

Female genital mutilation

How many girls are at risk in Greece?



It is estimated that **25 % to 42 % of girls are at risk** of female genital mutilation in Greece, out of a total population of 1787 girls aged 0-18 originating from countries where female genital mutilation is practiced.

Girls at risk of female genital mutilation in Greece mostly originate from Egypt, Ethiopia and Nigeria.

These findings are from the latest research conducted by the European Institute for Gender Equality on female genital mutilation in the EU (1).

Female genital mutilation is a severe form of gender-based violence, leaving deep physical and psychological scars on the lives of victims around the world. It is a violent form of subordination of women and girls and it stands in gross contradiction to the principles of gender equality.

Female genital mutilation refers to all procedures involving the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons according to the World Health Organisation.



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What are the trends over time? The percentage of girls at risk in the high risk scenario has decreased from 54 % in 2011 to 42 % in 2016. The absolute number of girls at risk has also decreased. The total population of migrant girls from FGM-practising countries living in Greece has slightly decreased from 1896 to 1787 over the same time frame.

About the European Institute for Gender Equality and the Study

The European Institute for Gender Equality (EIGE) is the EU knowledge centre on gender equality. EIGE supports policymakers and all relevant institutions in their efforts to make equality between women and men a reality for all Europeans by providing them with specific expertise and comparable and reliable data on gender equality in Europe.

The study 'Female genital mutilation: estimating girls at risk in the EU' was conducted in 2017. It supports the EU institutions and EU Member States in providing more accurate information on female genital mutilation and its risks among girls in the European Union.

More information on www.eige.europa.eu

¹ The European Institute for Gender Equality, Female genital mutilation: estimating the numbers of girls at risk in the EU, 2018.

How is female genital mutilation tackled in Greece

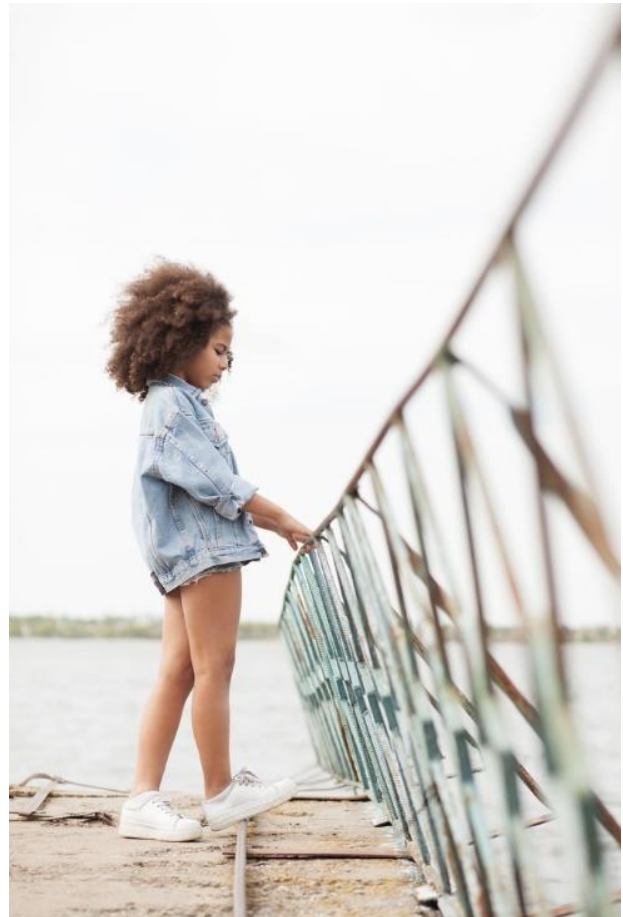
Female genital mutilation has been incorporated in the **Criminal Code** since 2006 under Art. 308 (bodily harm), Art. 309 (dangerous bodily harm), Art. 310 (grievous bodily harm).

Since 2018, female genital mutilation is specifically mentioned in law 4531/5-4-2018, ratifying the **Istanbul Convention** ⁽²⁾. The principal of extraterritoriality is applied, criminalising female genital mutilation when committed abroad.

General **child protection** provisions can be used in cases of female genital mutilation and parents can be held accountable if female genital mutilation is performed on their child. Professional secrecy provisions apply to cases of female genital mutilation (Penal Code Art. 371 and Civil Code Art. 57, 914 and 932).

Asylum can be granted to women and girls who have undergone female genital mutilation or who are in danger under Art. 11 of the Asylum Law 3907/2001.

The **national action plan** on gender equality 2016-2020 calls for holistic **services** supporting victims of female genital mutilation and awareness-raising campaigns targeted at the general public and in cooperation with communities.



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Community perspectives

To gain in-depth knowledge and understanding about female genital mutilation among diaspora living in Greece, focus group discussions were held with women and men originating from Egypt, Sudan, Nigeria, Iraq and Somalia.



Female genital mutilation appeared to be a more important community issue in the Somali and Sudanese communities, than in the Egyptian, Iraqi or Nigerian communities. The Somali and Sudanese communities were also more open to discussing female genital mutilation, as opposed to Egyptian and Nigerian participants, who viewed the issue as a private matter.



