

# MEN STANDING UP FOR GENDER EQUALITY-MFGE

TRAINING MANUAL ON GENDER-BASED VIOLENCE IN  
THE CONTEXT OF ASYLUM:  
FOCUS ON FEMALE GENITAL MUTILATION/CUTTING  
AND CHILD, EARLY AND FORCED MARRIAGE

**Training key professionals working with vulnerable women including migrants, refugees and asylum seekers on gender-based violence and intercultural competence to better support the survivors and women and girls at risk.**



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tence to better support the survivors and women and girls at risk.*



*Dr. Pierrette Herzberger-Fofana, MEP  
Member of the European Parliament  
Patron of the MFGE project  
Brussels*

« Dear reader,

It is an honour and it gives me great pleasure to be appointed patron of the "Men Standing Up For Gender Equality" project.

This Project, financed by the European Union, aims to break the taboo surrounding female genital mutilation/cutting (FGM/C) and child, early and forced marriage (CEFM) through awareness raising, educational work, training and advocacy in Germany and France.

More than 200 million girls and women all over the world are affected by FGM/C. According to one prevalence study, 70,000 girls and women in Germany and 500,000 women and girls in Europe are living with the consequences of FGM/C and countless other girls and women are at risk. Such practices are often accompanied by other forms of abuse such as child marriage and forced marriage. Although FGM/C and CEFM are against German and French law, many girls and women in these countries are affected.

This shows that female genital mutilation/cutting and CEFM are important issues in Germany and France and pose a particularly difficult challenge. Among other forms of assistance, women and girls affected by FGM/C need medical help, social support and mentoring, as well as psychological support and legal advice. Affected families need to be empowered.

Key players in the relevant communities, experts in healthcare and social work, professionals in educational institutions, child protection experts and staff in accommodation for refugees often lack the necessary knowledge to deal with survivors or women and girls at risk sensitively. Healthcare professionals are often the contact persons who are expected to make decisions or are confronted with victims during the course of routine examinations. However, they do not always know how to deal with such situations sensitively and appropriately.

This Manual is intended to enable professionals who are confronted with women and girls who are affected or at risk of FGM/C to deal with them in a safe and secure way and advise them appropriately. This training Manual provides recommendations for action relevant to various occupational categories who may come into contact with women and girls survivors or at risk and is therefore a milestone in educational work on the issue of FGM/C and CEFM.

The engagement of men in child protection and women's rights issues is crucial in this context.

The transnational "Men Standing Up For Gender Equality" project consortium has succeeded in pooling many years of expertise and getting men involved in combating FGM/C and CEFM.

I hope you find reading it informative and wish all the project partners continuing success in their work.»



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# PREFACE AND ACKNOWLEDGEMENTS

**GENDER-BASED VIOLENCE IS ONE OF THE MOST REMARKABLE HUMAN RIGHTS VIOLATIONS AMONG ALL SOCIETIES, REGARDLESS OF THE CULTURE, RELIGION, ETHNICITY, NATIONALITY OR PLACE OF ORIGIN**

Gender-Based Violence (GBV) is a violent behaviour towards an individual because of her/his gender. Both men and women experience and suffer from gender-based violence. However, women and girls are disproportionately affected by this phenomenon. Worldwide, 30% of women have experienced physical and/or sexual violence at the hands of a partner or non-partner (WHO, 2017). Violence against women is an **expression of power inequalities** between women and men. Hence, gender-based violence is a **global issue**, as it hinders the contribution that women and girls can bring to economy, development, progress and peace in society. Ending genderbased violence is of public interest as it is key to sustainable development. Worldwide, 200 million women and girls have undergone FGM/C in 31 countries in Africa, the Middle East and Asia. **3 million girls are at risk of FGM/C every year** (UNICEF, 2013). Nearly **650 million girls and women were married as children** (UNICEF, 2018). In the European Union, 500,000 women live with the consequences of FGM/C and 180,000 girls are at risk each year (European Parliament 2009). In France, 125,000 women

have undergone FGM/C<sup>1</sup>, 4% of immigrant women living in France and 2% of girls born in France from migrant families, aged 26-50 have undergone a non-consensual marriage. 70,000 young women are reported to be potentially at risk of forced marriage<sup>2</sup>. In **Germany**, it is estimated that 75,000 women and girls are affected by FGM/C and 20,000 more are at risk<sup>3</sup>. Also, in September 2019, a study made by the women's rights group TERRE DES FEMMES showed that a total of 813 cases of married minors were registered<sup>4</sup> across the country. Figures of gender-based violence in Europe are increasing partly due to the **increase and feminization of migration** making FGM/C and CEFM European issues. The European Union must address these phenomena and anticipate and improve prevention, protection and care for survivors and girls at risk including migrants, refugees and asylum seekers. In this perspective, the training of professionals is essential to deal with these issues in a culturally sensitive way, and to identify and refer survivors, girls and women at risk of gender-based violence to adapted services. The European Union Agency for Fundamental Rights (FRA) (2016) has highlighted that GBV is under-reported by refugee women. One key problem for refugee women not reporting GBV crimes is a **lack of training of professionals in identifying and dealing with GBV survivors**. All professionals working with vulnerable women including migrants, refugees and asylum seekers should be trained in gender-based violence to be able to better support the survivors.

Furthermore, professionals should be trained to gain **intercultural competence**. Intercultural competence gives the ability to understand, communicate and effectively interact with people across cultures. It allows being aware of one's own stereotypes and developing positive attitudes toward cultural differences. A professional's own perceptions and level of knowledge of different countries and cultures can affect how s/he approaches a beneficiary.

Cultural differences show in different ways of thinking, learning and behaving. Some at-

titudes or non-verbal language such as not looking a person in the eyes can be interpreted as suspicious or lack of interest in a European culture. For some migrants, it is a sign of politeness and respect. A discussion with a foreigner often takes longer than with a French or German person for instance. In many cultures, greetings take a certain time. During this time, people settle down, learn who they are dealing with and how they should behave. In many cultures, getting straight to the point is not appropriate. Differences also show in difficulties to answer to yes or no questions. Yes or no do not exist in certain cultures. Some people may always say yes to be polite.

In addition, issues of gender-based violence and sexuality are taboo for most migrants. Opening up to professionals on these issues is challenging. Some women may be evasive in their answers though they have been through situations of violence.

Knowing every culture you are dealing with is not possible. However, being aware that one's own beliefs and habits are not the norm for everyone and considering cultural differences will help avoiding a lot of misunderstandings.

The project partners have a long experience working with migrant communities. They have worked in the frame of the EU co-funded projects CHANGE, CHANGE Plus and Let's CHANGE with multipliers from affected communities. They have supervised a large number of behaviour change activities and community events. They have developed concepts for trainings of professionals conducted by themselves as project workers or by trainers from communities. They have built strong partnerships with leaders in the communities, community-based organisations in their cities, local NGOs and local authorities.

The MFGE project is co-funded under the European Union's Rights Equality and Citizenship programme.

( 1. ) Lesclingand M, Andro A, Lombart T. Estimation du nombre de femmes adultes ayant subi une mutilation génitale féminine vivante en France. Bull Epidemiol Hébdom. 2019;(21):392-9. [http://beh.santepubliquefrance.fr/beh/2019/21/2019\\_21\\_1.html](http://beh.santepubliquefrance.fr/beh/2019/21/2019_21_1.html)

( 2. ) MIPROF. La lettre de l'observatoire national des violences faites aux femmes. N°3. Octobre 2014.

( 3. ) [https://www.frauenrechte.de/images/downloads/fgm/TDF\\_Dunkelzifferstatistik-2020-mit-Bundeslaender.pdf](https://www.frauenrechte.de/images/downloads/fgm/TDF_Dunkelzifferstatistik-2020-mit-Bundeslaender.pdf)

( 4. ) <https://www.dw.com/en/child-marriages-in-germany-present-a-challenge-for-authorities/a-50540043>

## LIST OF ACRONYMS

**BAMF** : Federation Office for Migration and Refugees (Germany)

**CEDAW** : Convention on the Elimination of all forms of Discrimination against Women

**CEFM** : Child, Early and Forced Marriage

**CNDA** : National Court of Asylum Right

**EU** : European Union

**FGM/C** : Female Genital Mutilation /Cutting

**FRA** : European Union Agency for Fundamental Rights

**GBV** : Gender-Based Violence

**MFGE**: Men Standing up for Gender Equality

**NGO**: Non-Governmental Organisation

**OFPPRA** : French Office for the Protection of Refugees and Stateless Persons (France)

**PTSD** : Post-Traumatic Stress Disorder

**SGBV**: Sexual and Gender-Based Violence

**UN**: United Nations

**UNFPA**: United Nations Population Fund

**UNHCR** : United Nations High Commissioner for Refugees

**VAWG** : Violence Against Women and Girls

**WHO**: World Health Organisation



# GLOSSARY

## **REFUGEE**

is someone who has left her or his country of origin and is unable or unwilling to return there because of a serious threat to her or his life or freedom. Refugees are entitled to protection from forcible return to their country of origin (the principle of non-refoulement) and have other rights and duties that are set out in the 1951 Convention relating to the Status of Refugees. After the refugee status determination process, a refugee can benefit from refugee status or subsidiary protection.

## **ASYLUM SEEKER**

is a general designation for someone who is seeking international protection. In some countries it is a legal term referring to a person who has applied for refugee status and has not yet received a final decision on her or his application. Not every asylum seeker will ultimately be recognised as a refugee. However, an asylum seeker should not be sent back to her or his country of origin until the asylum application has been examined in a fair procedure.

## **MIGRANT**

is best understood as someone who chooses to move, not because of a direct

threat to life or freedom, but in order to find work, for education, family reunion, or other personal reasons.

Unlike refugees, migrants do not have a fear of persecution or serious harm in their home countries. However, undocumented migrants can be in more precarious situation than asylum seekers or refugees in terms of access to regularisation, housing and job.

## **GENDER**

refers to the social differences between men and women that are learned, changeable over time and have wide variations both within and between cultures. In other words, it is the cultural definition of what it means to be a man or a woman. It is more about the socioeconomic variable to analyze roles, responsibilities, constraints, opportunities and needs of men and women in any context. It is a social construct whereas sex is a biological characteristic.

## **INEQUALITY**

is the state of not being equal, especially in status, rights, and opportunities. This state produces inequalities which can be of both living conditions and opportunities. The distribution of wealth and resources is too often unequal, creating tremendous dis-

crepancies between individuals or groups. Different systems of oppression might prevent one person or group to access the same resources as other individuals or groups. Inequalities are produced and reproduced through individual, collective and institutional behaviours that form a system of oppression, which favour some groups or individuals over others.

### **GENDER INEQUALITY**

In a patriarchal system of domination and discrimination against women, it is important to understand that men and boys are generally valued more than women and girls and have greater decision-making power. Men, for example, are usually paid higher salaries for the same work and can move around more freely than women. Moreover, girls and women are not allowed to act on their own behalf and make their own decisions on issues that affect them. This imbalance in power and privileges can naturally lead to a systemic violence that will affect the “weaker” part unfavourably.

### **VICTIM-BLAMING**

is a devaluing act that occurs when the survivor is held responsible, partly or in whole, for the crime that has been committed against her or him. This blame can appear in the form of negative social responses from legal, medical, and mental health professionals, as well as from the media, immediate family members and/or other acquaintances. There is current prejudice against the survivors of domestic violence and sex crimes, such as the greater tendency to blame survivors of rape compared to other forms of crimes.

### **RE-TRAUMATISATION**

is a conscious or unconscious trigger of past trauma that results in re-experiencing the initial trauma event. It can be triggered by a situation, an attitude or expression, or by certain environments that replicate the dynamics (loss of power/control/safety) of the original trauma. Systems that operate in isolation, with fragmentation of autho-

riety and lack of accountability, systems that lack adequate resources to provide necessary services can re-traumatise survivors.

### **SECONDARY VICTIMISATION**

occurs when the survivor suffers further harm not as a direct result of the criminal act but due to the manner in which institutions and other individuals deal with the survivor. Secondary victimisation may be caused, for instance, by repeated exposure of the survivor to the perpetrator, repeated interrogation about the same facts, the use of inappropriate language or insensitive comments made by all those who come into contact with survivors.

### **MULTIPLE AND REPEAT VICTIMISATION**

The concept of multiple victimisation refers to survivors who have suffered from two or more different types of crime or violence within a specific reference period. Survivors of repeat victimisation have suffered more than one time from the same type of crime.

## INTRODUCTION TO THE MEN STANDING UP FOR GENDER EQUALITY MFGE PROJECT

The project «Men Standing up for Gender Equality - MFGE» tackles violence against women and gender-based violence, FGM/C and CEFM in particular. The project is specifically aimed at **engaging men in tackling violence against women**. In order to put a lasting end to all forms of violence, men, women and young people must be encouraged to question the unequal relationships between women and men. Unfortunately, men are poorly targeted by awareness raising projects aiming at **gender equality**. MFGE is seeking to close this gap.

MFGE addresses men in refugee camps and migrant communities in Hamburg, Berlin and Paris. The project engages men in social norms and behaviour change in order to end tolerance of all forms of GBV and violence against children based on the EU Charter of Fundamental Rights, the UN Rights of the Child Convention and the Istanbul Convention.

MFGE is implemented by three non-profit civil society and human rights organisations. LESSAN, TERRE DES FEMMES and Femmes Entraide et Autonomie are all experienced in community-based approaches and well connected to migrant communities. An external evaluator, who is sociologist, is in charge of the project evaluation.





## OBJECTIVES

- Involving men in tackling FGM/C and CEFM as forms of Gender-Based Violence (GBV) through capacity building;
- Changing social norms and behaviours in order to decrease GBV and violence against children through prevention work within refugee camps and affected communities;
- Empowering refugees and migrants to be aware of GBV and enforce their rights;
- Sensitising key professionals working with refugees to be aware of GBV, to gain intercultural competence, and better assist and protect vulnerable girls and women.

## METHODOLOGY

The methodology of the project is based on the report of Sara Rafael Almeida<sup>5</sup> proposing guidelines and success factors for effective and behaviour change based on behavioural science. This approach was used in the design of the MFGE project to identify the behavioural causes of GBV, the target groups of the actions, the target behaviours the project aims to tackle and behavioural levers within the communities that can foster change.

The **behavioural causes of GBV** that have been identified are patriarchy, unequal gender relations, denial of girls' and women's rights, unequal opportunities for women and men, poverty, social norms and culture. The project targets are men in particular, communities, relevant professionals and the general public. The identified target behaviours relate to ending social and cultural tolerance of violence against girls and women, involving men in prevention actions, bringing more men to take a stand and defend girls and women rights in private and public spheres, having professionals interact with survivors in a culturally sensitive way and detect and avoid re-traumatising situations.

For an effective approach to tackling the aforementioned, a good knowledge of the communities, the actors and power dynamics, realities, potentialities, needs and constraints is necessary and will be defined with communities.

The outreach work comprises identifying the important actors and decision makers

in the refugee centres/communities. The identification will be achieved through exchange with the staff in the refugee shelters and representatives of different communities from western, eastern and northern Africa, Syria, Iran, Iraq and Afghanistan and other groups present in the shelters.

The CHANGE Mediators are members of these groups. They will represent different categories of origin and age, in order to facilitate **transcultural and transgenerational communication**. All of them have in common the belief in the abandonment of GBV, in particular FGM/C and CEFM, the opposition to violence against women and children and broad social networks to transfer knowledge through their activities.

