



## Input by civil society to the EASO Annual Report 2017

EASO has started the production of the 2017 Annual Report on the Situation of Asylum in the European Union, in line with Article 12 (1) of the EASO Regulation. The report aims to provide a comprehensive overview of important asylum-related developments at EU+ and national level, and the functioning of all key aspects of the Common European Asylum System (CEAS). While the final product comes out of an analytical and synthetic process that takes place in-house, a critical part of information is elicited through valuable contributions by a multiplicity of stakeholders from EU+ countries, civil society organizations, UNHCR, and other actors possessing in-depth knowledge on main developments in asylum policies and practices in EU+ countries. Previous reports are [available for review at EASO's website](#).

We would like to kindly invite you to take part in this process, by sharing your observations **on developments in asylum law, policy or practice in 2017 (and early 2018) in the areas listed on page 2**. The topics listed there reflect the structure of Chapter 4 of the EASO report, which focuses on the 'Functioning of the CEAS'. To this end, your observations may concern national practices of specific EU+ countries or the EU as a whole. Overall, the EASO Annual Report is not meant to describe the national asylum systems in detail, but present key developments in 2017, including **improvements and new/remaining concerns**. In terms of format, your contributions would be preferably offered in the form of bullet points, which would facilitate further processing of your input.

Please, bear in mind that the EASO Annual Report is a public document. Accordingly, it would be desirable that your contributions, whenever possible, be supported by references to relevant sources. Providing links to materials such as analytical studies, articles, reports, websites, press releases, position papers/statements, and press releases, would allow for maintaining transparency. For your reference, you may review the [contributions offered by civil society actors for the 2016 Annual Report](#). If you do not consent on EASO making your submission available, please inform us accordingly.

In our effort to provide an inclusive overview of all relevant developments, we strive to incorporate as many contributions as possible. At the same time, the final content of the EASO Annual Report is subject to its set terms of reference and volume limitations. To this end, your submissions, which are gratefully received and acknowledged, may be edited for length and clarity so that the final product concisely serves the objectives of the Annual Report: to improve the quality, consistency, and effectiveness of CEAS. From our side, we can assure you that the valuable insights you offer feed into EASO's work in multiple ways and inform reports and analyses beyond the production of the Annual Report.

Please, kindly provide your input by filling in this document (with attachments, if needed) and returning it to [ids@easo.europa.eu](mailto:ids@easo.europa.eu) **AND** [consultative-forum@easo.europa.eu](mailto:consultative-forum@easo.europa.eu) **by 16 February 2018**.

Within each area, please highlight the following **type of information**:

- NEW positive developments; improvements and NEW or remaining matters of concern;
- Changes in policies or practices; transposition of legislation; institutional changes; relevant national jurisprudence.

*You are kindly requested to make sure that your input falls within each section's scope. Please, refrain from including information that goes beyond the thematic focus of each section or is not related to recent developments. Feel free to use Section 16 to share information on developments you consider important that may have not been covered in previous sections.*

Name of the contributing stakeholder: End FGM European Network  
[Contact details]

1) Access to territory and access to asylum procedure

2) Access to information and legal assistance

3) Providing interpretation services

4) Dublin procedure

5) Specific procedures (border, accelerated, admissibility)

6) Reception of applicants for international protection

7) Detention of applicants for international protection

8) Procedures at First instance

9) Procedures at Second Instance

10) Availability and use of Country of Origin Information

**Improving information on countries of origin in the asylum system: focus on FGM**

**I. Country of origin information and safe countries of origin lists: the need for harmonisation and accuracy**

**a. Diversity and discrepancy**

**European Union Member States** currently use different country of origin information (COI) to assess asylum and subsidiary protection applications, including the credibility of the person applying for asylum and her/his well-founded fear of persecution or serious harm. Member States do not all adopt a gender perspective in their analysis of countries of origin, which undermines the evaluation of specific human rights violations, including FGM and other forms of gender-based violence (GBV). The **European Asylum Support Office (EASO)** COI reports are limited to a small number of countries<sup>i</sup>, although the database also gathers national and EU COI, which considerably widens the scope of countries covered. However, a clear understanding of the complex situation in all asylum-seekers' countries of origin, notably countries where FGM is practised, can be impaired by the absence of common accurate and gender-sensitive COI, which undermines the decision-making process in asylum cases.