All participants thought that female genital mutilation is not widely practiced in Greece, although stories about girls taken to the home country to have the practice done emerged as a key risk factor. Other risk factors include secrecy about female genital mutilation within households, pressure to conform to stereotypes about purity and chastity in the home country, traditional views on girls' sexuality and the lack of campaigns against female genital mutilation in Greece and in countries of origin.



Facilitating open discussions about female genital mutilation and its negative health consequences, especially with men help to discourage the practice. Tackling stereotypes about women's sexuality, raising awareness against all forms of the practice and challenging beliefs about the practice being a religious requirement also act as deterrent factors.

² Council of Europe (2011), Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention), Council of Europe Treaty Series – No 210, Istanbul.

Female genital mutilation in the context of migration

Greece has clearly faced the impact from **migratory flows** towards the European Union in recent years. Precise data on women from FGM-practising countries crossing borders are not available. However, general data from the Hellenic Police indicate that since 2011, 163 950 persons from FGM-practising countries have been arrested in Greece, coming from Iraq, Somalia, Eritrea, Egypt, Nigeria, Cameroon and Côte d'Ivoire.

Looking at the number of asylum seeking girls (kept separate from resident migrants as the push factors for migration differ) it is estimated that **5% of asylum seeking girls are at risk** of female genital mutilation in Greece (2016), out of a total population of 1123 asylum-seeking girls aged 0-18 originating from FGM-practising countries.



Recommendations for Greece

✓ **Strengthen prosecution.** By enforcing the new Greek law, it will become easier to prosecute female genital mutilation both in Greece and abroad. Monitoring the impact of legislation and court cases will allow for better data collection and knowledge on the practice in Greece.

✓ **Adopt a gender-sensitive asylum system.** Applications on the grounds of FGM should be facilitated by protecting victims at reception structures, gender-sensitive risk assessment upon arrival and onward referral and care. Even when fast-track border systems are installed, gender-sensitive asylum procedures should be assured.

✓ **Implement a national prevention strategy.** A specific action plan will support prevention. Relevant stakeholders from health, education, migration sectors, civil society organisations and migrant representatives should be involved to address FGM in a multidisciplinary way.

✓ **Create and implement policies with communities.** Involving FGM-affected communities and civil society organisations is critical to implement effective policies that match the needs of the primary beneficiaries. When reaching out to communities it is important to acknowledge their heterogeneity and to adopt targeted strategies to widen the approach.

✓ **Provide multidisciplinary support services.** Member States are called to establish minimum standards on the rights, support and protection of victims of crimes, even when committed abroad, as outlined under the Victims' Rights Directive. Create, increase and promote access to multidisciplinary services offering care and assistance. These could include general practitioners, gynaecologists, midwives, sexologists, psychologists, cultural mediators and interpreters.

✓ **Raise awareness about the law and health consequences.** Targeted and systematic campaigns for women and men, with informative tools accessible in different languages, both offline and online will help discourage the practice.

✓ **Train professionals and educate.** Coordinate technical and gender-sensitive training in a systematic and sustainable way, ensuring staff working in education, health, social and asylum services are reached. Training should start during the qualification period and be included in the curricula of different professions, for example gynaecology and midwifery. Guidelines on the early identification of victims of FGM should provide for safeguarding, reporting and referral.

✓ **Tackle misbeliefs on religious requirements.** This was a strong deterrent factor confirmed by focus group participants in Greece. Community change agents can effectively challenge misbeliefs in the public sphere and give credibility to campaigns and messages against the practice.