The external evaluation of the project is entrusted to an academic and sociologist. The evaluation will focus on the quality and impact of the activities. It will cover awareness-raising activities, trainings of professionals, the social media campaign and all project deliverables.

## ACTIVITIES

The activities aim to identify and train 30 male CHANGE Mediators through capacity building sessions; empower 1,500 refugees and migrants through awareness-raising activities; and sensitise key professionals working with refugees, asylum seekers and migrants. A social media campaign is designed to have an impact on 10,000 people in targeted communities. Gender and child rights are mainstreamed in MFGE from designing to evaluation.



## PROJECT PARTNERS

The MFGE project is implemented by a partnership of three non-profit civil society and human rights organisations fighting against FGM/C and CEFM as forms of GBV in two EU member-states. They are all experienced in community-based work and very well connected with the local migrant communities.

**LESSAN e.V.**, project coordinator, is a non-profit organisation that promotes the social and professional integration of people with a migration background through transcultural and artistic projects as well as films on gender-based violence. LESSAN's main areas of focus are awareness-raising in affected communities on female genital mutilation/cutting, violence against women and girls, racism and discrimination and trainings for key professionals in several institutions on these areas.

In order to better protect affected girls and women, the founder of LESSAN e.V. initiated in 2018, the letter of protection also called "statement opposing female genital mutilation/cutting in Hamburg, Germany" in cooperation with the Ministry of Justice, Ministry of Labour, Social, Family Affairs and Integration, Ministry of Interior and Sports and the Ministry of Health and Consumer Protection of the Free and Hanseatic City of Hamburg.

LESSAN is active in lobbying at international, national and local level to improve the situation of affected women. The organisation was nominated for the Chancellor's national integration prize in October 2020.

### **FEMMES ENTRAIDE ET AUTONOMIE**

FEA, project partner, is a non-profit organisation based in France. FEA's mission is to favour the integration of migrant populations in France and to promote girls' and women's health and rights in France and



beyond. FEA seeks to improve access to rights, healthcare and services, culture for women and youth, particularly those with a migrant background. The organization is active in promoting gender equality and awareness-raising on sexist and sexual violence. FEA activities concern reception, information and orientation, awareness raising and training.

FEA works towards eradicating the harmful practices of FGM/C and CEFM within diaspora communities in France and builds bridges with countries of origin for sustainable change.

**TERRE DES FEMMES** - Menschenrechte für die Frau e.V., project partner, is the leading German non-profit women's rights organisation and experienced in the coordination and implementation of successful EU projects tackling gender-based violence, such as CHANGE, CHANGE Plus and Let's CHANGE as coordinator, UEFGM and Gender ABC as partner.

TERRE DES FEMMES supports girls and women through advocacy and public outreach, campaigning and lobbying, international networking, and the promotion of individual projects. TDF's core topics are FGM/C, CEFM, honour crimes, women trafficking and prostitution, and domestic and sexual violence.

**MFGE is further supported by public authorities:** The Federal Ministry for Family Affairs, Senior Citizens, Women and youth (BMFSFJ) in Germany, and the municipality of Paris 19th in France. They engage themselves in facilitating the dissemination of deliverables to the public or targeted professionals, communicating on the project and good practices developed, and in facilitating and attending public events.

# OBJECTIVES AND TARGETS OF THE TRAINING MANUAL

In issues related to violence in general and violence against women and girls in particular, training of professionals regularly comes as **a key recommendation** from civil society organisations, as well as national and European bodies. In order to prevent violence against women, the Istanbul Convention recommends to provide training for professionals that come into contact with survivors of all forms of violence against women (Article 15), including forced marriage and FGM/C.

By training professionals in medical, social, asylum, legal and law-enforcement professions, as well as immigration officials, the aim is to **ensure quality services** to women and girls affected or at risk of gender-based violence; to acquire a survivor-centred approach; and to sensitise on and avoid causing secondary victimisation. **Gender-based violence is underreported** by refugee women. This is partly due to the fear of **secondary trauma**. Actually, women affected by GBV might tell their story to several professionals or volunteers which can be detrimental to their mental health. They will do so because they might fear the consequences on the outcome of their application if they don't. They can also face **victim-blaming attitudes** from professionals or their families. Training of professionals is also helpful in raising awareness on ensuring information and confidentiality rights and the need to respect the survivor's dignity in their everyday work with refugee and migrant women.



## OBJECTIVES

- To raise awareness among professionals on GBV affecting refugee and migrant women in particular with a focus on FGM/C and CEFM;
- To understand the social, cultural, psychological and economic challenges for women seeking asylum and their potential consequences on the outcomes of the asylum application;
- To enable professionals working with asylum seekers, refugees and migrants to identify and respond to the needs of survivors and girls and women at risk of GBV, in particular FGM/C and CEFM; and
- To be aware of one's own world view and gain intercultural competence as a key professional.

**The trainings are aimed at key professionals working with asylum seekers, refugees and migrants.**



## NOTE TO TRAINERS

- **The training manual can be used by :**

- project workers to train professionals who come in contact with refugee and migrant women and girls, in social, health and education sectors, in reception centres, shelters, and outside these settings
- professionals themselves to gain knowledge on GBV, challenges encountered
- by survivors and acquire intercultural competence

- The manual consists of **8 modules** divided into **3 main parts**. The modules are independent from each other. You do not need to strictly follow the order of the modules.

- **Tailor your training sessions according to the needs and interests of your training participants.** The trainer can choose to give training only on modules that cover the most relevant information for the training audience.

- **Fit your training into your national context.** In the preparation phase, trainers may need to do additional research on country specific resources, legal information and data to support the development of the training plan.

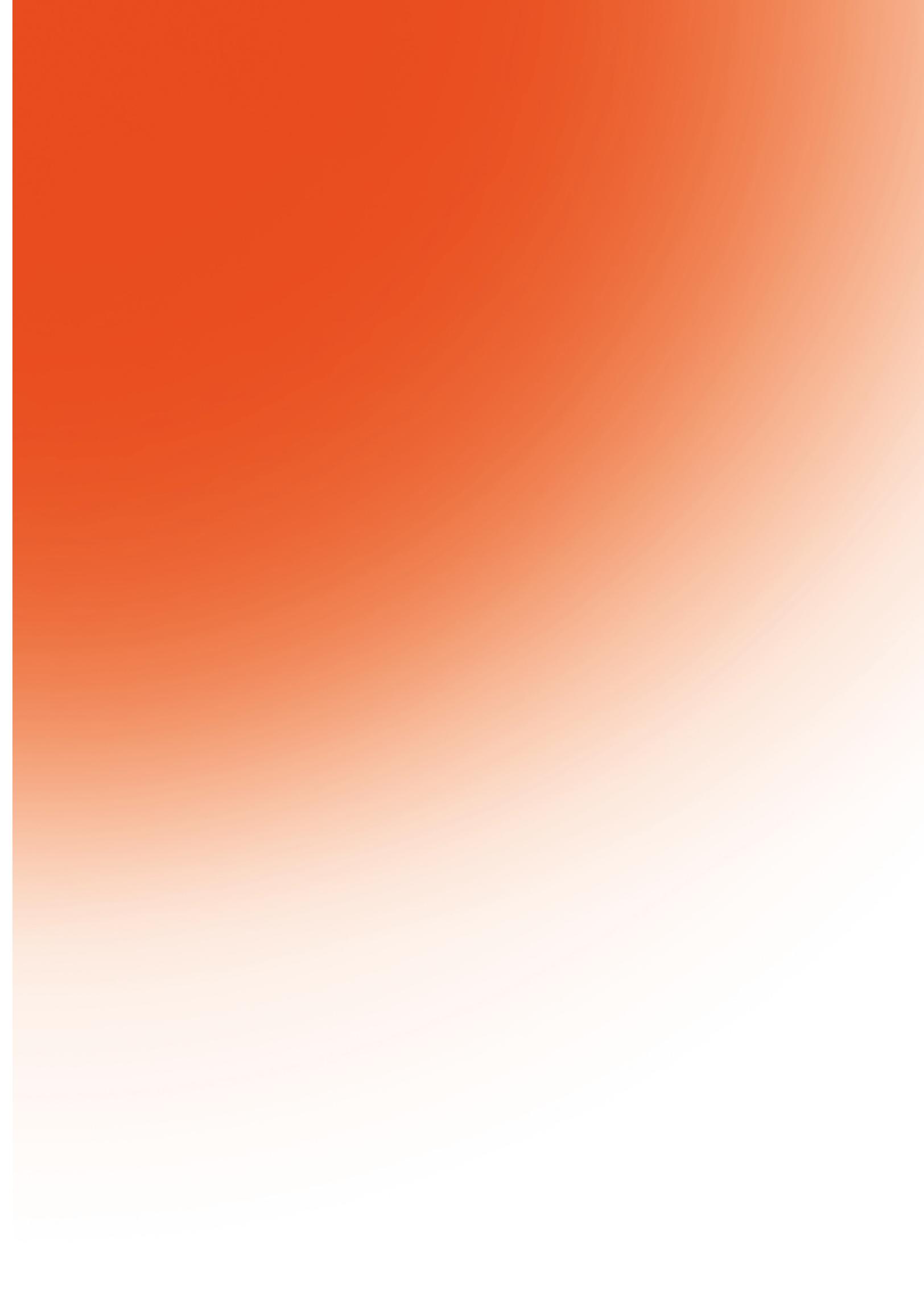
- **Your training must be interactive!** Some chapters include practical exercises that are aimed at raising awareness and promoting participants' engagement

- **Be creative!** You can also decide to do some more research and find new practical exercises, short videos, ice-breakers, energizers. The trainer should also provide participants with training handouts and additional materials.

- The manual includes **boxes** with additional topics for information and reflection to develop during the trainings or to be used as handouts.

- Ask training participants to fill in an **evaluation questionnaire** at the end of your training. This will help you to figure out how you can improve and adapt for your next session.

- **Invite external experts** for certain modules that are not your first area of expertise (e.g. Post-Traumatic Stress Disorder [PTSD], re-traumatisation, intercultural competence etc.).



# PART I

RAISING  
AWARENESS  
ON FORMS  
OF GBV AFFECTING  
REFUGEE AND  
MIGRANT WOMEN.

FOCUS ON FGM/C AND CEFM



## OBJECTIVES

- To take stock of existing knowledge on different forms of GBV affecting refugee and migrant women
- To acquire additional knowledge on FGM/C, CEFM and the links between both practises
- To better understand the social, cultural, psychological and economic challenges for girls and women in their asylum seeking process, and the consequences of those challenges on their application

# MODULE 1

## HOW MUCH DO WE KNOW ABOUT GBV, FGM/C AND CEFM?



### ACTIVITY 1

#### INSTRUCTIONS

The trainer makes copies of the 3 tables below with forms, consequences of GBV and the legal framework. S/he divides the participants in groups. Each group is given one sample of the 3 tables. The groups have 15 minutes to fill in the tables.

**Table 1. Forms of GBV**

	PHYSICAL VIOLENCE	SEXUAL VIOLENCE	PSYCHOLOGICAL AND EMOTIONAL VIOLENCE	ECONOMICAL VIOLENCE	HARMFUL TRADITIONAL PRACTICES
STATE/POLITICAL					
COMMUNITY/ ENVIRONMENT					
FAMILY/ INDIVIDUAL					

#### DISCUSSION

The trainer completes the information given by participants (see Annex 1), guides the participants in making the links and identifying the fact that FGM/C and CEFM encompass the different forms of violence that can occur. They also realise the fact that in some communities, both practices intersect.

**Table 2. Consequences of GBV**

	PHYSICAL	SEXUAL & REPRODUCTIVE HEALTH	PSYCHOLOGICAL	SOCIAL & ECONOMIC
GENDER-BASED VIOLENCE				

## DISCUSSION

The trainer completes the information given by participants (see Annex 2). Here, it is interesting to understand how physical, psychological and social consequences overlap. Some consequences are not more damaging than others. It is important to understand how women experience violence in order to provide tailored assistance.

Women with disabilities, for example, are more vulnerable to violence. They are more at risk of physical and sexual assaults due to the fact that they are less able to protect themselves.

**Table 3. Legal Framework**

	INTERNATIONAL	EUROPEAN	NATIONAL/LOCAL
GENDER-BASED VIOLENCE			
FGM/C			
CEFM			

## DISCUSSION

The trainer completes the information given by participants (see Annex 3).

At European level, the Istanbul Convention addresses FGM and CEFM directly. The Convention requires member states to provide legal, psychological, health and social services, easily accessible shelters and referral centres and in sufficient numbers for survivors of gender-based violence. Parties should assure training of professionals. For refugee women affected by GBV, the implementation of the Convention should ensure that the asylum procedure as well as the support services are gender-sensitive.



**The Istanbul Convention defines gender-based violence as violence that is directed against a woman because she is a woman or that affects women disproportionately.**

The **causes** of gender-based violence include patriarchal societies, sexism, social and economic inequalities but also conflicts and crisis, poverty and lack of basic livelihood opportunities, women’s economic dependence, lack of education, cultural norms and acceptance of violence against women. **Factors of risks** are related to biological and personal characteristics, family, community and state’s social, political and economic settings.

# MODULE 2

## BACKGROUND INFORMATION ON FORMS OF GBV AFFECTING REFUGEE AND MIGRANT WOMEN



### FEMALE GENITAL MUTILATION/CUTTING

#### INTRODUCTION

Female Genital Mutilation/cutting (FGM/C) describes the different types of mutilation performed on the female genital organs. FGM/C is a form of violence against the female body and a violation of girls' and women's fundamental rights.

The World Health Organisation (WHO) defines FGM/C as: "all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons".

There are **four types of FGM/C** classified by the WHO (See Annex 5):

- TYPE I: Excision of the prepuce and part or all of the visible clitoris
- TYPE II: Excision of the prepuce and clitoris to-

gether with partial or total excision of the labia minora

- TYPE III: Infibulation: excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening
- TYPE IV: Pricking, piercing, incision, stretching, scraping or other harming procedure on clitoris and/or labia

FGM/C is an age-old practice widely spread around the globe. The practice seems to have appeared before the great monotheistic religions in the regions that today correspond to Egypt and Sudan. Egyptian mummies are said to bear marks attesting to the act. It is strongly rooted in custom and traditions. It is performed in many countries all over the world, by certain ethnicities in the countries of origin and migrants from communities supporting the practice. **An estimated 200 million girls and women alive today have been subjected to FGM/C in 31 countries** around the world (see the map in Annex 6). According to UNFPA's estimations, 68 million more are at risk of having the practice performed on them before the year 2030.

## CAUSES OF FGM/C

FGM/C is a social norm in communities who practise it. In those communities, being cut ensures social integration, sense of identity, cultural belonging and marriageability. Not performing FGM causes rejection and alienation. FGM/C is a taboo topic. It is not discussed in communities and in families. Survivors do not speak about it as it is a very intimate issue.

Many reasons are given to justify FGM/C. The main one is control of the sexuality of girls and women. Some think that cutting girls will reduce their sexual drive. It will prevent them from having sex before marriage. When they are married, they will not have extramarital relations.

Other reasons are linked to:

- Religion,
- Purity,
- Hygiene,
- Beauty,
- Superstitions,
- Preparation for marriage,
- etc.

## CONSEQUENCES

FGM/C is performed at various ages according to the communities. FGM/C has life-long and harmful consequences on girls and women affected. The consequences can be physical and/or psychological.