This diversity in COI, the inconsistency in gender mainstreaming in analysis, including when not proactively raising the issue of FGM during personal asylum interviews, and varied methods used by Member States in the assessment of asylum claims, create **discrepancies and inequality of**

**treatment** of asylum-seekers between Member States<sup>ii</sup>, especially in GBV and FGM-related cases. Within the projected reform of the CEAS, EASO will become the European Union Agency for Asylum, notably to provide common COI and guidance to all Member States<sup>iii</sup>.

Women and girls, and even more so survivors\* of violence, are considered especially **vulnerable** in the asylum system, which does not consistently appear in COI or the proposed reform of EASO<sup>iv</sup>, and consequently in the assessment of asylum claims, at Member States and at EU level.

*We need a **coherent** asylum system across EU Member States. However, harmonising rules and procedures to achieve this objective should not erode standards. The EU and Member States must ensure **protection and enforcement of human rights are the core values in the asylum system**, including in the establishment of precise, sensitive and relevant COI, along with a coherent and consistent gender\* analysis. The EU and Member States must constantly work together to improve practices and strictly avoid lowering standards as regards international protection.*

### **b. Country of origin information and FGM-practising countries**

EU Member States and EASO COI are currently **limited**, incomplete and/or unspecific, notably when some gender-based human rights violations, such as FGM, are not systematically or adequately reported. For example, the Agency for asylum in Belgium officially uses COI for 10 countries<sup>v</sup>, including Guinea and Somalia, where FGM is widespread (97% and 98% prevalence rate). For Guinea, there is a specific COI report on FGM<sup>vi</sup>. However, for Somalia, Belgium uses an EASO report published in February 2016 on the security situation in the country<sup>vii</sup>, where gender-based violence is reported, but not FGM, which is not a security issue in itself, whereas EASO produced a document on South and Central Somalia mentioning FGM<sup>viii</sup>. France has also established a public country of origin information database for a large number of countries, mostly thematic reports. Their analysis includes reports on FGM in Mali, Nigeria<sup>ix</sup> and Yemen<sup>x</sup>.

EU Member States which receive a higher number of women and girls from FGM-practising countries have generally made an **effort to document the violation** through COI, indexed in the EASO database (for example Finland and the UK.), although the process is still very limited and ongoing. Furthermore, the consideration and use of COI or guidance notes when assessing a claim and a person's credibility is not always correct or consistent, depending on the Member State and/or the asylum officer in charge, and especially so in GBV- and FGM-related cases and where COI and/or analysis are inaccurate and/or incomplete<sup>xi</sup>.

In some EU Member States, the absence of accurate data on GBV in COI may often **negatively influence the assessment of a claim**<sup>xii</sup>, without prejudice to the fact that individual asylum officers gather data on a given country of origin, for example by consulting WHO or UNICEF databases, or use other forms of guidance<sup>xiii</sup> at their disposal.

***Consistent, precise and harmonised data and a systematic gender analysis** of countries of origin are useful and necessary at EU level, notably for countries where FGM is practised, **to ensure a fair and equal treatment** of individuals and related asylum claims, including when the claim is based on fear of FGM and/or other forms of GBV.*

### **c. Safe countries of origin lists: a detrimental generalisation**

A number of EU Member States have established safe countries of origin lists. The European Union also published an EU list of safe countries of origin<sup>xiv/xv</sup>, without applying a clear gender lens, and intends to provide Member States with a unique list of safe countries within five years after the reform of the CEAS.

The precision on the grounds justifying one country being safe varies between Member States. Some of them apply a **gender lens**. For example, the United Kingdom considers that Ghana,

Nigeria, Gambia, Kenya, Liberia, Mali and Sierra Leone are safe for *men*, not for *women*<sup>xvi</sup>. FGM is practised in all of these countries (respectively 4%, 25%, 75%, 21%, 50%, 89% and 90% prevalence rate<sup>xvii</sup>). Some others **nuance** the “safety” of given countries. For example, the Netherlands<sup>xviii</sup> have included Ghana, Senegal (25% prevalence rate) and India in their safe countries of origin list, but specify the need to nuance the assessment of the claim. Finally, other Member States classify some countries where FGM is practised as safe, such as France<sup>xix</sup> for Ghana, Senegal and Benin (9% prevalence rate) or Germany<sup>xx</sup> for Ghana and Senegal, without applying an obvious gender lens. It should be noted that FGM is not only practised in African countries, but also in Asia, the Americas, Australia, Europe etc. For example, some communities in India do practice a form of FGM, whereas India is considered a safe country of origin in France and the United Kingdom.