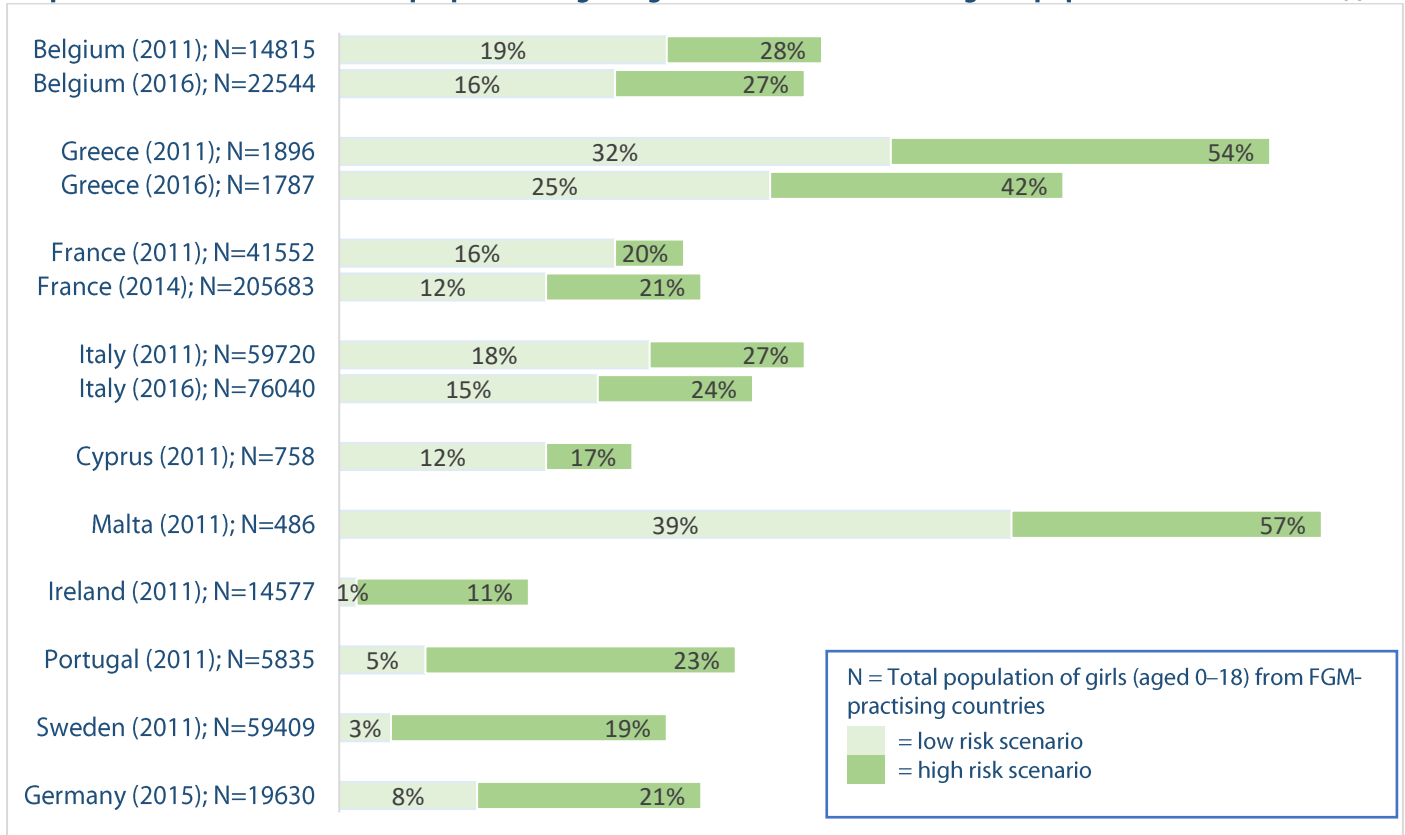
✓ **Engage men for change.** Views on the practice are changing more slowly among men. Target awareness raising for men on the health consequences and stigma and create spaces for men to discuss and learn about the practice openly.

✓ **Undertake regular risk estimations with better available data.** Collect disaggregated data on the female migrant population, not only those with a valid residence permit. Provide data on female live births to mothers originating from FGM-practising countries before 2004 and for all countries of origin. Collect data on FGM-related asylum applications and disaggregate police data on irregular migration by sex and age.

Female genital mutilation is a concern in the EU

EIGE developed a methodology to estimate the number of girls at risk of FGM in the EU. It has been applied in ten Member States, showing that the phenomenon affects girls living in Europe.

Graphic 2: Estimated number and proportion of girls aged 0-18 in the resident migrant population at risk of FGM ⁽³⁾



Sources: EIGE, *Female genital mutilation: estimating the numbers of girls at risk in the EU, 2018*; EIGE, *Estimation of girls at risk of female genital mutilation in the European Union, 2015* and Integra, *Eine empirische Studie zu weiblicher Genitalverstümmelung in Deutschland, 2017*.

Recommendations for the European Union

✓ **Ratify the Istanbul Convention.** It is a legally binding instrument, dedicated to combating violence against women, including female genital mutilation. The Convention calls for a broad implementation of the extraterritoriality principle, the adoption of gender-sensitive asylum provision and reception procedures and the collection of comparable and disaggregated data on female genital mutilation.

✓ **A gender-sensitive Common European Asylum System (CEAS).** Enhancing gender equality in the European asylum process and taking gender-related aspects into account in any future CEAS legislation will allow for cases of female genital mutilation to be handled carefully and appropriately. EU-wide guidelines on gender-sensitive asylum procedures would allow for harmonised early warning systems and procedures for frontline officials at border agencies, reception centres and health services.

✓ **External actions to prevent female genital mutilation.** Returning to the home country is a serious risk indicator of female genital mutilation for girls in Europe. Targeted external actions can mitigate this risk in the country of origin. The scope of prevention should be broadened to less-known practising communities in the Middle East and Asia, specifically rural areas. Cooperation with all actors involved is key: EU-bodies, United Nations, civil-society organisations and local community actors.

✓ **Incentives through EU integration strategies.** Findings show that successful integration impacts the abandonment of female genital mutilation. EU strategies on the integration of third-country nationals should take into account this dimension and explicitly provide for incentives to tackle the risk of female genital mutilation through integration policies.

³ Comparison is indicative, as different methodologies were used in the three different study sources.