### *Physical*

- severe pain,
- bleeding that can cause death,
- tetanus,
- urinary retention,
- problems during menstrual periods,
- obstetrical fistulas,
- caesarean sections and tears in the event of childbirth,
- fetal suffering,
- pain during sexual intercourse,
- keloid formation,
- sterility,
- hepatitis B and C,
- HIV/AIDS,
- etc.

### *Psychological*

Complications are common, regardless of the age at which genital mutilation has been performed. These complications often translate into:

- shock,
- behavioural problems,
- signs of anxiety,
- depression, trauma,
- chronic irritability,
- fear and rejection of sexual intercourse,
- etc.



## FGM/C IN FRANCE AND GERMANY

In France, the number of women and girls affected by FGM/C is estimated at 124 355 (2019)<sup>6</sup>. 12 - 21 % of girls aged 0-18 born in their country of origin or in France from families originating from FGM/C practising countries are at risk of FGM/C<sup>7</sup>.

In Germany, it is estimated that 75 000 women are affected by FGM/C and 20 000 girls are at risk<sup>8</sup>.

In both countries, **FGM/C is considered a crime** and punished by law.

In France, FGM/C is punished by 10 years imprisonment and a fine of 150 000 euros. The prison sentence is 15 years if FGM/C is performed on a child aged under 15, and 20 years if committed by an ascendant or any person who has authority on the child.

In Germany, FGM/C is punishable by a prison sentence of up to 15 years (Sec. 226a German Criminal Code - StGB). Since 2015, tempo-

rarily driving abroad a daughter residing in Germany for the purpose of subjecting her to genital mutilation will remain punishable under German criminal law (Sec. 5 para. 9a lit. b StGB). Since 2016, people who want to travel abroad with girls or women for the purpose of performing genital mutilation may have their passport withdrawn (Sec. 8 in connection with Sec. 7 para. 1 no. 11 German Passport Act - PassG). They may be refused a passport for the same reason (Sec. 7 para. 1 no. 11 PassG). As women and girls living in the EU might be brought to their parents' country of origin or a third country to undergo FGM/C, **the principle of extraterritoriality** is of utmost importance, enabling the majority of European States including France and Germany to prosecute the practise of FGM/C when it is committed outside their borders.

**Professionals have the responsibility to report any risk of FGM/C.** In France, any professional or citizen who does not report the danger incurred by a girl threatened with genital mutilation, whether the mutilation is planned in France or abroad (Article 223-6 of the Criminal Code), is liable to prosecution for failure to assist a person in danger.



### WORDS MATTER

FGM/C is a taboo topic in communities that practise it. Like other issues related to sexuality and intimacy, it is not discussed in families. In the European context, girls and women are caught in general in a conflict of loyalty between the culture of their families and the rights in their countries of birth or residence. Survivors' identities are not limited to being affected by FGM/C. They refuse to define themselves only as women who have been cut. The words we use to name the survivors (survivor/victim) or the practice (mutilation/cutting/cultural name) are important. These subjects must be handled very sensitively. To avoid secondary/re-traumatisation, the professional can ask women the words they prefer that s/he uses.

( 6 ) LESCLINGAND M, ANDRO A, LOMBART T. ESTIMATION DU NOMBRE DE FEMMES ADULTES AYANT SUBI UNE MUTILATION GÉNÉTALE FÉMININE VIVANT EN FRANCE. BULL EPIDÉMIOL HEBD. 2019;(21):392-9. [HTTP://BEH.SANTEPUBLIQUEFRANCE.FR/BEH/2019/21/2019\\_21\\_1.HTML](http://beh.santepubliquefrance.fr/beh/2019/21/2019_21_1.html)

( 7 ) ESTIMATION OF GIRLS AT RISK OF FEMALE GENITAL MUTILATION IN THE EUROPEAN UNION BELGIUM, GREECE, FRANCE, ITALY, CYPRUS AND MALTA, EIGE, 2014

( 8 ) [HTTPS://WWW.FRAUENRECHTE.DE/IMAGES/DOWNLOADS/FGM/TDF\\_DUNKELZIFFERSTATISTIK-2020-MIT-BUNDESLAENDER.PDF](https://www.frauenrechte.de/images/downloads/fgm/tdf_dunkelzifferstatistik-2020-mit-bundeslaender.pdf)



## CHILD, EARLY AND FORCED MARRIAGE

### INTRODUCTION

“**Child marriage**” is a formal marriage or an informal union in which at least one of the parties is a child.

“**Early marriage**” is often used interchangeably with “child marriage” and refers to marriages involving a person aged below 18 in countries where the age of majority is attained earlier or upon marriage.

**Forced marriage** is defined as “any marriage which occurs without the full and free consent of one or both of the parties and/or where one or both of the parties is/are unable to end or leave the marriage as a result of duress or intense social or family pressure” (Annual Report of the UN High Commissioner for Human Rights, 2014).

CEFM is a harmful practise. While boys and young men can be survivors, it disproportionately affects women and girls. According to recent UNICEF data, it is estimated that **12 million girls are married every year before they reach the age of 18**. This translates into 23 girls every minute, or 1 every 2 seconds – girls (and young women) who are married off too soon and too young, endangering their personal development, health and overall wellbeing (See map CEFM in the world. Annex 7).

Forced marriage is a serious violation of the human rights of women and girls. It is one of the forms of violence specifically against women and disproportionately affecting them recognised by the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the Istanbul Convention).

Forced marriage can involve women and men. However, girls and women account for most of the survivors. Moreover, in social contexts characterized by unequal gender roles, the repercussions on the lives of girls and women are exacerbated. In fact, they are subject to marital rape, domestic and intra-family violence, early and/or unwanted pregnancies, assignment to the role of wife and mother, dropping out of school, etc. Forced marriages involve minors and adults.

If minors cannot be civilly married because of their age, they are at risk of religious or customary unions. They may also be survivors of forced marriage in a country where the legal age of marriage is less than 18. They may also be promised in marriage at a very young age.

Marriage is based on the free consent of the spouses. Both of them have the right to choose whom to marry and when. Forced marriage refers to any union, whether civil, religious or customary, in which one or both persons have been **threatened and/or subjected to violence in order to force them to marry**. Such violence and threats may be directed at the survivor or at a third person close to her/him.

There is also coercion when the person is not capable of giving consent because of her or his young age or a particular vulnerability. This is why early marriages (before the age of 18) are forced marriages.

Forcing to marry can be exercised by one or both of the parents, other family members, the future husband and/or future in-laws.

**This constraint is implemented by different means**, often cumulative and repetitive. It may involve physical, sexual, psychological or verbal violence; control and prohibitions in order to isolate the person at risk; the use of false family, emotional, cultural and/or religious justifications; deception to convince the person at risk to go abroad. Moreover, forced marriage often occurs in a context of other pre-existing forms of violence in the family.

Some families resort to emotional blackmail and guilt in order to impose forced or early marriage. It is therefore important to remind the survivor or person at risk that this is not her/his fault. Conflict of loyalty to the family is one of the obstacles faced by people at risk of forced and/or early marriage, torn between their way of looking at life and family obligations. This type of violence is difficult to report. It is by raising other issues that most survivors or girls/boys at risk will confide in a professional.

Forced marriages have always existed, on all continents. They are not specific to any particular culture or religion.

## WHO ARE THE SURVIVORS AND PEOPLE AT RISK IN EUROPE?

Women, minors and young adults (15-25 years old) are the main survivors or people at risk of forced marriage.

They can be natives of the Maghreb (Morocco, Algeria, Tunisia), Sub-Saharan Africa (Mali, Senegal, Guinea, Mauritania...), Turkey, Chechnya, South Asia (India, Pakistan, Sri-Lanka...), Europe (Romania, Armenia, Albania...), Latin America, etc.

The professionals should **avoid stereotyping** survivors and people at risk of forced marriage in terms of their age, origin or gender.

Forced marriage may be planned or have taken place in Europe, in the country of origin of the survivor or her parents', or in a third country. Some migrant women come to Europe to join a forcibly married spouse. Other women may flee their country because of the threat of forced marriage.

**Some migrant women are exposed to specific vulnerability factors.** Their residence permit may be made conditional on her living together with her spouse. For a violent partner, blackmailing for papers and the risk of deportation is a means of strengthening his hold and domination. Fortunately, in some countries, there are provisions for this situation. Under certain conditions, married women who are survivors of violence within the couple can obtain or retain a residence permit despite a separation or divorce from the husband.

For migrant women, the **isolation** may be further accentuated by the absence of family and friends due to recent migration, a lack of knowledge of help and protection solutions and a poor proficiency of the language in the residence country.

## CAUSES OF CEFM

In migrant communities in Europe, families may force their children into marriage for several reasons:

- Persistence of **unequal gender roles**. In the culture and traditions of most communities, girls are expected to be married at a certain age. A girl's place and role is perceived to be in the household, with children. This scheme still prevails.
- **Pressure** is put on girls by parents or other family members to marry. If a girl is pursuing higher studies, she will be encouraged to stop and start a family. Parents themselves feel pressure from the community and turn it to their daughters. Girls in Europe from a family with migra-

tion background increasingly speak about this strong pressure put on them to marry.

- Strengthening **family and social ties**. In the culture and traditions of most families, marriages are organized to keep ties with the bigger family and community. A girl or a boy is entitled to marry certain people, cousins in general. This habit is still present in migrant families living in Europe. When they reach the age to marry, girls will be told about people to marry. Those can live in the same country in Europe or in the country of origin of their parents.
- **Solidarity with other family members**. Marriage is seen as a sign of solidarity to other family members in the countries of origin. For the spouses abroad, this is an opportunity to

come to Europe and better their own lives and the lives of their families.

- **Keep their identity.** Families worry about their children engaging in intercultural unions. They fear their children will lose their identity and culture by marrying someone different. They will try to impose spouses from the same country, region and ethnicity. The cast system in communities will also add to the constraints in the choice of spouses.

- **Control of sexuality.** Most migrant families fear for their girls to have sexual relations and get pregnant before marriage. This is supported by religious beliefs. Some families will suspect the girl is no longer a virgin if she refuses a union. Some girls are also confronted with virginity testing from their own families or future in-laws.

- **To discipline children.** Migrant families may face difficulties with some of their children who drop out of school and cause trouble. The solution for some families in this case is to bring them to their countries of origin. Sometimes, they will marry them there in order to bring them back on the right track.

## CONSEQUENCES OF CEFM

CEFM has harmful social and health consequences that may include but are not limited to:

- Social isolation,
- Domestic violence,
- Marital rape,
- Trauma, depression,
- Dropping out of school, which is usual and leads to the deprivation of education, health and long-term prospects (and can therefore lead to entrenched poverty),
- Early pregnancy,
- Complications in childbirth or during pregnancy, which can be fatal,
- A high risk of contracting sexually transmitted infections (including HIV),
- Suicide,
- etc.,

Forced marriage is often the recurring reason for refugee women to flee their countries and seek international protection either, because

they are being forced to marry someone against their will or because they are trying to flee from an already entered-into forced marriage and its violent consequences. But even in the receiving country they can still be at risk of going through other forms of violence.



## CEFM IN FRANCE AND GERMANY

In France, approximately 70 000 minors are estimated to be at risk of forced marriage during their life. 4% of immigrant women and 2% of daughters of immigrants born in France aged 26 to 50 years have undergone a non-consensual marriage<sup>9</sup>.

In Germany, a study by the BMFSFJ in 2011, in which the women's rights group TERRE DES FEMMES was involved, showed that 3,443 persons were affected or threatened by forced marriage in Germany in 2008<sup>10</sup>.

TERRE DES FEMMES conducted a survey on early marriages in the individual federal states in 2019. The study showed that a total of 813 cases of married minors were registered between July 2017 (date when the law to combat child marriage entered into force) and September 2019<sup>11</sup>.

It can be assumed that the number of unreported cases is significantly higher in both cases.

### **In both countries, CEFM is considered a crime.**

In France, marriage is prohibited without the mutual, free and voluntary consent of each of the future spouses. Article 144 of the Civil Code states that «Marriage may not be contracted before the age of eighteen». Article 146 further clarifies that «There is no marriage when there is no consent».

Minors under 15 years of age are not considered capable of consenting to sexual intercourse.

( 9 ) LA LETTRE DE L'OBSERVATOIRE NATIONAL DES VIOLENCES FAITES AUX FEMMES. N°3. OCTOBRE 2014

( 10 ) [HTTPS://WWW.FRAUENRECHTE.DE/IMAGES/DOWNLOADS/ZWANGSHEIRAT/ZWANGSVERHEIRATUNG-IN-DEUTSCHLAND-KURZFASSUNG-2011.PDF](https://www.frauenrechte.de/images/downloads/zwangsheirat/zwangsverheiratung-in-deutschland-kurzfassung-2011.pdf)

( 11 ) [HTTPS://WWW.DW.COM/EN/CHILD-MARRIAGES-IN-GERMANY-PRESENT-A-CHALLENGE-FOR-AUTHORITIES/A-50540043](https://www.dw.com/en/child-marriages-in-germany-present-a-challenge-for-authorities/a-50540043)

The fact, with the aim of forcing a person to enter into a marriage or a union abroad, of using deception in order to induce her or him to leave the territory of the Republic is punishable with 3 years' imprisonment and a fine of 45,000 euros. (Article 222-14-4 of the Penal Code)

In Germany, forced marriage is explicitly considered a criminal offence (see Sec. 237 StGB) and is penalized with imprisonment between 6 months and 5 years.

Forced marriages abroad are also now a punishable offence subject to extraterritorial jurisdiction (Sec. 5 para. 6 lit. c StGB). Sec. 237 para.2 StGB also makes it a criminal offence when a person coerces another person to marry within a foreign territory or prevents this person from returning to Germany. This means that regardless of the legislation in the foreign country, the German justice system can prosecute these cases when the offenders return, if the survivor's legal domicile or regular residence is in Germany.

Abductions to foreign countries for the purpose of marriage or the intention of forced marriage during holidays abroad are also liable to prosecution, even if the marriage does not occur.

In the night from 1 to 2 June 2017, the Bundestag passed a law to combat **child marriages**, which is intended to better protect those affected. Up to then, there was still an exception that allowed people to marry from the age of 16. With the adoption of the new law, the minimum marriage age in Germany was set at 18 years without exception. In addition, marriages entered into abroad with minors will in future no longer be recognised or annulled in Germany: Marriages entered into under the age of 16 will be annulled in Germany. Marriages entered into at the ages of 16 and 17 will generally be annulled.

Since the law of 4 April 2006, in France, marriage is prohibited under the age of 18, whether it concerns a woman or a man. However, this law does not solve the problem of customary, traditional and/or religious marriages which still exist.

## FGM/C AND CEFM CAN BE GROUNDS FOR ASYLUM

FGM/C and CEFM can be grounds for asylum. Under the Geneva Refugee Convention (1951), FGM/C and CEFM claims can be made on the grounds of membership of a particular social group, political opinion, ethnicity, or religious beliefs.

The **notion of «social group»** refers to a group «made up of people who share an innate character, history, common or essential characteristic of their identity and conscience, which they cannot be asked to renounce, or an identity of their own perceived as different by the surrounding society or institutions».

In a population in which FGM/C or CEFM is routinely practised to the point of constituting a social norm, the girls/women who evade the practice thus constitute a social group.

A woman or the parents of a minor who apply for asylum on the grounds of a risk of FGM/C or forced marriage or a proven forced marriage may be **granted refugee status** or, failing that, **subsidiary protection**.