Consequently, safe countries of origin lists sometimes **overlook the potential or real harm and persecution to individuals**, notably as regards survivors or potential victims of FGM or other forms of GBV. Safe countries of origin lists may thus deprive persons applying for international protection of the full possibility to argue their case, including through an accelerated procedure. This potential deprivation of rights is emphasised in the proposed Asylum Procedures Regulation of the European Commission, which states that following the implementation of harmonised rules, applicants\* from “safe” countries should see their claim “quickly rejected”<sup>xxi</sup>: this provision may weaken or violate the principle of individual and contextual assessment of asylum claims and of the credibility of the applicant.

The use of safe countries of origin lists is **not justifiable**, notably because fear of persecution or serious harm may be independent of nationality and/or country of origin, and notably linked to race, membership of a particular social group, political opinion and/or religion. Furthermore, **gender-based violence, including FGM**, are internationally recognised as **human rights violations**, and FGM amounts to torture or ill treatment<sup>xxii</sup>, implying that survivors and potential victims should be treated as individuals with special needs, whatever their nationality may be, and individual assessment should be ensured.

Safe countries of origin lists imply a **generalisation** that may **undermine the protection of human rights of individuals seeking international protection**, including in FGM-related cases. Even if the EU and Member States must *legally* ensure asylum-seekers are heard on an individual basis, including in accelerated procedures and when the applicant comes from a “safe” country, and specifically in gender-related claims<sup>xxiii</sup>, the use of safe countries of origin lists may be incompatible with the universal protection of human rights, fundamental to the EU.

*Safe countries of origin lists constitute a **detrimental generalisation** that may weaken or violate the **principle of individual and contextual assessment** of asylum claims and of the credibility of the applicant, including in **FGM-related claims**.*

## II. **Improve COI: recommendations**

### **Accuracy, consistency and coherence in COI**

- EU Member States, EASO/Agency for Asylum and the EU should **gather, update, analyse and use COI in a gender-, culture- and child-sensitive way**.
- The EU, Member States and asylum officers and case workers must use relevant, precise and gender- and child-sensitive COI in a responsible way to assess credibility, in the interest of asylum-seekers.
- Member States, the EU and EASO/Agency for Asylum should avoid the use of safe countries of origin lists, at least when they are not supported by a clear and accurate gender-sensitive analysis

- Member States should **share information and start creating common COI**, before the reform of the CEAS, to avoid discrepancies and to provide a **higher level of protection** to asylum-seekers, especially in FGM-related and other GBV-related cases.
- Member States, EASO/Agency for Asylum and the EU must collect data on countries of origin through all **available relevant international, governmental and non-governmental sources**.
- Member States, supported by EASO/Agency for Asylum, must **coordinate efforts and resources** to organise fact-finding missions, particularly in FGM-practising countries of origin of applicants to international protection in the EU.
- The EU must ensure the new **Agency for Asylum** has the financial and human resources to fulfil its mission of providing and analysing common COI and of organising information networks on COI between Member States.

#### **Mainstreaming FGM and other forms of GBV in COI**

- Member States and the EU must constantly work in close relationship with **NGOs and CSOs** working to end FGM with survivors and affected communities, in the EU and in countries of origin, to establish COI that will also help to shape asylum, policy and national measures to prevent the practice and protect women and girls.
- FGM is on the EU agenda. All Member States must systematically **collect data** using a common methodology on FGM-related asylum cases to help them shape relevant COI and subsequent measures at European and national level on FGM.
- The new Agency for Asylum, as a mandatory source of COI analyses for and in cooperation with Member States, must systematically provide gender-, culture- and child-sensitive COI for all countries of origin of asylum-seekers, refugees and beneficiaries of subsidiary protection in the EU.
- Member States and the new Agency for Asylum must ensure **COI on FGM-practising countries** assess the prevalence rate of FGM<sup>xxiv</sup>, analyse the causes of its perpetuation, reflect the trend in the medicalisation of FGM<sup>xxv</sup>, and underline the consequences of FGM and related factors on women and girls.
- Thematic country information on FGM and COI on FGM-practising countries must never qualify any kind of FGM as a “lesser”, “lighter” or “symbolic” form of FGM.
- COI analyses must consistently mainstream gender, and notably detail **systemic and/or indiscriminate and systematic forms of violence and gender-based violence**.
- COI should include a general, gender-mainstreamed analysis of the situation in a given country - politics, economy, violence, human rights situation, power and gender relations etc. - and when relevant, thematic analyses and guidance on specific issues, such as FGM and other forms of gender-based violence against women and/or men, LGBTI rights, corruption etc.

