	Yes	<p>1. In recent years there have not been any cases of young Somalian girls and women who have already experienced FGM and fear of re-infibulation in case they go back to Somalia. Hence, there is no specific policy in this subject.</p> <p>2. N/A</p> <p>3. N/A</p>
	EMN NCP Finland	No	<p>This EMN NCP has provided a response to the requesting EMN NCP. However, they have requested that it is not disseminated further.</p>
	EMN NCP France	No	<p>This EMN NCP has provided a response to the requesting EMN NCP. However, they have requested that it is not disseminated further.</p>
	EMN NCP Germany	Yes	<p>1. In case there is a well-founded fear of re-infibulation upon return to Somalia, refugee protection will be granted to Somalian girls and women as a rule.</p> <p>2. Yes, the type of FGM (WHO-classification) a girl or a woman has already been subjected to is taken into consideration with regard to the assessment of the probability of re-infibulation. For example, women/girls who have already experienced FGM of Type III are generally considered to be at higher risk of re-infibulation.</p>

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			<p>However, an individual assessment has to be made with regard to all types of FGM.</p> <p>3. If there is a well-founded fear for a woman or a girl to be re-infibulated upon return to Somalia refugee protection will be granted. This applies regardless of the type of FGM the woman/girl has undergone before or the type of FGM the woman/girl is at fear of.</p>
	EMN NCP Hungary	No	This EMN NCP has provided a response to the requesting EMN NCP. However, they have requested that it is not disseminated further.
	EMN NCP Italy	Yes	<p>1. First at all, it may be necessary to specify that in Italy there is no a targeted system provided to protect Somalian girls and woman, but there is a policy concerning victims of FGM in general. With the aim to provide key practical indications about how to approach alleged victims of FGM (or forced marriages or other harmful practices) and how to help them safely access resources that are appropriate to their needs – the Department of Equal Opportunities (at the Presidency of the Council of Ministers) has published on December 2017 the “Guidelines for the early identification of victims of Female Genital Mutilation or other harmful practices” addressed to staff of first aid and reception centres and reception centres for asylum seekers.</p> <p>While this chart is not intended to provide a sure indication of whether a woman or a girl has been subjected to FGM, it indicates how strong a possibility this is, with a view to informing the practitioner’s approach to the interview. Furthermore, identifying the age at which the risk of mutilation comes into play in a certain country of origin facilitates the provision of appropriate assistance for those who have already undergone a form of FGM and working with families to prevent it in the case of younger girls.</p> <p>Women victims of FGM, who have been identified based on the criteria outlined above, should be referred - in accordance with the level of urgency reported by the doctors at the reception centre - to specialized public health facilities with the necessary expertise to provide them with ongoing care. These healthcare facilities can recruit the support of associations and other local institutions with competence and experience in the field of services for migrants, and especially in intervention with female victims of gender-based violence and in</p>




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			<p>the implementation of protection programs for victims of trafficking. Italian Law 7/2006 laying down “provisions concerning the prevention and prohibition of female genital mutilation practices” (http://www.salute.gov.it/imgs/C_17_pubblicazioni_769_allegato.pdf) called for an inventory to be made of all the services offered at the regional level to women and girls who have been subjected to FGM. So, spread throughout Italy, there are hospitals and healthcare facilities currently providing specialized medical and psychological support, and a range of associations offering social support, linguistic-cultural mediation, and referral to specialized healthcare institutions.</p> <p>2. Yes. As specified in the “Guidelines for the early identification of victims of Female Genital Mutilation or other harmful practices”, all type of FGM are taken into account: Clitoridectomy, excision and infibulation.</p> <p>3. Italy - taken into account the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) – has improved the commitment to ensuring that gender-based violence against women, including female genital mutilation, be recognized as a form of persecution. According to article 7 (concerning “acts of persecution”) of Italian Decree n. 251 of 19 November 2007, which implements Directive 2004/83/EC (amended pursuant to Legislative Decree n. 18 of 21 February 2014, which implements Directive 2011/95/EU), refugee status may be granted to persons who can prove that they have been (or have the well-founded fear of being) victims of acts of violence, whether physical, mental, or sexual or acts specifically targeted at a given gender or at children. Article 8 of the same decree specifies what is meant by persecution due to membership of “a particular social group”, defined as a group whose “members share an innate characteristic or a common history that cannot be changed, or share a characteristic or a faith system that is so fundamental to identity or conscience that a person should not be forced to give it up”, that is to say, a group that has a “distinct identity in the country of origin, because it is perceived as being different from the rest of society”. This article also specifies that “for the purposes of establishing membership of a particular social group or identifying the characteristics of this group, due account shall be taken of gender-related factors, including gender identity”. Moreover, art. 3 par. 4 of decree 251/2007, states that the fact that an applicant has already been subject to persecution or serious harm or to direct threats of such persecution or such harm, is a serious indication of the applicant's well-founded fear of persecution or real risk of suffering serious harm, unless there are good reasons to consider that such persecution or serious harm will not be repeated.</p>
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	<p>EMN NCP Latvia</p>	<p>Yes</p>	<ol style="list-style-type: none"> 1. Number of applicants from Somalia in LV is very small– just 9 (2005 - 7, 2013 -1, 2014 – 1) and only 2 of them were female asylum seekers. They were granted subsidiary form of protection, but their asylum claims were not related to the FGM. Consequently we don't have particular policy towards such type of cases. 2. Due to the lack of practice with FGM based Somali cases, our considerations are only theoretical and most likely our approach would match with Cyprus' policy. 3. Please see answer previous answer.
	<p>EMN NCP Lithuania</p>	<p>Yes</p>	<ol style="list-style-type: none"> 1. There were no cases regarding victims of FGM (as of September 2019) from Somalia (or other) countries. 2. N/A 3. N/A
	<p>EMN NCP Luxembourg</p>	<p>Yes</p>	<ol style="list-style-type: none"> 1. In 2019 34 Somalia citizens applied for international protection in Luxembourg (status as of august 2019). From this caseload no woman mentioned FGM as the reason for leaving their country of origin. Therefore, Luxembourg does not have a specific policy for young Somalian girls and women who have already experienced FGM or fear re-infibulation in case of return to Somalia. 2. Luxembourg takes into consideration FMG in general; and in case of doubt of the applicant's credibility, Luxembourg has the possibility to revert to a medical examination. This assessment is made on a case by case basis. 3. Our assessment takes into consideration the individual circumstances, the age of the applicant and the prevalence of FGM in the respective country. The evaluation is done on a case by case basis. In general, if the claim is credible, Luxembourg grants subsidiary protection for victims of FGM but in specific cases refugee