FGM/C is a form of persecution carried out by a non-state agent and also is a gender- and child-specific form of persecution. The experience of FGM/C can lead to long-term traumatic psychological consequences so that a return to the country of origin is intolerable.

If a woman has undergone FGM/C before seeking asylum, this does not mean that she no longer has to fear further persecution. She may be at risk of being subjected to another form of FGM/C, re-excision or re-infibulation. In the EU, the EU Qualification Directive refers to FGM/C as serious harm counting for a membership of a particular social group and qualifying for subsidiary protection.



## COUNTRY OF ORIGIN INFORMATION

Country of origin information is collected by asylum authorities with the help of countries of origin. This information can be helpful to get a first idea of the prevalence of FGM/C or CEFM in a given country. **In addition to the country, ethnicity is a very important information.** Prevalence rates in practising countries are a national average. Thus, only taking into account the prevalence rate is not sufficient. In a country like Senegal, in 2016<sup>12</sup>, the prevalence rates were 65,2% among Mandinkas, 58% among Soninkes, 54.5% among Jolas and 52% among Fulas. The same year, the prevalence rate among Wolofs and Serers was less than 1%.

Some country of origin information must be considered with caution, as it does not include a gender perspective in their analysis, which results in **GBV issues such as FGM/C or CEFM being undermined.** Particularly in cases in which the country of origin is considered to be a “safe third country”, by asylum authorities, gender-specific forms of persecution are said to often be overlooked.

By mid-2019, in France, more than 9,000 minors were under the protection of the Office Français de Protection des Réfugiés et Apatrices (Ofpra) on the grounds of risk of FGM/C.

	FRANCE	GERMANY
General requirements to be recognised as refugee	<ul style="list-style-type: none"> <li>• A medical certificate stating that the minor who needs to be protected is not cut. For minors, the certificate must be made by a forensic doctor.</li> <li>• A medical certificate attesting female genital mutilation, if any, undergone by the child's mother, issued by a doctor of her choice.</li> <li>• If the minor was born in France, a birth certificate of less than three months must be provided.</li> </ul>	<ul style="list-style-type: none"> <li>• For the decision-making process at the Federal Office for Migration and Refugees (BAMF) the evidence of a potential threat to life or physical integrity in the region of origin is decisive. To this end the BAMF requests a medical certificate.</li> </ul>
Women and girls who can be considered at risk	<ul style="list-style-type: none"> <li>• A minor or a young girl (born in France or not) who is applying for asylum because of a risk of female genital mutilation, accompanied by her or his father and/or mother present on the French territory.</li> <li>• Unaccompanied minors, i.e. children or young girls under the age of eighteen who find themselves deprived of the protection of their parents on the French territory.</li> <li>• Adult women who have not undergone female genital mutilation and who fear being mutilated.</li> <li>• Women who have already undergone FGM and fear for a second mutilation or re-infibulation.</li> </ul>	<ul style="list-style-type: none"> <li>• A minor or young girl (born in Germany or not) and women.</li> <li>• Unaccompanied minors.</li> <li>• Women who have already undergone FGM/C and are threatened with further mutilation can also be granted asylum. On this basis, in Germany, parents can also be granted asylum.</li> </ul>

( 12 ) CENTRO DE ESTUDOS INTERNACIONAIS (CEI-IUL) (SEPTEMBER 28 AND 29, 2017) : 3RD INTERNATIONAL CONFERENCE OF THE MULTISECTORAL ACADEMIC PROGRAMME TO COMBAT AND PREVENT FEMALE GENITAL MUTILATION, ENTITLED "INTEGRATED INSTITUTIONAL RESPONSES TO FGM/C."

## LINKS BETWEEN FGM/C AND CEFM

In countries with a high prevalence of FGM/C, child marriage is also remarkably high. Child, early and forced marriage and female genital mutilation/cutting are both harmful practices and considered forms of violence against women and girls and a violation of girls and women's rights. In the EU, both are considered a criminal offence and can be punished by law. CEFM and FGM/C can be grounds for asylum.

CEFM and FGM/C have common causes/drivers and common consequences.

Both practices are rooted in patriarchy and stem from gender inequality and the will to control women's sexuality and bodies. Social norms play an important role in perpetuating FGM/C and CEFM. In both cases, people search for social integration and the reduced risk of stigmatisation and isolation.

CEFM and FGM/C have negative consequences on the health of girls including HIV transmission and childbirth complications. They create and manifest unequal power dynamics in couples and the community due to gender inequality.



## ROLE OF MEN IN ENDING FGM/C AND CEFM

Violence Against Women and Girls (VAWG) is not a women's issue. **Men have a key role to play in ending VAWG.** The majority of violence experienced by women is perpetrated by men. Patriarchal societies educate men to perform the stronger half role. Men have power over women. Male physical and sexual violence against women is tolerated in many societies. Thus, men are considered a target group in ending FGM/C and CEFM and need to be educated and motivated to change their attitudes and behaviours.

The migration or refugee situation can foster violence as men are unable to perform their attributed gender role as the ones who earn the money for the family. They may feel powerless, frustrated and try to compensate their discontent with the situation through being violent towards others.

As power holders in families and communities, men can bring change. Religious and community leaders are particularly influential. They have the power and authority to influence change and contribute to community acceptance of change. Therefore, projects aiming at eradicating gender-based violence should engage men as actors.

**Men can act as change agents at different levels.** Individually, as role models promoting equitable gender relationships in their families, educating their boys to respect girls and women and fostering the full potential of their girls. In the community, as peer educators and raising their voice to support women who have experienced violence.



# MODULE 3

## CHALLENGES FOR WOMEN AND GIRLS SEEKING ASYLUM ON THE GROUNDS OF FGM/C AND/OR CEFM



### ACTIVITY 2

#### INSTRUCTIONS

The trainer divides the participants into small groups and asks them the following questions and to write down their answers. Is gender-based violence different in refugee and migrant communities?

If yes, why and to which extent? Example: economic instability, continued vulnerability, displacement, etc.

The trainer should have a flipchart ready with the classifications below and ask the participants to think of and write down examples/forms of violence, which might be practised against refugee women and girls.



## DISCUSSION

The trainer reconvenes the participants to discuss and elaborate on their answers. The trainer should cast light on the issue that some migrant, refugee and asylum-seeking girls and women have suffered from various forms of GBV during their life and asylum process. Sexual violence in the country of origin is one main cause for leaving the country. Here, the group can also reflect on the concept of continuum of violence. (See Annex 3).

### CONTINUUM OF VIOLENCE

All forms of male violence against women are linked and form a continuum of violence, as conceptualized by Professor Liz Kelly in 1988. It takes very diverse forms, from obvious violations of women's rights to subtle or distorted forms of control over women's lives, bodies, and sexuality (as seen in module 1).

**Continuum of violence applies to all women**, regardless of the region of the world considered. It concerns all social and economic backgrounds and all ages. Violence experienced by women range from sexist insults to femicide. For migrant, refugee and asylum-seeking women, the phenomenon is even more true as many of them have fled to escape gender-based violence or abuse in their families. They remain vulnerable during their flight to receiving countries as it costs a lot of money to pay smugglers and they do not have enough resources. When they arrive in Europe, during the time they are undocumented, they continue to face sexual or other forms of exploitation during the asylum procedure in exchange for housing and/or other basic needs.



VISUAL BY WOMEN'S REPUBLIC

## INTERSECTIONALITY

Intersectionality describes how one's own individual characteristics, such as race, class, gender, sexual orientation... intersect with one another, overlap and create a complex convergence of discriminations.

As asylum seekers, women face multiple forms of discrimination as women, foreigners and socially and economically disadvantaged people. It is important to understand how different forms of discrimination have impacts on how one socially constructs oneself and how one might be perceived by others.

Being aware of the intersectional nature of discriminatory structures is vital to fight actively against discriminations. Knowing one's sociological situation is a first step to being empowered and addressing others respectfully. That **path towards non-discriminatory and inclusive behavior** implies going through a process of deconstruction of one's own beliefs. It implies understanding that social constructions are not natural and that they can be overcome to treat everyone with the respect they deserve as human beings. Deconstructing social norms implies questioning what we think is true based on non-objective facts and stereotypes, which is a long and everyday process.

Taking intersectionality into account in a **survivor-based approach** is central because understanding the social position from which one speaks enables us to understand best how to help affected person. Adopting the same cultural codes makes it easier to overcome the barriers that might stand and hinder fluent and productive communication. It facilitates the comprehension and acceptance of the person concerning possible experienced violence.

It is important to know what discrimination is when talking about intersectionality. The above-mentioned criteria of discrimination can intersect, creating a particular vulnerability.

When we talk about FGM/C, we need to **be careful not to further reproduce forms of discrimination and violence** towards survivors or people at risk of undergoing FGM/C. It is vital to uphold a non-discriminatory attitude and discourse with women that might often be at the intersection of race, religion, gender, health status, sometimes sexual orientations, among others.



## COMMON CHALLENGES FACED BY WOMEN SEEKING ASYLUM<sup>13</sup>

During the asylum procedure, survivors of female genital mutilation/cutting and/or early or forced marriage face different challenges.

### *Language barriers*

When women arrive in Europe, they are exposed to a new environment. They navigate in a new language and a new culture that are sometimes far from the ones of their countries of origin. The asylum procedure often starts soon after arrival. In this situation, women often rely on family or community members. When there is a translator, it happens that he is a man, or there are linguistic nuances between their languages even if they are close. For example: Fula is spoken in Guinea, Senegal, Mauritania, and other countries but there are nuances according to the country. Due to the interiorized role and place of women as housewives, the exclusive mental workload for care given to children and elders as well as lower basic education, women have less opportunities and find it harder to learn the host language.

### *Talking about taboo topics*

During the procedure, women need to talk in detail about a subject that is taboo for them, sometimes with men, which is often in contradiction with their cultural practices. They might not go into details running the risk - during the entire procedure of asylum application - of not being taken seriously.

### *Conflicting values and behaviours*

If the countries from which women seeking asylum come are different from each other by their cultural heterogeneity, the role and status of women in most of them differ from the ones in Europe. In their home countries, only women who are able to cope with physical, psychological and sexual violence without saying anything,

and who give a strong image to the outside world, are considered «well-grown up women.» The perceived values/qualities demonstrated by women, such as silence, courage and strength come to light during the asylum process, and influence the way they talk about their history.

### *Intercultural misunderstandings*

Intercultural misunderstandings during interviews are common. In some cultures, for example, not looking people in the eyes or crossing one's arms are signs of respect and politeness. In Germany, on the contrary, such behaviour is rather perceived as an attitude of rejection. Similarly, a hesitant or evasive answer can be considered in most EU countries as an indication of a false statement. This behaviour is primarily due to the applicant's family education sometimes combined with difficulties talking about a subject that remains taboo.

### *Consequences of trauma*

Each person reacts very differently to violence and traumatic experiences. Trauma is not erased from memory, but it can be so unbearable for the conscience that it is repressed. In this case, the affected woman does not remember post traumatic experiences in her present life.

Against this backdrop, it is common that traumatic experiences reconstituted during the interviews are either vague or incomplete. In addition, this narrative can result in «re-traumatisation», which is associated with physical symptoms such as palpitations and panic attacks or anxiety states. The narratives can be confused. It happens that people forget information like the age when the traumatic experience happened.

### *Ignoring their rights*

Women may also not be able to talk freely about their experience if the interviewer or interpreter is a man. Often, they do not know that they have the right to request a female interpreter. Many women also do not know that they are allowed to ask for another appointment when they feel dis-

comfort with the upcoming hearing.

The responsibility and mental charge of caring for children and elderly people in the family often falls on women, leaving them little to no time to get informed about one's own rights regarding the asylum procedure.

### ***Lack of social networks and support. Lack of self-esteem***

During the asylum procedure, women find themselves in an environment that is alien to them, marked by isolation from family and by the loss of social and cultural references. At the same time, their future is uncertain. This uncertainty has (negative) repercussions on their self-esteem and further complicates the necessary open attitude during interviews.

Lack of support from family and friends can lead to internal tensions and to aggressive feelings, which may show externally as violence, but also internally through self-destructive behaviour.

### ***Lack of training of professionals***

Lack of knowledge about harmful practices, violence against women and girls and intercultural sensitivity of professionals make it difficult to understand the situation of the affected woman who seeks asylum.

In addition to female genital mutilation/cutting or child, early or forced marriage, women and girls concerned have often suffered from other forms of violence. The person in charge of the decision must therefore always explore all forms of physical or psychological violence the survivor may have suffered from.

### ***Stigmatization, racism, anti-immigration feelings***

As asylum seekers, women face multiple forms of discriminations due to race, gender, religion, health status, disability, or others.

Misinformation and fears related to possible backlashes, such as that *if you contact the authorities, they will take away your children or deport you*, will prevent women from reporting crimes. There might be a lack of

confidence in the social and/or public institutions in the receiving countries because of the bad experiences witnessed and reported by members of the community.

### ***Specific challenges for survivors of FGM/C***

In the case of FGM/C, at times, the exact type of FGM/C the woman lives with is ignored, with the hearers obtaining different answers to this question.

FGM/C can cause amnesic states in survivors, in other cases a loss of sensation of pain, loss of consciousness or a feeling of being outside their bodies. This can lead to confused stories.

Moreover, gynaecologists are often insufficiently trained with regard to FGM/C. This can have an impact on the preparation of medical reports, which are crucial to the asylum process.

### ***Specific challenges for survivors of CEFM***

Women who were married as children or under coercion are more likely to experience symptoms associated with Post-Traumatic Stress Disorder<sup>14</sup> (PTSD) and symptoms of depression. A trauma is always a confrontation with extremes; it shakes our view of the world as a safe place, of other people as fundamentally trustworthy and of the future as meaningful and worth living. Although traumatized people are often tormented by involuntary memories, they usually have great difficulties in verbalizing their experiences in a deliberate and controlled way<sup>15</sup>. This can lead to descriptions of those affected by gender-based-violence being classified as untrustworthy by the hearers, which can ultimately lead to a negative decision on asylum.

There is also lack of knowledge about women and children being able to submit individual asylum applications. This can be particularly significant if a woman is a survivor of early and forced marriage. A woman who receives asylum herself will be less dependent on her family or husband.

( 14 ) [https://www.equalitynow.org/long\\_term\\_impacts\\_child\\_marriage](https://www.equalitynow.org/long_term_impacts_child_marriage)

( 15 ) <https://www.proasyl.de/hintergrund/traumatisierte-gefluechtete-im-asylverfahren-interview-mit-einer-psychologin/>



## ACTIVITY 3

### DISCUSSION

The trainer asks the participants about these challenges: What has been your experience with such situations so far? Have you ever been confronted with some of these cases? Then the trainer asks the participants to reflect on the challenges and point out which are common to FGM/C and CEFM (and GBV in general) and how they would deal with them.

## CONSEQUENCES AND REPERCUSSIONS ON THE PROCEDURE OF ASYLUM APPLICATION

### CREDIBILITY OF THE DEMAND

During the asylum procedure, it is essential that the applicant for asylum appears credible to authorities. Unfortunately, some challenges such as taboos, communication issues, the internalized view of role and behaviours of women, trauma and/or low self-esteem may constitute obstacles to the credibility of the applicant. If during an interview, for example, a woman's story seems incomplete or important information is not revealed in a second interview, the person in charge of the decision may tend to doubt the veracity of the information. Women may have difficulties in obtaining evidence, which is why female asylum seekers are often considered less credible than men.