#### **11) Vulnerable applicants**

## Understanding the complexity of FGM-related claims

### I. Raising awareness: gender, FGM and international protection

#### a. Unveiling the taboo: collecting data

It is estimated that the EU receives a few thousands FGM-related cases every year<sup>xxvi</sup>, without prejudice to the fact that women affected by FGM may also claim asylum on other grounds. Due to a lack of systematic data collection in most Member States as regards **the grounds for granting refugee or subsidiary protection status** and other relevant elements, including in **FGM-related claims**<sup>xxvii</sup>, the exact extent of the issue is unknown, which potentially impairs State and EU response to FGM.

**Systematic data collection on asylum claims** is crucial, especially in relation to FGM. By **highlighting the extent of the issue**, it would allow a more coherent and comprehensive approach and policy to FGM-related claims and treatment of FGM survivors at EU and national level, notably by ensuring women and girls are not unfairly deprived of international protection, which may happen in FGM-related claims. The current **lack of consistent and systematic data collection** on FGM-related claims undermines the transparency, efficiency, evaluation and fairness of the asylum system, but also affects the estimation of FGM prevalence in EU countries. As a consequence, refugees and beneficiaries of subsidiary protection may not get the **level of protection** they are entitled to as survivors of gender-based violence.

To allow systematic data collection, women and girls need to be able to disclose relevant information during their individual interview, which is only possible if they are well informed on the rights and procedures regarding international protection, if case officers are aware of and sensitive to gender-based issues, and if the interview circumstances allow for such disclosure.

*It is essential that FGM is highlighted in all relevant asylum files, even if it is not the ground for claiming or being granted international protection, so as to tailor appropriate and effective prevention and protection measures based on reliable data.*

#### b. Sensitivity: assessing credibility

FGM is a particularly complex subject in the spectrum of gender-based violence, and is not always recognised as a form of persecution in Member States. The End FGM European Network welcomes the new 2016 training programme developed by EASO for asylum officers, to further mainstream gender and correctly address the special needs and vulnerabilities of women and girls survivors of gender-based violence in the asylum system, including those affected by or at risk of FGM and those speaking out against the practice. Such training is currently scarce but essential for EU and national asylum officers, notably to **ensure a fair credibility assessment\*** during the personal interview, and to implement a **common approach** across EU Member States, which is still not the case.

In some EU countries, women may frequently not even be asked if they have undergone such violence and raise suspicions if they mention it in a subsequent interview. To respect their obligations and fundamental rights, notably the right to be heard<sup>xxviii</sup>, asylum authorities must **proactively raise the issue of FGM**, in a sensitive manner and in all personal interviews involving individuals, especially women and girls, who come from FGM-practising countries and affected communities.

Asylum officers must be trained to be **aware** of and **sensitive** to the practical, cultural and psychological reasons that may prevent women from disclosing spontaneously that they have been subjected to FGM or fear the practice. These barriers may include, among others, the lack of

knowledge of asylum procedures, the gender and/or the attitude of the interviewer and/or the interpreter, or the presence of the husband, children or other family members during the interview<sup>xxxix</sup>. Furthermore, FGM survivors and girls and women at risk of FGM, apart from those who are also anti-FGM activists, may consider the subject highly taboo and personal. Finally, FGM has short and long-term physical and psychological consequences on women, which along with complex family situations, may cause them to be unable or unwilling to make a precise account of the violence or to show no particular emotion when recounting it.

The **credibility assessment and burden of proof** must be weighed against these elements, and take into account the vulnerability of women and girls in FGM-related cases, both necessary steps that are currently not systematically undertaken. Indeed, applicants lodging a GBV- or FGM-related claim may frequently face a high standard of proof, including requirement for material evidence and a failure to apply the benefit of the doubt or consider the impact of trauma<sup>xxx</sup>.