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			status can also be granted.
	EMN NCP Malta	Yes	<p>1. The Office of the Refugee Commissioner did not encounter applications from young Somalian girls and women who have already experienced FGM and fear re-infibulation in case they go back to Somalia. Thus, this Office does not have a specific policy on this subject. However, considering what the process of re-infibulation entails, this Office is of the opinion that applicants who are at risk of being subjected to this practice would in general qualify for subsidiary protection status under Article 15(b) of the Qualification Directive.</p> <p>2. N/A</p> <p>3. Please refer to answer provided for question 1.</p>
	EMN NCP Netherlands	No	This EMN NCP has provided a response to the requesting EMN NCP. However, they have requested that it is not disseminated further.
	EMN NCP Poland	Yes	<p>1. The Office for Foreigners does not have any policy established towards female Somali FGM victims. The number of Somalians applying for international protection in the Republic of Poland has always been and remains very limited. In recent years only male applicants from Somalia had been subject to procedure for international protection. In 2013 a few women with Somalian citizenship applied for asylum in Poland but issues they raised in their applications was either fear of persecution because of political opinion or tribal affiliation or bad security situation in country of origin in general.</p> <p>2. not applicable.</p> <p>3. not applicable.</p>



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	<p>EMN NCP Portugal</p>	<p>Yes</p>	<ol style="list-style-type: none"> 1. SEF, within its competences, has not established a policy or procedures regarding these occurrences. 2. Regardless of the type of mutilation, all situations known to SEF are properly analyzed and addressed. 3. Refugee status is granted in either case.
	<p>EMN NCP Slovakia</p>	<p>Yes</p>	<ol style="list-style-type: none"> 1. According to Migration Office of the Ministry of Interior, Slovak Republic has registered only one case of asylum seeker from Somalia who experienced FGM. She was granted asylum. 2. n/a 3. n/a
	<p>EMN NCP Sweden</p>	<p>Yes</p>	<ol style="list-style-type: none"> 1. The Swedish Migration Agency has specific guidelines regarding FGM and re-infibulation in a Somali context since 2019-09-26. The guidelines are included in attachments in English. The legal guidelines can be found in Swedish at Lifos, document 43614, chapter 4.2.4.3: https://lifos.migrationsverket.se/dokument?documentSummaryId=43614 The COI regarding FGM in Somalia from Lifos, document 43493, can be found here: https://lifos.migrationsverket.se/dokument?documentSummaryId=43493 ced_vertaling_lifos_fgm_20190416.pdf 2. The credibility assessment of the claims is made on an individual basis, taking into account the case specific facts, all relevant evidence and relevant country of origin information, regarding both FGM in general and re-infibulation in particular. The SMA does not have specific guidelines regarding the type of FGM already performed in relation to re-infibulation. 3. If an applicant, after an individual credibility assessment, is considered to experience a well founded fear of

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			facing re-infibulation, if she goes back to Somalia, she will be granted refugee status.
	EMN NCP United Kingdom	Yes	<p>3. All applications are carefully considered on their individual merits, including cases where the claimant fears re-infibulation.</p> <p>The Asylum Policy Instruction - Assessing credibility and refugee status and Humanitarian protection (subsidiary protection) provides guidance to caseworkers when considering the grant of asylum and Humanitarian protection: https://www.gov.uk/government/publications/considering-asylum-claims-and...</p> <p>The Asylum Policy Instruction on Gender issues in the asylum claim provides guidance to caseworkers when considering gender issues including FGM: https://www.gov.uk/government/publications/gender-issue-in-the-asylum-claim-process</p>
	EMN NCP Norway	Yes	<p>1. If medical documentation confirms that the asylum seeker has undergone de-infibulation, is unmarried and has not given birth, Norway may grant international protection (refugee status). Fear of re-infibulation in case of return has only been stated in a few cases.</p> <p>2. Norway considers all types of FGM to be a form of persecution. If the asylum seeker has not undergone de-infibulation, is married or has given birth, Norway does not consider that there is a real risk of persecution upon return.</p> <p>3. If Norway recognizes a fear of re-infibulation upon return we may grant international protection (refugee status).</p>