### CONSEQUENCES OF THE ACCELERATED ASYLUM PROCEDURE

The introduction of the so-called accelerated procedure accentuates these difficulties. The short time required to initiate such a procedure and the consequent reduction in preparation time often result in poorly structured statements that overlook important or even essential aspects. The result is that asylum claims are often rejected.

# PART II

IDENTIFYING  
SURVIVORS  
AND GIRLS  
AT RISK OF GBV



## OBJECTIVES

- Acquire tools to identify a girl or woman at risk of GBV
- Reflect on case studies and appropriate ways to handle situations
- Provide guidelines for recommended behaviours while responding to refugees/migrants at risk of GBV

# WHO ARE THE REFUGEE WOMEN?

Refugee women are not a homogeneous group. They have different backgrounds including different personal characteristics, levels of education, qualification, and family situation. Most of them have experienced gender-based violence forcing them to flee. Despite the violence they have experienced, they are resilient. They have had the courage to flee and escape from their situation.

The process of fleeing creates particular vulnerability to violence. Crossing borders, waiting in transit countries, using the services of smugglers, while having limited resources create particular risks for women. Women might have lost all their belongings or close family members. They might be worried about their children or other family members left in their countries. They are isolated, they feel homesick. They are in a foreign country and culture, with no or limited social networks and language skills. Being a refugee is a traumatising experience in itself.

In the destination country, the risk of (re-) victimisation is heightened by the circumstances and processes related to seeking asylum. Being an undocumented person or having a precarious residence status makes women vulnerable to abuse in their search for a job, accommodation and help in the asylum process. Refugee women may live in crowded accommodation centres or be offered housing in exchange of housework or sex. Before they understand the language and know how to move and look for subsistence, they are dependent on fellow countrymen or other people who may abuse them. Discrimination in the destination country increases the risk of sexual harassment and abuse. Anti-immigration sentiments make women and families not feel welcomed and add to the stress and trauma.

For families, the migration situation and an uncertain future also challenge gender roles and heighten tension in families, sometimes leading to violence. Women who travel with their families are penalized by gender roles. They are dependent on their husbands who will more easily go out and access language courses, get a job and get information through contacts with people. Women remain assigned to the household and care for children.

# MODULE 4

## HOW TO ASSESS A SITUATION OF RISK?



PROFESSIONALS IN THE MEDICAL, SOCIAL, EDUCATION AND CHILD CARE SPHERES CAN COME ACROSS THE REALITY OF FGM/C OR CEFM IN DIFFERENT WAYS.

A social worker can encounter a family who wants to ask for asylum to protect their daughter, a child care assistant may see FGM/C on a baby girl, a doctor may see FGM/C on an adolescent or adult during a gynecological examination, a social worker can be contacted for a situation of forced marriage abroad. Professionals may need to **address sensitive topics and refer to adequate services** according to the need of the individual or family.

The professional should take particular care to the **language** s/he uses to speak about the subject. S/he must be very sensitive in her/his way of addressing the individual or family. S/he should be non-judgmental.

A lot of FGM/C survivors in European countries, some of them are born in Europe, point out the way they have been informed of their cutting by doctors during gynecological examinations. Most of them have been traumatised by the experience. Most doctors have told them without offering any kind of expla-

nation or possibility to discuss.

Other professionals, on the contrary, prefer not to speak about it because they don't know how to raise this subject with the girl/woman or family. Some feel they do not have the necessary background information and training to talk about the topic and others do not feel legitimate. In these cases, it is important to advise the professionals that **the need to protect children should prevail**.

In order to assess a risk of FGM/C or CEFM, professionals should take into account that **every situation is different**. The intervention of the professional will depend on the individual situation of a girl at risk. A thorough assessment of the girl's situation is needed before taking any action.

Having a prevention poster on FGM/C or CEFM can help bring up the subject. It is advisable to speak with another colleague or knowledgeable person to get help and feel reassured.

Depending on the country you live in, the professional can contact a specialized association or NGO or national services to get information and advice in order to evaluate the risk and learn how to speak about harmful practises.

Different strategies will be needed according to whether the threat of FGM/C or CEFM is imminent or not.

## IN THE ABSENCE OF AN IMMEDIATE THREAT

### IN CASE OF FGM/C

If there is no immediate threat a dialogue can be sought by the professional with the parents of the girl at risk. The purpose of the discussion with the mother or parents is **prevention**. Care should be taken not to create anxiety and a defensive attitude in the family. Families originating from certain countries should not be placed under «general suspicion». As always, the individual case should be considered and evaluated. The subject of FGM/C should not be brought up at the outset. The first step is to establish a relationship of trust with the family. An interpreter can be brought in if necessary and possible.

#### *The professional can check for warning signs by asking about:*

- The country of origin of both parents (See map. Annex 6), and more specifically the ethnicity
- The position of both parents on FGM/C
- The presence of already excised elders
- The excision of the mother

During the interview, the professional should **inform the parents about the consequences** of excision on the girl's physical and psychological health.

S/he can explain that the position of women and men on these practices is changing in the countries of origin. These countries are actively combating the practice. Men's views are also changing. The majority of men no longer want excised women for marriage. Besides, men protect their daughters from excision.

S/he can **recall the prohibition by law** and the sanctions. FGM/C is punished even if it is practised abroad. The professional can provide documentation in the language of the country of residence or in the language of the country of origin if possible.

Summer holidays is a good time for professionals to have this discussion with the family, in particular if a trip is planned to the country of origin.

## IN CASE OF CHILD, EARLY AND/OR FORCED MARRIAGE

The professional must avoid locking her/himself into a stereotypical conception of the survivors of CEFM in terms of their age, origin and gender, since some boys may also be affected by forced marriage. All continents are concerned.

The professional's work with girls and women who are survivors or at risk of CEFM requires **knowledge of the strategies implemented by families to force a person to marry**.

Those include :

- Control of friendships, dating relationships, dress code,
- Control of communications,
- Surveillance by siblings,
- Forced abandonment of studies,
- Prohibition to talk to professionals,
- Confiscation of identity, travel and other administrative documents,
- etc.

The professional must be particularly attentive to the conditions in which she or he receives and interviews a person at risk of CEFM. The objective is to create a climate of security, listening and trust in order to limit the stress of the interview.

#### *It is advisable to:*

- Receive the survivor or girl at risk in a quiet place,
- Speak in a calm and reassuring tone,
- Receive the survivor alone,
- Give her the floor, listen to her, let her speak and take her words into consideration.

The professional shall in no way minimise or justify CEFM on the assumption that the minor has certain cultural origins. CEFM is prohibited by law for all minors.

## IN CASE OF IMMEDIATE THREAT

If you think the person at risk is in need of immediate protection, follow your organisation's usual procedure.

## IN CASE OF FGM/C

Every professional or citizen is required by law to report a child «in danger» to the child protection services. Professional secrecy is lifted in these cases. In case of non-reporting, s/he can be prosecuted for «failure to assist a person in danger».

## IN CASE OF CEFM

Following the revelation of a planned or performed forced marriage, the professional must immediately deliver a clear message to the person at risk about the law, which prohibits and punishes violence without making any moral or value judgment. CEFM is the sole responsibility of the aggressors, whether they are the parents or other family members.

The professional can give the minor threatened with forced marriage some simple advice that will enable her to react in an emergency situation:

- Identify family members and friends who can provide support
- Call emergency numbers
- Inform the youth welfare office
- As a last resort at the airport, report to security authorities

If you suspect a case of forced/early marriage, refer the survivor, with her consent, to specialised survivor support services, who will provide advice and a range of services through an approach that will be multisectoral.

### ***Under no circumstances should the professional:***

- Treat the information communicated as a simple family or cultural problem or dismiss the need for immediate protection out of hand;
- Decide that it is not within her or his competence to follow up the case;
- Approach the parents or family as this may put the individual at risk;
- Contact the family prior to any police or child protection services investigation;
- Share information outside of information sharing protocols without the express

consent of the person at risk, unless s/he is under 18 years of age in which case Child Protection Services should be contacted;

- Attempt to mediate or encourage mediation or family conciliation.

### ***The professional can:***

- warn the person in danger of the risk of being abducted/taken to the parents' country of origin on the pretext of holidays, and of being forcibly married there. The young person should warn the professional who is handling her/his situation or a person s/he trusts;
- stress the importance of recording the addresses and telephone numbers of all persons known in the country of origin;
- ask to contact the Ministry of Foreign Affairs immediately in case of abduction.

### ***Before travelling with the family on holiday, the person who fears a forced marriage may:***

- leave the address of the place where they are to stay, a mobile phone number where they can be contacted, a copy of her/his passport, information about their flight;
- take a second mobile phone without informing the family;
- note the address and telephone number of the embassy of their country of residence.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial data. This includes not only sales and purchases but also expenses, income, and any other financial activities.

The second part of the document provides a detailed breakdown of the accounting process. It starts with the identification of the accounting cycle, which consists of several steps: identifying the accounting cycle, identifying the accounting cycle, identifying the accounting cycle, and so on. Each step is explained in detail, including the specific actions that need to be taken and the reasons behind them.

The third part of the document discusses the various methods used to record transactions. It covers the double-entry system, which is the most common method used by businesses. It explains how debits and credits are used to record transactions and how they affect the accounting equation. It also discusses the use of journals and ledgers to organize and summarize the data.

The fourth part of the document discusses the importance of reconciling accounts. It explains how to compare the company's records with the bank's records to ensure that they match. It also discusses the importance of reconciling accounts with suppliers and customers to ensure that all transactions are properly recorded and paid.

The fifth part of the document discusses the importance of preparing financial statements. It explains how to calculate the net income, net loss, and other key financial indicators. It also discusses the importance of presenting the information in a clear and concise manner that is easy to understand.

The sixth part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial data. This includes not only sales and purchases but also expenses, income, and any other financial activities.



# CASES STUDIES

## IDENTIFYING GBV IN THE CONTEXT OF ASYLUM

As explained in Part one of this training manual, the context of asylum exacerbates the risks of GBV for women in various ways. It is all the more important as a professional to be able to identify women and girls who are at immediate risk of suffering GBV or who have unfortunately already encountered it, whether before or during flight.

Following are a few case studies inspired from real life situations that will allow you as professionals to learn how to detect warning signs among women and girls, and help you confront your reactions in these situations.

As we said in Part I, FGM/C and CEFM are global issues. All regions of the world are concerned. The professionals should avoid stereotyping survivors or girls and boys at risk of forced marriage in terms of their age, origin or gender, otherwise you will miss out on certain survivors or people at risk.

## RECOGNISING A GIRL/WOMAN AT RISK OF FGM/C

### CASE STUDY 1

“My mutilation happened when I was 7-year-old. That moment of my life is a horrible memory, shrouded in mystery and silence. For many years I blocked it out. Sharing my story with the world was a turning point for me and the campaign. After it was published online, I got a huge response from women in the community who connected with it. [...] We don't have the official statistics that we need in India and it is a huge setback, whatever little data we have collected brings out the grim reality.

My message to the Indian government is to recognise that FGM exists here and it is a discriminatory practice that harms women and girls, and a medieval attempt to control their sexuality.”

Masooma Ranalvi, India<sup>16</sup>

### CASE STUDY 2

“I cried so much when they circumcised me. I asked them to stop. It seems like a nightmare to me. I feel so sad about it now. I was 17 years old when my eldest daughter was circumcised. Her circumcision was more painful to me than my own. I was really oppressed at that situation. I was so little that I knew nothing about love affairs. I mean that I didn't know what was supposed to be done! Nothing at all. [...]”

Darya, Iran<sup>17</sup>

### CASE STUDY 3

« Before leaving for Mali, I remember being examined by a doctor from the childcare service in Massy. He saw that I was uncut. When I came back, he saw, but he didn't say anything. At school you could see a little girl walking sideways or with her legs spread apart. No adult was asking questions.

Like many children born in France from immigrant parents, I suffered from the contradictions that there could be between the

discourse of the teachers who promoted gender equality and the reality of the traditions that were imposed on me at home [...]. Excision is rape. Someone put his hand in my most intimate place and took something out of it. After that, your body no longer belongs to you and there are no limits to violence. Excision is possible when the environment is favourable. It brings girls into the mould of marriage. The husband and the family are assured of the girl's virginity [...].

Leaving one's country is heartbreaking. You leave behind your family, your friends, your landmarks, your status. When my parents arrived in France, they were nothing more. They couldn't read or write, but they didn't leave their cultural baggage at the airport. So you cling to what you have left: your identity, your traditions. And excision is part of that. Some parents, whose daughters were born in France, remain attached to this tradition, even though it disappears in their village of origin.”

Aya, France

***What do you think? Have you encountered girls/women survivors or at risk of FGM/C during your work?***

## RECOGNISING A GIRL/WOMAN AT RISK OF CEFM

### CASE STUDY 1

“Arcely quit school in Guatemala when she was 11 years old before marrying her 34-year-old husband. She recounts how her husband has never seen his son even though he is now 17 months old. He left me when I was 4 months pregnant. He said the child wasn't his.”

One in every four girls in Latin America are married before the age of 18 and in Brazil and Mexico, and according to statistics from the international NGO Girls Not Brides, over 4.2 million women were married as children.

Rivaling the high rates of underage marriage recorded in South East Asia and the Sub-Saharan region, Latin America and the Caribbean are the only areas where the rates of underage marriages have not reduced in the last 20 years.<sup>18</sup>

(16) IN INDIA, FGM/C IS MAINLY PREVALENT IN THE BOHRA COMMUNITY. A 2018 STUDY ESTIMATED THAT 75% OF DAUGHTERS (AGED 7 AND ABOVE) IN THE SURVEY SAMPLE HAD UNDERGONE FGM/C. HOWEVER, THE TOPIC IS EXTREMELY TABOO, AND MANY PEOPLE ARE NOT AWARE THAT THIS PRACTICE EXISTS IN THE BOHRA COMMUNITY. (17) NAME HAS BEEN CHANGED. WHILE THERE IS NO NATIONALLY REPRESENTATIVE DATA ON FGM/C PREVALENCE IN IRAN, VARIOUS STUDIES SURVEYING WOMEN AND GIRLS FROM WESTERN AND SOUTHERN REGIONS IN IRAN HAVE FOUND FGM/C PREVALENCE RANGING FROM 16 - 83% WITHIN THE STUDY SAMPLES. FOR MASOOMA AND DARYA'S FULL STORIES: END FGM EU NETWORK, END FGM/C US NETWORK, EQUALITY NOW (2020) : FEMALE GENITAL MUTILATION/CUTTING : A CALL FOR A GLOBAL RESPONSE.

## CASE STUDY 2

Aïcha was born in Europe in a family originating from Senegal. When she was 13 her family decided to go back and live in Senegal. At the age of 17 she was presented to a 40-year-old man and forced to marry him. Her family threatened her with never returning to Europe if she did not marry the man. Aïcha was caught between her will of not shaming her family and her desire not to marry. After struggling for 2 years and seeing no way out, she obeyed to the will of her family. She soon realized that she was very unhappy with the situation. She decided to go to the embassy and with the help of friends could buy a ticket to come back to Europe. She regrets she was not informed of such danger when she was in school before the family left.

## CASE STUDY 3

This is the story of a 17-year-old girl of Egyptian origin. After a summer holiday in Egypt, as the family does it every year, the girl's parents returned to Austria leaving her behind them. After some time, the girl was introduced to an Egyptian man to whom she was going to be engaged. At first she accepted, because she thought she could return to Austria with him. Realising that all this was a lie, the girl began to oppose the idea of marriage. She was beaten several times and the marriage finally took place. A few months after the wedding, the situation having become unbearable, the young girl sought help.