*Lack of knowledge of FGM and **cultural, gender or child insensitivity or unawareness** during interviews may prevent women and girls from **speaking freely** about the deeply personal violence they have been subjected to, impairing the credibility assessment of their case and their rights. Yet, the **credibility assessment is a central element** in the evaluation of a claim.*

### c. Vulnerability and gender

Member States and the EU, including EASO/EU Agency for Asylum must address the lack of **gender, cultural and child sensitivity** among asylum case workers, which can stem from a lack of training, a lack of staff and means, a lack of time and related pressure to correctly assess a claim, or even a lack of political will.

Member States and the EU must also ensure asylum officers are aware of the extent of **gender-based violence** issues in countries of origin. To take into account all relevant aspects of a person's background, a holistic, contextual and sensitive analysis of the woman or girl's story, including her cultural, social, family and political background, must be conducted during the interview and when assessing her claim. This background may indeed constitute additional trauma for survivors and usually accentuates their vulnerability in the asylum system.

Although **women and girls**, especially those who have been subjected to GBV, including FGM, are considered as **vulnerable** in the asylum system, with related special needs, as laid out in international and EU recommendations, it is still **unclear** how this **vulnerability** is concretely assessed and addressed. In States where the procedure exists, it is unclear how and if States allocate **appropriate means** to this identification and how it **impacts on the assessment** of the claim. Vulnerability assessment is **not harmonised** at EU level<sup>xxxix</sup>, creating discrepancies between Member States with a further negative impact on **reception conditions**<sup>xxxii</sup> and **health and psychological care** of asylum-seekers and beneficiaries of international protection.

## II. Improve the asylum system: recommendations

### Implementing the existing framework

- A broad framework, including legislation, practical tools, guidance and recommendations, is *supposed* to be in place at national and EU level to properly address FGM-related claims. This framework<sup>xxxiii</sup> includes the following non-exhaustive list of elements:
  - FGM is globally recognised as a human rights violation<sup>xxxiv</sup>, a discrimination against women, a gender-based violence<sup>xxxv</sup>, and a form of torture or ill treatment<sup>xxxvi</sup>, all of which must be prevented according to **international human rights law**<sup>xxxvii</sup>. At national level, all EU Member States have a specific or a general criminal law condemning FGM.
  - The **Council of Europe Convention on preventing and combating violence against women and domestic violence**<sup>xxxviii</sup> (Istanbul Convention) requires States Parties to criminalise FGM

(art.38), to recognise gender-based violence against women as a form of persecution (refugee status) and serious harm (subsidiary protection status), to ensure a gender-sensitive interpretation of the 1951 Convention Relating to the Status of Refugees grounds and to develop gender-sensitive reception conditions (art.60). Only **seventeen EU Member States have ratified** the Istanbul Convention<sup>xxxix</sup>.

- The **EU Asylum Acquis**, enhancing the spectrum of the 1951 Convention Relating to the Status of Refugees, notably through the Qualification<sup>xi</sup>, Reception Conditions<sup>xii</sup> and Asylum Procedures<sup>xiii</sup> Directives, includes gender-based forms of persecution\*, including FGM, as grounds for claiming international protection, and recognizes FGM survivors and women and girls at risk as vulnerable. The European Commission's proposals to reform the CEAS<sup>xiii</sup> include the same obligations and a reference to the Istanbul Convention
- A **human rights- and gender-sensitive analysis of asylum claims**, including in GBV- and FGM-related cases, should therefore be an organic and mainstreamed **element in the concrete assessment of asylum claims**, which still remains variable and needs to be **addressed urgently**.

### **Training and awareness: essential considerations**

#### **a. Training**

- The EU and Member States must adequately invest, including through financial and human resources, in their national asylum systems and in the new Agency for Asylum, resulting in a higher number of trained and skilled asylum officers.
- The EU and Member States must develop and provide efficient gender-sensitive training to case-workers and other asylum officers, including interpreters, healthcare providers and reception staff, on demand and on a compulsory yearly basis.
- Member States and the EU must constantly work in close relationship with NGOs and CSOs working to prevent FGM with survivors and affected communities to provide relevant information and training to asylum officers.
- The EU and EASO/Agency for Asylum must ensure training, notably on credibility and vulnerability, and especially in gender- and FGM-related cases, is equivalent across the EU, implying a strong cooperation between Member States to establish high-level standards.
- To ensure the credibility and vulnerability assessments and subsequent burden of proof are gender-, child- and culture-sensitive, national and EU/EASO/Agency for Asylum training must emphasize the necessity for asylum officers to only use COI where such analyses are mainstreamed.
- The impact of trauma, culture, gender and violence, including FGM, must be an integral part of the training of asylum officers and of the assessment of applicants' statements and asylum claims.