She first contacted an organisation that specialises in forced and early marriages, thanks to the internet. Following her e-mail, the organisation contacted the Ministry of Foreign Affairs to report this forced marriage. The main difficulty was to determine the girl's address, as she did not know where she was living. She barely spoke the language (she could neither read nor write it). [...] Thanks to the girl's description of the surrounding area, the organisation finally found the address and was able to organise an outing to a temporary accommodation facility. She waited for her exit permit before returning to Austria.

In this type of situation, where there was no

contact with the girl prior to the abduction, it is important to collect as much information as possible about the girl. Therefore, it is essential to find a way to communicate with her regularly. Many young girls use the Internet, such as in this case, while others can use Whatsapp or Facebook... in whatever way they choose to establish the contact, it is essential to find a way to maintain this communication. In addition, cooperation with the Ministry of Foreign Affairs is essential. Being responsible for the welfare of its nationals, the Ministry of Foreign Affairs has the competent authority in the foreign countries to authorise exit visas. This effective cooperation with the Ministry has been one of the most important aspects of the work. The follow-up work once the girl has returned to Austria is also worth mentioning. On her arrival, she was received by our emergency shelter. She stayed there for a few months until her departure for sustainable accommodation<sup>19</sup>.

***What do these cases bring to your mind?  
Have you encountered survivors or people  
at risk of CEFM during your work?***

( 18 ) [HTTPS://LATINAMERICAREPORTS.COM/LATIN-AMERICA-HAS-A-CHILD-MARRIAGE-CRISIS/1831/](https://LATINAMERICAREPORTS.COM/LATIN-AMERICA-HAS-A-CHILD-MARRIAGE-CRISIS/1831/)



# MODULE 5

## RECOMMENDED APPROACHES



### RIGHTS-BASED APPROACH

The rights-based model emphasizes that people are not passive aid recipients, but rather are **rights holders** with legal rights to protection and assistance. The rights-based approach is founded on the principles of **participation and empowerment** of individuals and communities to enable them to exercise their rights and comply with their duties. The rights-based approach can help the survivor or person at risk to **see GBV as a human rights and child rights violation** rather than as a cultural or religious norm or practise. These rights are fundamental and are upheld by various national, regional and international laws and treaties. It is important to remind the survivor or person at risk of the nature of these rights and to let her/him know that s/he is a rights bearer who is legitimate in making duty bearers (family members, community members, state) accountable for their actions and responsibilities toward her/him.

A few fundamental points should be conveyed to the person :

- Each person is entitled to protection and assistance.
- The harmful practises and other forms of gender-based violence are human rights violations and should not be condoned.
- The state as a primary duty bearer has a duty to protect and provide support.
- Relevant institutions and organisations have an obligation to intervene and enable duty bearers to comply with their duties, and to hold them accountable.

## SURVIVOR-CENTRED APPROACH

The survivor-centred approach recognises the fact that each person is unique, reacts differently to GBV and has different needs. This approach promotes respect for survivors' rights by placing them at the centre of the support system. The survivor-centred approach should be applied by everyone who is in contact with survivors regardless of their role in the community or professional position.

This approach is more suited for survivors rather than people at risk. However, applying **a methodology that acknowledges people's specific circumstances and needs** is always necessary, especially when dealing with issues such as GBV with women in vulnerable situations. It is very important to take individual differences into account.

There are **four guiding principles** that should be respected by the professionals adopting this approach:

- Show respect by showing care, treating the survivor with dignity and respecting the decisions of the survivor.
- Keep confidentiality of discussions, files and any other relevant information.
- Ensure the safety of the survivor as much as possible.
- Apply the principles above without discrimination.

Applying this approach means that survivors are listened to and can express their needs and wishes. They receive accurate information about their rights and choices. **Survivors' choices are decisive in the assistance provided.** Their wishes are respected in terms of the level of intervention they wish to receive. Survivors may need long-term support.

## SOMETHING TO BE CAREFUL ABOUT: SECONDARY VICTIMISATION <sup>20</sup>

When dealing with refugee women who are survivors of GBV, it is important to point out the implications of secondary victimisation, as it can also have an impact on the well-being of women.

Secondary victimisation entails inappropriate treatments survivors of GBV can receive from social systems (personnel from police, judiciary, doctors, refugee accommodations, NGOs, etc.). **It refers to a situation in which a refugee woman is either denied help or the help she receives makes her feel re-victimised.** Secondary victimisation can cause further trauma in situations in which refugee women experience stereotyping and victim-blaming attitudes, behaviours, practises and processes by institutions, service providers, the media, community and/or the family. Some survivors may experience this type of violence to be more painful than their primary victimisation.

Why and in which situations can refugee women experience secondary victimisation during the asylum process?

- During the asylum interview, refugee women are asked to **speak about their traumatizing experiences.** Not only do they have to disclose their stories to the asylum interviewer, but quite often also to interpreters, lawyers and evaluators. The interview situation can have negative consequences for the asylum request and also the health of the women seeking asylum who are at heightened risk of secondary victimisation.
- Other examples of situations causing secondary victimisation for refugee women are **institutional residential** aspects such as the accommodation in refugee shelters, limited access to the health care system and not being allowed to seek employment.
- When refugee women decide to **report a GBV crime to the police** and even consider going to court, they are also at risk of suffering from secondary traumatization. Victim-blaming attitudes, participating as a witness in criminal proceedings as well as the court ruling on whether to sentence the

offender or not, can lead to secondary victimisation. In the case of police officers, there is a lack of understanding on why refugee women may seem confused when filing a complaint.

- When a survivor of sexual violence goes to an **overcrowded hospital** where the sense of privacy and her sense of dignity cannot be cared for, doctors may not acknowledge signs that she is a survivor of sexual violence.
- Even organisations that aim at helping survivors of GBV may have policies and procedures in place that can cause secondary victimisation. There is also existing evidence that **professionals categorise refugees into women “worthy of support” and “lost causes”.** Similarly, counsellors might favour beneficiaries that are proactive rather than those who are seen as stubborn or unreliable beneficiaries.

The Istanbul Convention states that professionals need to be trained in order to avoid causing secondary victimisation. EIGE has listed the following **examples for avoiding the risk of secondary victimisation** that the participants should be aware of and implement into their everyday work with refugee women:

- Ensuring information rights;
- Respecting the survivors’ dignity during questioning (abstaining from actions that can lead to the survivors’ secondary victimisation during the investigation);
- Ensuring anonymity for certain survivors (trials behind closed doors in certain cases, screening from the perpetrator during testimony);
- Finding officers specialized in survivors’ issues;
- etc.

**Discussion: Ask participants to discuss situations in their relations with survivors that can create secondary victimisation. Which strategies can be put in place in order to avoid survivors going through secondary victimisation?**



# PART III

RESPONDING  
TO THE NEEDS  
OF SURVIVORS  
AND GIRLS AT RISK



## OBJECTIVES

- To raise awareness on the importance of cultural competence when dealing with survivors and girls at risk
- To detect the relevant support and protection services
- To be informed about the procedure of asylum

# MODULE 6

## REFLECTING ON INTERCULTURAL COMPETENCE IN THE RELATION BETWEEN KEY PROFESSIONALS AND REFUGEE AND MIGRANT COMMUNITIES

### INTERCULTURAL COMPETENCE

Intercultural competence is the ability to understand, communicate with and effectively interact with people across cultures.

#### It encompasses:

- being aware of one's own world view;
- developing positive attitudes towards cultural differences;
- gaining knowledge of different cultural practises and world views;
- developing skills for communication and interaction across cultures.

Many cultural aspects can influence the work of field professionals and it is important to recognise these aspects in order to find a culturally sensitive way of working. Cultural

differences can show in very practical issues such as differences in respecting schedules or different holidays in different cultures/religions which might impact the appointment schedules. However, most of the cultural barriers are at a more abstract level. **Your own perceptions and level of knowledge of different countries and cultures can affect how you approach a beneficiary.** It is important that you recognise your own stereotypes. You should be particularly careful of not stigmatising some cultures as particularly violent, which will increase stereotypes. It is crucial to keep in mind that culture does not itself carry out violence. Violence is always done by people to other people irrespective of their cultural background.

Professionals who are culturally competent respect multiple cultural ways of knowing, seeing and living, celebrate the benefits of diversity and have an ability to understand and honour differences. In practical terms, it is a never-ending journey involving critical reflection, and learning to understand how people perceive the world and participate in different systems of shared knowledge. **Intercultural competence is not static.** It changes in response to new situations, experiences, and relationships.

***Some attitudes, skills and knowledge can help acquire intercultural competence:***

- Understand social values of communities, ways of knowing and being;
- Value an individual's different capacities

and abilities;

- Understand cultures, languages, religion, traditions, child-rearing practises of beneficiaries and migrant communities you serve;
- Have an open and non-judgmental attitude;
- Understand decision-making processes
- Know how to establish trust with individuals;
- Respect differences.

Sometimes professionals can be frustrated by the fact that women (and/or families) are still “sticking to old practises/customs” despite being given many resources/information. As a professional looking to help survivors, you have to accept that your own ideas and values in particular related to female-male relationships, gender equality and family-life, will be challenged in your work. It can be particularly difficult to understand how important family ties and duties can be in some cultures. You might also encounter different beliefs related to what affects wellbeing (in particular related to mental health). **Do not try to force your views and opinions onto the person** and try to put in practice what you learned in this module. Another practical solution would be to work with **cultural interpreters** or with volunteers who have the same background as the beneficiary.

It is important also to involve families, men and communities in discussion on social norms related to gender equality and the rights of women<sup>21</sup>.



## ACTIVITY 4

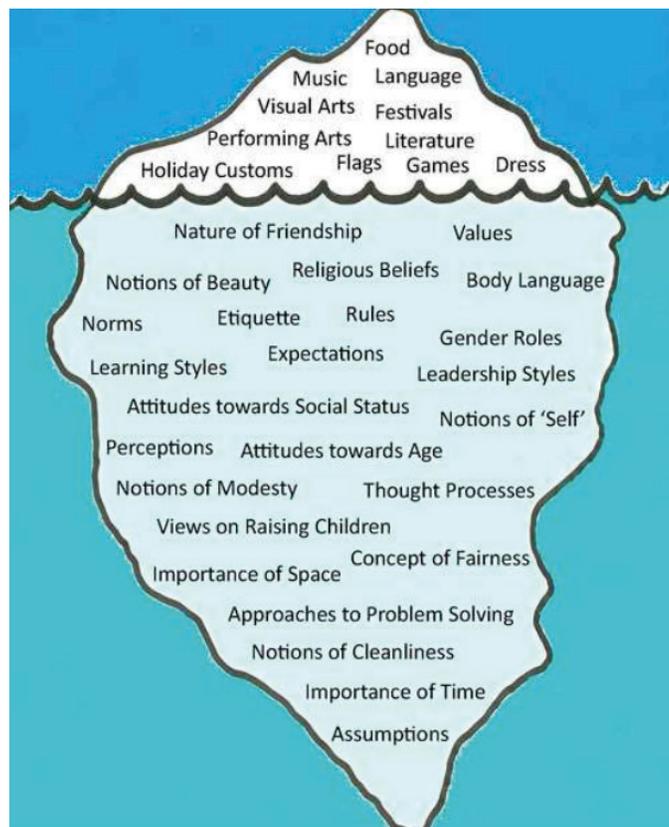
*Practical exercise:  
Understanding the cultural iceberg*

### INSTRUCTIONS

Before the exercise, ask the participants what they know about the size and shape of icebergs. How much of an iceberg is above the water? (1/8th) How much is underwater? (7/8th). Ask the participants to draw an iceberg with a clear line delineating the part of the iceberg that is above the water's surface and the larger part that is below the surface. Divide the participants into groups of four. Ask them to write which features of culture they think are visible on the upper part of the iceberg and which are invisible on the lower part.

After the exercise, ask participants whether they see any item below the water line that might influence or determine any item above (e.g., ideas about modesty might affect styles of dress; religious beliefs might influence holiday celebrations, painting, and music). The trainer should highlight that often **we see each other on the basis of the references that are on top of the triangle, whereas the roots of our cultural determinants are invisible.** So how then can we work with people from different cultures if the most important part of their lives and social norms are invisible to us?

EXAMPLES OF VISIBLE  
AND INVISIBLE FEATURES :



## WORKING WITH SURVIVORS EXPERIENCING TRAUMA AND PTSD<sup>22</sup>

Post-traumatic stress disorder (PTSD) is a psychological disorder that can happen to people who have experienced or witnessed a traumatic event such as a serious accident, a terrorist act, rape or other violent personal assaults.

People with PTSD have intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended. They may relive the event through flashbacks or nightmares; they may feel sadness, fear or anger. They may also feel detached or estranged from other people. People with PTSD may avoid situations or people that remind them of the traumatic event, and they may have strong negative reactions to something as ordinary as a loud noise or an accidental touch<sup>23</sup>.

When you are not a therapist or do not have any training in counselling, the obvious first step would be to **refer the person to a specialist**. However, this is either not always possible depending on the structure or the location, or it takes time, but the person needs some help urgently. Therefore, here are some basic points and tools you can address and refer to as a **first response/short term action**:

- Ensure that the client is safe from further harm: make sure you know/have protection schemes in place and avoid confrontations with secondary traumatising.
- Be aware of what it means to be a refugee: you should be aware of situations in the home countries of refugee women, their situation during their journey to the EU and the situation in the destination country.
- Giving psychoeducation to the survivors is really important, e.g. by explaining that they are not "crazy", if they seek psychological help.
- Seek networking partners on mental health: in cases where survivors do not have access to therapy, you can research whether there are NGOs, organisations, hospital services, etc. available that offer

psychological support programmes for traumatised refugee and/or survivors of GBV.

- Gain basic knowledge on the main symptoms of trauma: research on which organisations, institutes, therapists, etc. offer training on dealing with traumatised survivors of GBV in your country. You can also refer to online trainings and research on literature on trauma in your national language.

Following are more **general tips when talking to traumatised women and girls or those affected by GBV** :

- Take your time.
- Believe what the survivor says.
- Make it clear to her that she is not to blame.
- Do not condemn her, for example, if she does not want to part with the perpetrator.
- Show her your willingness to listen, but make sure that you feel good about it. If you find reports of violent experiences hard to bear, refer to other interlocutors.
- Avoid expressions like "That's terrible", "How awful", etc.
- Do not drill or interrogate the person concerned. Let the woman only tell what she wants to tell.
- Praise the person for her courage to talk about her experiences and feelings and thank her for her trust.
- Pay attention to what the affected person wants. Do not act rashly or make promises. The self-determination of those affected by GBV is massively violated. Therefore, the affected person can quickly get the feeling of losing control and can become afraid that something is happening against her will.
- Ask if she has people with whom she can talk about what she has experienced - people she can confide in.
- Offer mediation for professional support

(advice centres, therapy offers etc.), but accept if the person concerned does not want this.

- Finish the conversation carefully. Ask her, for example, if she has something nice planned for today or if she is still doing something good for herself.
- Signal that you are there in case she still needs support or wants to talk.
- Be reliable and keep your word.

### **SELF-CARE AND INTERACTING WITH TRAUMATISED SURVIVORS OF GBV**

Many female refugees, who are survivors of GBV are traumatised. This causes challenges for professionals. Assisting survivors of violence is mentally demanding. Professionals need support, supervision and self-help.

# MODULE 7

## IDENTIFYING REFERRAL SERVICES



### IN HAMBURG:

- Flüchtlingszentrum (<https://www.fz-hh.de/de/>)
- Fluchtpunkt (<https://fluchtpunkt-hamburg.de/>)
- Öffentliche Rechtsauskunft- und Vergleichsstelle Hamburg - ÖRA (<https://www.hamburg.de/oera>)
- Stadtteilmütter (only for mothers)  
Hamburg : <https://www.diakonie-hamburg.de/de/rat-und-hilfe/frauen/Stadtteilmuetter-00001>
- Women Boost (<https://lessan.eu/women-boost-lotsinnenprojekt>)
- Integrationslotsinnen: (<https://www.berlin.de/lb/intmig/themen/integrationslots-innen/>)
- SEGEMI (<http://www.segemi.org>)
- Lichtpunkt (<http://lichtpunkt.org>)



### IN BERLIN :

- Stadtteilmütter (only for mothers)  
(<https://www.berlin.de/sen/jugend/familie-und-kinder/familienfoerderung/stadtteilmuetter/>)
- Koordinierungsstelle FGM\_C Berlin  
(<https://www.koordinierungsstelle-fgmc.de>)
- Waldfriede e.V., Desert Flower Center Berlin (<https://www.dfc-waldfriede.de/>)
- Familienplanungszentrum Balance  
(<https://www.fpz-berlin.de/>)
- Mama Afrika e.V. (<https://mama-afrika.org/>)
- Papatya : Crisis facility for girls and young women with a migration background affected by CEFM (anonymous online counseling: <https://beratung.papatya.org/>)
- Hilfetelefon « Gewalt gegen Frauen »  
(<https://www.hilfetelefon.de/> ; Telefonnummer : 0800116016)



## **IN PARIS :**

### ***Information numbers and websites***

- 119 (National helpline for children at risk)
  - 3919 (Helpline and information on violence against women)
  - <https://arretonslesviolences.gouv.fr/>
  - Information on CEFM : <http://www.stop-violences-femmes.gouv.fr/Suis-je-concernee,355.html>
  - Ministry of Europe and Foreign Affairs. Information on CEFM / <http://www.diplomatie.gouv.fr/fr/conseils-aux-voyageurs/infos-pratiques/assistance-aux-francais/mariages-forces/>
- Specialist associations

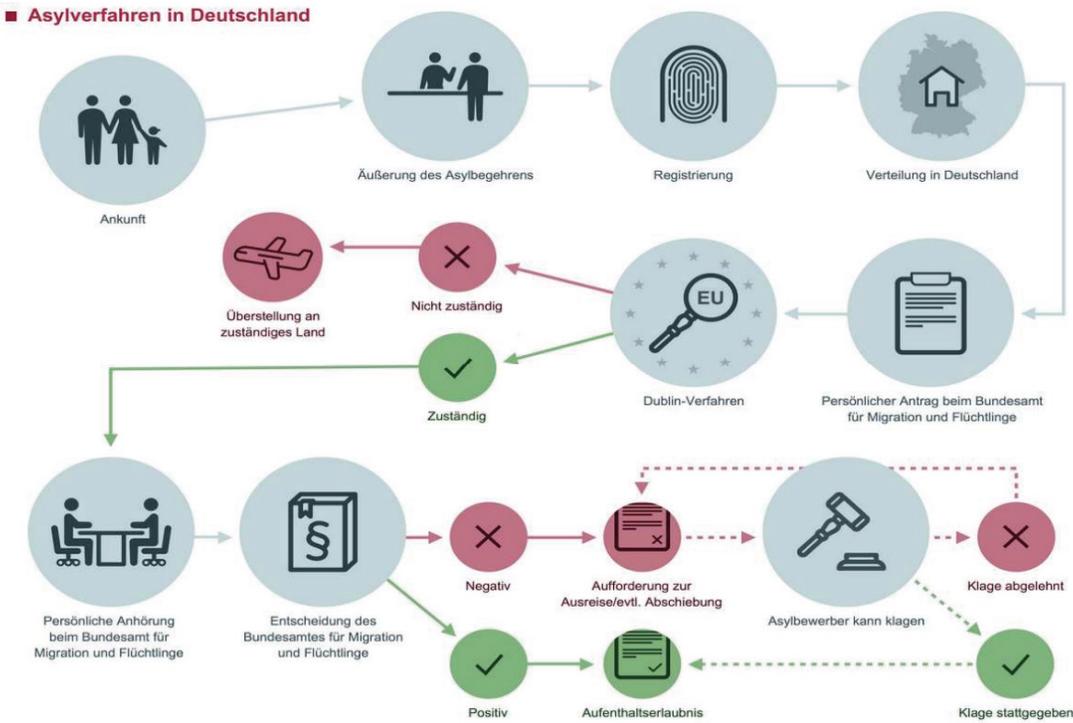
### ***Specialist associations***

- La Fédération nationale GAMS <https://federationgams.org/>
- Voix de femmes <http://www.association-voixdefemmes.fr/>
- Le service d'aide aux étrangers retenus (Saer) de France terre d'asile <https://www.france-terre-asile.org/assistance-juridique-en-cra/flexicontent/que-faisons-nous/laide-aux-etrangers-en-centre-de-retention-administrative>
- La Cimade <https://www.lacimade.org/>
- L'association Rajfire <http://rajfire.free.fr/>
- L'association Agir pour le développement de la santé des femmes ADSF <https://adsfasso.org/>
- Permanences juridiques de la BAAM (Bureau d'accueil et d'accompagnement des migrants) <https://baamasso.org/fr/permanences-juridiques/>

# MODULE 8

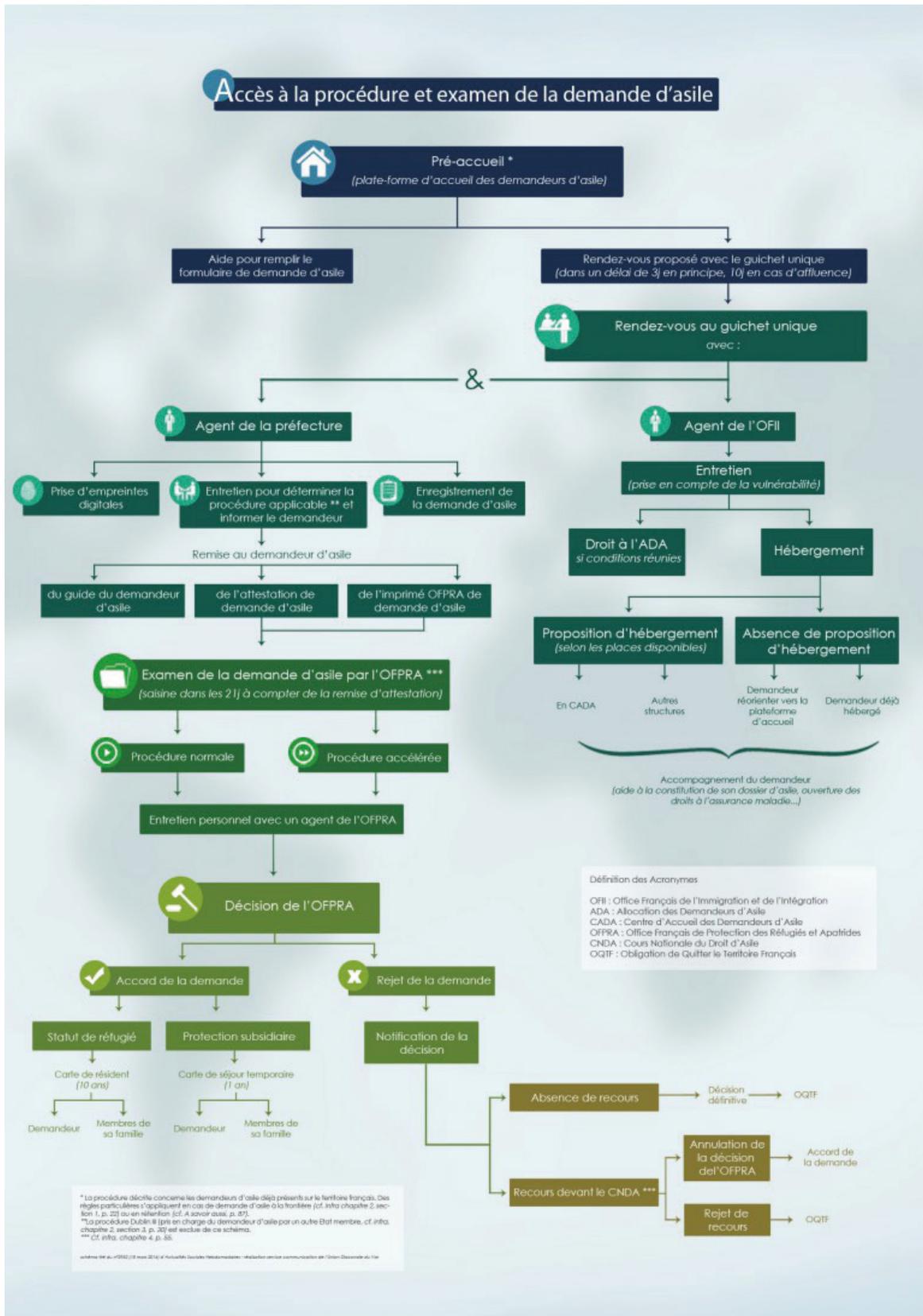
# ASYLUM PROCEDURES IN GERMANY AND FRANCE

## IN GERMANY



SOURCE: [HTTP://WWW.HEBAMMENHILFE-FUER-FLUECHTLINGE.DE/WPCONTENT/UPLOADS/2018/06/ASYLVERFAHREN\\_01.JPG](http://www.hebammenhilfe-fuer-fluechtlinge.de/wpcontent/uploads/2018/06/ASYLVERFAHREN_01.JPG)

# IN FRANCE







# ANNEX 1.

## FORMS OF GBV

**GENDER-BASED VIOLENCE TAKES DIFFERENT FORMS AND CAN OCCUR AT FAMILY, COMMUNITY AND STATE LEVELS, THROUGHOUT THE LIFE CYCLE. THE LIST IS NOT EXHAUSTIVE.**

	PHYSICAL VIOLENCE	SEXUAL VIOLENCE	PSYCHOLOGICAL AND EMOTIONAL VIOLENCE	ECONOMIC VIOLENCE	HARMFUL TRADITIONAL PRACTISES
STATE/POLITICAL		<ul style="list-style-type: none"> <li>- Psychological and emotional Violence</li> </ul>		<ul style="list-style-type: none"> <li>- denial to work in certain professions</li> <li>- pay inequalities</li> <li>- discrimination and/or denial of opportunities/services</li> <li>- denying mothers parental authority</li> </ul>	
COMMUNITY/ ENVIRONMENT		<ul style="list-style-type: none"> <li>- sexual abuse of children by school or preschool teachers</li> <li>- sexual extortion</li> <li>- sexual blackmailing</li> <li>- revenge porn</li> <li>- trafficking of women and girls for prostitution</li> <li>- sexual harassment and intimidation at work</li> <li>- attempted rape</li> <li>- sexual defilement</li> <li>- forced prostitution</li> <li>- paedophilia</li> <li>- rape</li> </ul>		<ul style="list-style-type: none"> <li>- social exclusion/ostracism based on sexual orientation</li> </ul>	<ul style="list-style-type: none"> <li>- female genital mutilation</li> <li>- early and forced marriage</li> <li>- honor killings, maiming and murder</li> <li>- burning or acid throwing</li> <li>- infanticide and/or neglect</li> </ul>
FAMILY/ INDIVIDUAL	<ul style="list-style-type: none"> <li>- slapping, punching, kicking, choking and strangulation</li> <li>- assaults</li> <li>- injuries</li> <li>- corporal punishment</li> <li>- hurting the children</li> <li>- locking the survivor in or out of the house</li> <li>- not allowing medication, food or medical care</li> <li>- not allowing sleep</li> <li>- forced pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>- rape</li> <li>- marital rape</li> <li>- incest</li> <li>- sexual slavery</li> <li>- sexual extortion</li> <li>- attempted rape</li> <li>- forced prostitution</li> <li>- forced unprotected sex</li> </ul>	<ul style="list-style-type: none"> <li>- humiliation, devaluation</li> <li>- insults, abusive language</li> <li>- bullying</li> <li>- isolation</li> <li>- damage, break objects (clothes, photos...)</li> <li>- do not talk any more</li> <li>- moral harassment</li> <li>- threats, coercion, arbitrary deprivation of liberty</li> <li>- showing weapons</li> <li>- victim-blaming</li> </ul>	<ul style="list-style-type: none"> <li>- denial of resources</li> <li>- giving piecemeal money</li> <li>- monitoring the bank account</li> <li>- receiving the salary in place of the spouse</li> <li>- refusing to pay child support</li> <li>- de-schooling</li> <li>- social exclusion/ostracism based on sexual orientation</li> </ul>	<ul style="list-style-type: none"> <li>- female genital mutilation</li> <li>- early and forced marriage</li> <li>- honor killings, maiming and murder</li> <li>- burning or acid throwing</li> <li>- infanticide and/or neglect</li> </ul>

# ANNEX 2.

## CONSEQUENCES OF GBV

**GENDER-BASED VIOLENCE HAS MANY IMPACTS AND DAMAGING EFFECTS ON THE SURVIVORS AND THE COMMUNITY. CONSEQUENCES ARE PHYSICAL, PSYCHOLOGICAL AND SOCIAL.**

### **Physical, sexual and reproductive health consequences:**

- scars, chronic pain
- eating and sleeping disorders
- loss of sexual desire
- alcohol and drug abuse
- disability
- femicide, suicide
- unwanted pregnancy, complications during pregnancy
- unsafe abortion
- infant mortality, miscarriage,
- HIV/Aids and other chronic diseases, infections and gynecological disorders

### **Psychological consequences:**

- fear, anxiety, panic attacks
- shame, low self-esteem and self-blame
- depression, post-traumatic stress and other mental illnesses and disorders
- suicide attempts

### **Social consequences:**

- stigma causing isolation, ostracism towards the survivor or her/his family
- arrest and imprisonment/sentencing
- dropping out of school
- loss of role or functions in the society (unemployment), loss of social relationships
- leaving own children behind to escape, causing suffering and anxiety
- housing facilities refusing contacts with outsiders causing further isolation
- High costs incurred by economy and society (social welfare, housing, medical care, the public health systems, legal adjudication, police, prison etc.)

# ANNEX 3.

## TYPES OF VIOLENCE BEFORE, DURING AND AFTER FLIGHT

BEFORE FLIGHT (IN THE COUNTRY OF ORIGIN OR IN A TEMPORARY HOSTING COUNTRY)	DURING FLIGHT (DURING THE FLIGHT TO EUROPE)	IN THE RECEIVING COUNTRY (COUNTRY OF ASYLUM)
<ul style="list-style-type: none"><li>- abuse by persons in power;</li><li>- sexual battering of women;</li><li>- sexual assault;</li><li>- rape;</li><li>- abduction by armed members of parties in conflict, including security forces;</li><li>- mass rape and forced pregnancies;</li><li>- sexual violence in intimate partner relationships;</li><li>- survival sex/forced prostitution;</li><li>- child sexual abuse</li></ul>	<ul style="list-style-type: none"><li>-sexual attack by bandits, border guards;</li><li>- capture for trafficking by smugglers;</li><li>- sexual assault when in transit facilities;</li><li>- survival sex/forced prostitution</li></ul>	<ul style="list-style-type: none"><li>- sexual attack, coercion, extortion by persons in authority;</li><li>- sexual abuse of separated children in foster care;</li><li>- domestic violence;</li><li>- survival sex/forced prostitution;</li><li>- sexual exploitation of persons seeking legal status in the country of destination (EU Member State) or access to assistance and resources;</li><li>- sexual violence experienced in refugee accommodations;</li><li>- resumption of harmful traditional practices</li></ul>

UNCHR SEXUAL AND GENDER-BASE VIOLENCE AGAINST REFUGEES, RETURNEES AND INTERNALLY DISPLACED PERSONS. GUIDELINES FOR PREVENTION AND RESPONSE, 2003 ADAPTED TO THE MFGE PROJECT.