#### **b. Data collection**

- The EU and Member States must immediately and systematically collect data on grounds for granting and refusing international protection, and disaggregate it by age, sex, citizenship/nationality and according to the reason(s) and/or violation(s) substantiating the claim and other relevant elements e.g. FGM, indiscriminate violence, political activism, sexual orientation, domestic violence etc.
- Data must be as precise as possible in order to further substantiate adequate measures as regards healthcare, trauma counselling, reception conditions and other support services for applicants, refugees and beneficiaries of subsidiary protection, and FGM-affected individuals in general, in the asylum and in the national systems.
- The EU and Member States must work towards adopting a common methodology in data collection, so data is comparable.



### **c. FGM-related claims**

- Asylum authorities must proactively raise the issue of FGM, in a sensitive manner and in all personal inter-views involving individuals, especially women and girls, who come from FGM-practising countries and affected communities.
- Member States must ensure asylum officers are fully aware of the health consequences and trauma, both physical and psychological, of FGM and how it violates human rights. They must also be aware that being a survivor of FGM, opposing and fearing the practice may mean that a woman or girl, and her family members, were subjected to other forms of violence.
- In FGM-practising countries, state protection from FGM is unlikely to be available, even in States where FGM is prohibited by law, and internal relocation may not be in the best interest of the woman or girl or the family, and may not stop her from being subjected or re-subjected to FGM, especially in areas and communities where FGM is the social norm.
- Human rights defenders working to end FGM in their country of origin and relatives of a woman or girl at risk of FGM opposing the practice, may be subjected to further pressure and violence, from communities and/or authorities.
- Survivors of FGM and GBV, women and girls at risk and their families, and anti-FGM activists and human rights defenders are therefore especially vulnerable and can qualify for refugee status, notably as members of a particular social group and/or for political opinion. Member States must refrain from restricting the scope of the grounds of the 1951 Convention Relating to the Status of Refugees.
- Member States must ensure that FGM survivors, women and girls at risk, and anti-FGM activists and human rights defenders have the possibility to make an independent claim from their relatives.

### **d. Human Rights and Procedures**

- The EU must ensure strict guarantees are in place at EU and national level in favour of asylum-seekers so the harmonisation of the CEAS does not weaken procedural rights, human rights, reception conditions and integration prospects of refugees and beneficiaries of subsidiary protection.
- The EU and Member States must refrain from evading their responsibility as regards international protection and human rights protection, especially by transferring it to third countries.
- Member States must refrain from applying the principle of dual criminality<sup>xliv</sup> when examining a case. Indeed, the criminalisation of FGM in countries of origin is hardly implemented and does not imply either an effective State protection or a shift in behaviours in affected communities. Member States and asylum officers must also refrain from considering that the absence of criminalisation in the country of origin impedes them from examining or validating a claim.
- All EU Member States must fully ratify and implement the Istanbul Convention as soon as possible.

**12) Content of protection – situation of beneficiaries of protection**

**13) Return of former applicants for international protection**

**14) Resettlement and humanitarian admission programmes**

**15) Relocation**

**16) Other relevant developments**

---

<sup>i</sup> EASO [Website](#)

<sup>ii</sup> European Commission - Reforming the Common European Asylum System: [Frequently asked questions](#), 13 July 2016

<sup>iii</sup> European Commission - [Questions and Answers](#): Reforming the Common European Asylum System, 4 May 2016

<sup>iv</sup> [Proposal for a Regulation on an European Union Agency for Asylum](#), 2016

<sup>v</sup> [CGRA Database](#), Country of origin information reports

<sup>vi</sup> [CGRA Database](#), [Les mutilations génitales féminines](#)

<sup>vii</sup> EASO, [Country of Origin Information on security situation in Somalia](#), February 2016

<sup>viii</sup> EASO, [Country of Origin Information Report on South and Central Somalia](#), August 2014

<sup>ix</sup> OFPRA Database, [Nos publications: Afrique](#)

<sup>x</sup> EASO & OFPRA, [Yemen. Les mutilations génitales féminines](#), March 2016

<sup>xi</sup> Cheikh Ali (H) et al. [Gender-related asylum claims- Study](#), November 2012, p. 69 to 71

<sup>xii</sup> Ibid.

<sup>xiii</sup> i.e.: Guidance produced by authorities that are not accessible to the public.