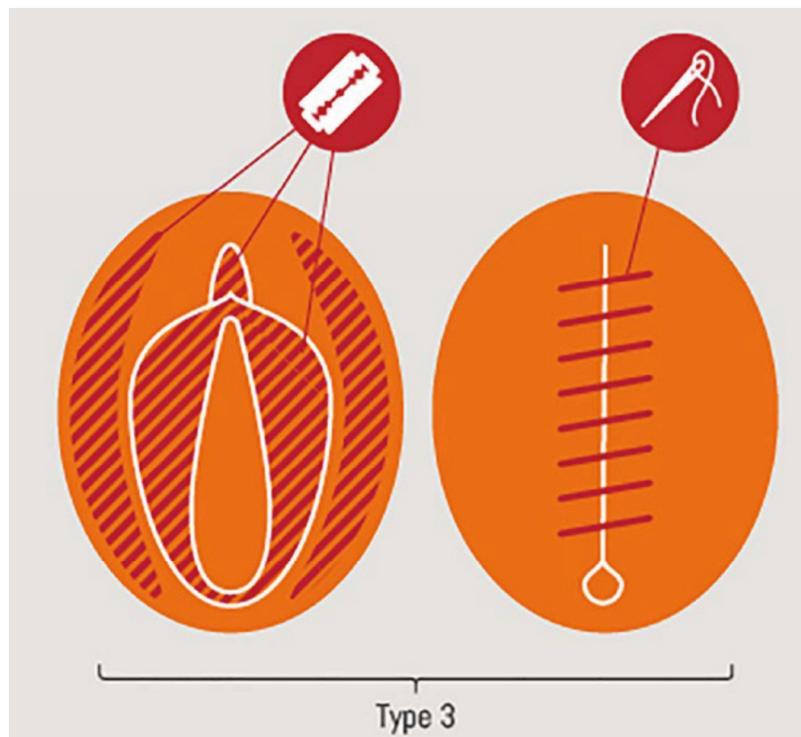
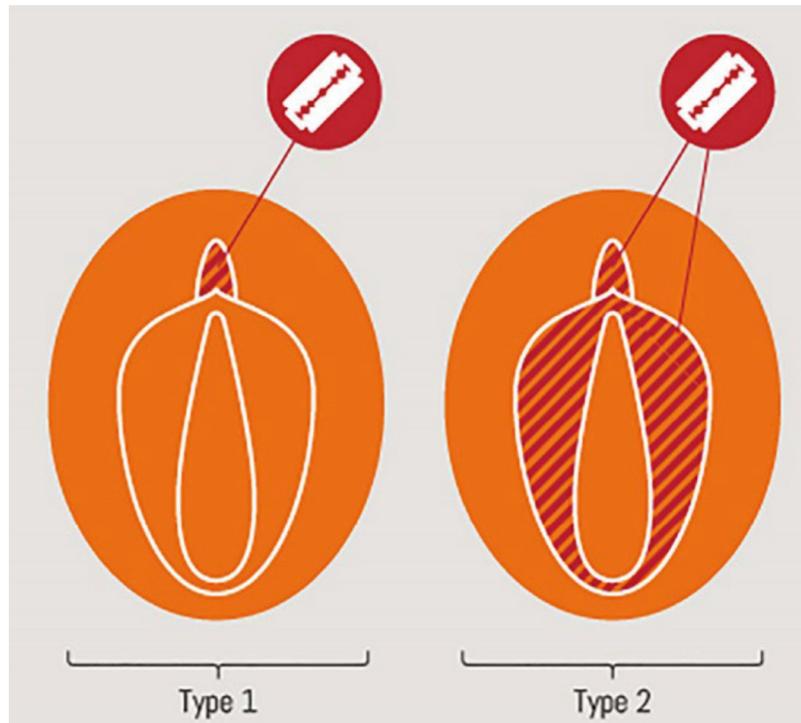
# ANNEX 4.

## LAWS ADDRESSING GBV AT INTERNATIONAL, REGIONAL AND NATIONAL LEVELS

INTERNATIONAL	EUROPE	COUNTRY
<p><b>UN Convention Relating to the Status of Refugees (1951)</b>, known as the Geneva Convention, is the source of international refugee laws implemented in all countries that have ratified it, including EU States. The Convention defines the rights refugees are entitled to.</p> <p>Regarding <b>FGM/C and CEFM</b> Art. 1, 2 is of particular importance : «Article 1 - A. For the purposes of this Convention, the term «refugee» shall apply to any person: (...) (2) Who owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence, is unable or, owing to such fear, is unwilling to return to it.”</p> <p>For survivors of both harmful practices, the refugee status can be granted due to <b>membership of a particular social group</b>.</p> <p><b>Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1979)</b> The purpose of this UN Convention is the recognition of discrimination against women. The Convention recognises gender-based violence as a form of discrimination. Individuals can file a complaint to the Committee on the Elimination of Discrimination against Women, if they find that a state is in violation of the Convention. EU Member States are all parties to the Convention. The provisions in CEDAW thus apply to refugee women.</p> <p>CEDAW is the global prototype of the Istanbul Convention</p>	<p><b>Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention) (2011)</b></p> <p>The Istanbul Convention is the first legally binding Convention in the field of GBV and domestic violence. The Convention defines gender-based violence as “violence that is directed against a woman because she is a woman or that affects women disproportionately”. The Istanbul Convention requires states to criminalise the forms of gender-based violence defined in the Convention, including FGM and forced marriage : Article 37 - Forced marriage “Parties shall take the necessary legislative or other measures to ensure that the intentional conduct of forcing an adult or a child to enter into a marriage is criminalised. Parties shall take the necessary legislative or other measures to ensure that the intentional conduct of luring an adult or a child to the territory of a Party or State other than the one she or he resides in with the purpose of forcing this adult or child to enter into a marriage is criminalised.” Article 38 - FGM/C “Parties shall take the necessary legislative or other measures to ensure that the following intentional conducts are criminalised:</p> <ol style="list-style-type: none"><li>excising, infibulating or performing any other mutilation to the whole or any part of a woman’s labia majora, labia minora or clitoris;</li><li>coercing or procuring a woman to undergo any of the acts listed in point a;</li><li>inciting, coercing or procuring a girl to undergo any of the acts listed in point a.”</li></ol> <p>The Convention lists several obligations to take action to protect and support female survivors of violence. These obligations include, among others, legal and psychological services, access to health care and social services, easily accessible shelters in sufficient numbers, referral centres for survivors in sufficient numbers to provide medical and forensic examination, trauma support and counselling for survivors. Parties should assure that the services are adequately resourced, and professionals trained.</p> <p>For refugee women survivors of GBV, the implementation of the Convention means that forms of GBV are recognised as a form of persecution, the implications of the Geneva Convention is gender-sensitively interpreted to include gender-specific asylum grounds (Art. 60), the asylum procedure as such is gender-sensitive and that the principle of nonrefoulement is respected (Art. 61). The Convention also lies down that states shall develop gender-sensitive support services for asylum seekers (Art. 60).</p> <p>The recast <b>Qualification Directive (Directive 2011/95/EU)</b> of the European Parliament and of the Council of 13 December 2011 clarifies the grounds for granting international protection and is designed to make asylum decisions more robust. The Directive ensures eligibility for international protection for women and girls with a well-founded fear of persecution or facing the risk of suffering FGM. Apart from the survivors themselves, <b>it extends international protection to parents fearing persecution or facing a real risk of suffering serious harm because they refuse to consent to their child undergoing FGM</b>.</p> <p>It further lists the criteria for subsidiary protection to include serious harm, such as torture or inhuman or degrading treatment or punishment (which FGM is considered to be under international jurisprudence), therefore qualifying FGM survivors for this type of protection.</p> <p><b>The Victims’ Rights Directive (2012/29/EU)</b> is an excellent legislative tool in helping to ensure that survivors of crime have access to protection and support. The Victims’ Rights Directive pays particular attention to <b>vulnerable groups</b> including female survivors of gender-based violence, because of the high risk of secondary and repeated victimisation, of intimidation and of retaliation connected with such violence, and because these crimes can cause systematic psychological and physical trauma with severe consequences. The Directive guarantees the survivors of genderbased violence the right to specialized support and legal protection.</p> <p><b>The Reception Conditions Directive (2013/33/EU)</b> lays down standards for the reception of applicants for international protection. Among other issues it requires the EU Member States to recognise the situation of vulnerable persons in accommodation centres and to take appropriate measures in preventing gender-based violence and to provide survivors access to medical and <b>psychological treatment or care</b>.</p>	<p><b>France</b></p> <p><b>222-9 of the Criminal Code</b>: violence resulting in mutilation or permanent disability is punishable by 10 years’ imprisonment and a fine of 150,000 euros. <b>Article 222-10 of the Criminal Code</b> increases the penalty to 15 years’ imprisonment if the mutilation is committed on a minor under 15 years of age. The same article provides that the penalty shall be increased to 20 years’ imprisonment if the offence is committed against a minor under 15 years of age by a legitimate, natural or adoptive parent or any other person having authority over the minor.</p> <p>In French law, <b>the absence of consent is a cause of nullity of marriage (Article 180 of the Civil Code)</b>. Furthermore, forcing a person to travel abroad to marry him or her by force, in particular by concealing the true reason for the trip, is an offence punishable by 3 years’ imprisonment and a fine of 45,000 euros (<b>Article 222-14-4 of the Criminal Code</b>)</p> <p><b>In Germany</b></p> <p>Female genital mutilation/cutting has been incorporated into the German Penal Code in 2013 and constitutes an offence as such (<b>Sec.226 a StGB</b>), i.e. serious physical injury that is punishable by prison sentence of up to fifteen years. Since 2015, temporarily taking abroad a daughter residing in Germany for the purpose of subjecting her to genital mutilation is punishable under German law (<b>Sec. 5 para. 9 a, lit. b StGB</b>).</p>

# ANNEX 5.

## TYPES OF FGM/C



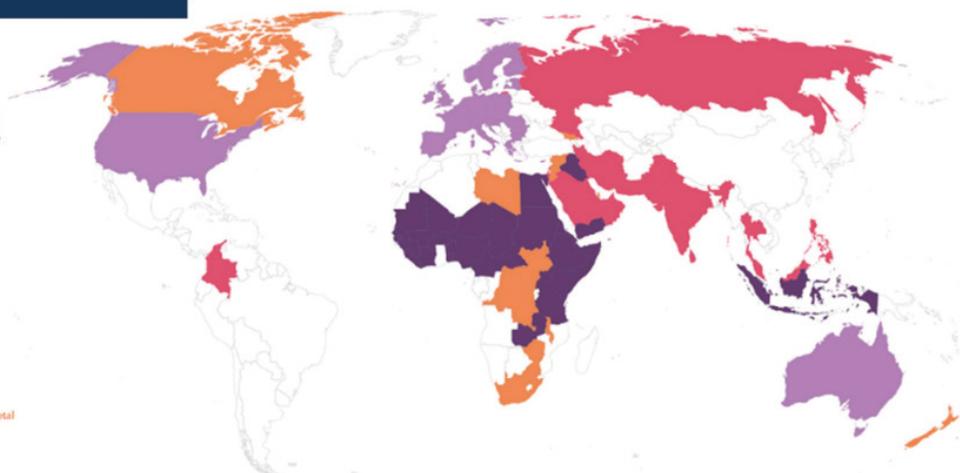
# ANNEX 6.

## FGM/C AROUND THE WORLD

### FGM/C IS GLOBAL

FGM/C is present in at least 92 countries around the world.

- **CATEGORY 1**  
Countries with nationally representative surveys on FGM/C
- **CATEGORY 2**  
Countries with indirect estimates on FGM/C
- **CATEGORY 3**  
Countries with small-scale studies on FGM/C
- **CATEGORY 4**  
Countries where media reports and anecdotal evidence refer to occurrence of FGM/C



Source: FGM/C: A Call For A Global Response (2020) Equality Now, End FGM EU Network, US End FGM/C Network

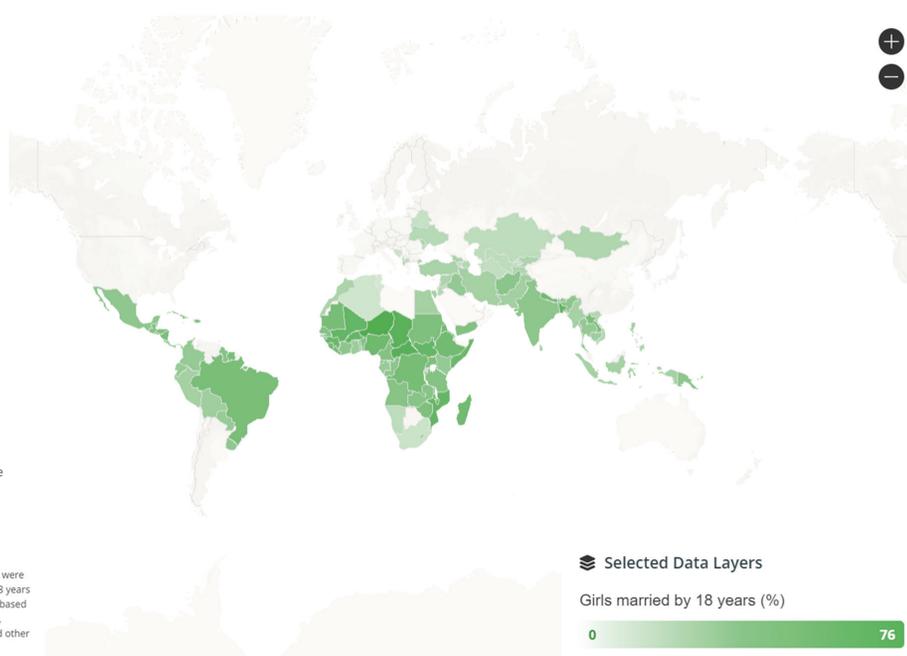
# ANNEX 7.

## CHILD MARRIAGE AROUND THE WORLD

Top 20 countries with the highest prevalence rates of child marriage\*

01	76% Niger
02	68% Central African Republic
03	67% Chad
04	59% Bangladesh
05	54% Mali
06	53% Mozambique
07	52% Burkina Faso
08	52% South Sudan
09	47% Guinea
10	45% Somalia
11	43% Nigeria
12	42% Malawi
13	41% Eritrea
14	40% Ethiopia
15	40% Madagascar
16	40% Nepal
17	34% Uganda
18	37% Democratic Republic of the Congo
19	37% Mauritania
20	39% Sierra Leone

\*Percentage of women 20-24 years old who were first married or in union before they were 18 years old. Source: UNICEF global databases 2020, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS), and other national surveys.



Selected Data Layers

Girls married by 18 years (%)



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