<sup>xiv</sup> [An EU “safe countries of origin” list](#)

<sup>xv</sup> [Proposal for an Asylum Procedures Regulation](#), July 2016

<sup>xvi</sup> AIDA (Asylum Information Database), [The safe country concepts, United Kingdom](#)

<sup>xvii</sup> [UNICEF data](#), updated February 2016

<sup>xviii</sup> AIDA, [Netherlands: the expanding list of safe countries of origin](#), February 2016 and Ministerie van Veiligheid en Justicie, [Expansion of national list of safe countries of origin](#), February 2016

<sup>xix</sup> Conseil d'Administration de OFPRA, [Décision du 9 octobre 2015 fixant la liste des pays d'origine sûrs](#)

<sup>xx</sup> AIDA, [The safe country concepts, Germany](#)

<sup>xxi</sup> [Proposal for an Asylum Procedures Regulation](#), July 2016

<sup>xxii</sup> [Report of the Special Rapporteur on Torture and other cruel, inhuman or degrading treatment or punishment, 2008](#)

<sup>xxiii</sup> [Directive 2013/32/EU](#) of the European Parliament and the Council of 26 June 2013 on common procedures for granting and withdrawing of international protection (recast), Recital 32

<sup>xxiv</sup> At national, regional and community level.

<sup>xxv</sup> Medicalisation of FGM is a worrying trend that is observed in a number of FGM-practising countries (Egypt, Guinea, Kenya, Nigeria, Mali, Yemen etc.), which is at least equally harmful as the traditional practice and highly unethical.

<sup>xxvi</sup> Forced Migration Review (mini-feature) [FGM and asylum in Europe](#), May 2015

- 
- xxvii Forced Migration Review (mini-feature) [FGM and asylum in Europe](#), May 2015
- xxviii [CJEU – C-277/11 M.M v Minister for Justice, Equality and Law Reform, Ireland, Attorney General](#) (2012)
- xxix Asylum Aid, [Stories : How the protection gaps affects women seeking protection from persecution](#)
- xxx Cheikh Ali (H) et al. [Gender-related asylum claims- Study](#), November 2012, p. 60 to 69
- xxxi Ibid, p.90 to 93
- xxxii AIDA, [Wrong counts and closing doors : the reception of refugees and asylum-seekers in Europe](#), March 2016
- xxxiii Binding and non-binding
- xxxiv [UN International Day of Zero Tolerance for Female Genital Mutilation; Resolution A/RES/69/150 Intensifying global efforts for the elimination of female genital mutilations](#), 18 December 2014; FGM is part of the Agenda 2030 [Sustainable Development Goals](#), under Goal 5 *Gender Equality* 5.3 Eliminate all harmful practices, such as child, early and forced marriage and **female genital mutilation**
- xxxv Ibid.
- xxxvi [Report of the Special Rapporteur on Torture and other cruel, inhuman or degrading treatment or punishment](#), 5 January 2016, p.17 & [Report of the Special Rapporteur on Torture and other cruel, inhuman or degrading treatment or punishment](#), 2008
- xxxvii [Convention on the Rights of the Child](#), 20 November 1989, notably articles 19, 22, 24 and 37  
[Convention on the Elimination of All Forms of Discrimination against Women](#), 18 December 1979, notably article 2, [International Covenant on Civil and Political Rights](#), 19 December 1966, notably article 7
- xxxviii [Council of Europe Convention on preventing and combating violence against women and domestic violence](#)
- xxxix As of 15 February 2018
- xl [Directive 2011/95/EU](#) of the European Parliament and the Council of 13 December 2011 on 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, notably article 9 and recital 30
- xli [Directive 2013/33/EU](#) of the European Parliament and the Council of 26 June 2013 laying down the standards for the reception of applicants for international protection (recast), notably article 21
- xlii [Directive 2013/32/EU](#) of the European Parliament and the Council of 26 June 2013 on common procedures for granting and withdrawing of international protection (recast), notably article 24
- xliii [Proposal for a Qualification Regulation](#) (2016); [Proposal for an Asylum Procedures Regulation](#) (2016); [Proposal for a revised Reception Conditions Directive](#) (2016)
- xliv “Applying the principle of dual criminality” would mean that a Member State would only assess an FGM-related claim if FGM was criminalised in the country of origin (and on the Member State’s territory). Consequently, women and girls coming from countries where FGM is not legally banned would see their claims rejected, impairing their right to international protection.