

# Female genital mutilation

## How many girls are at risk in Greece?



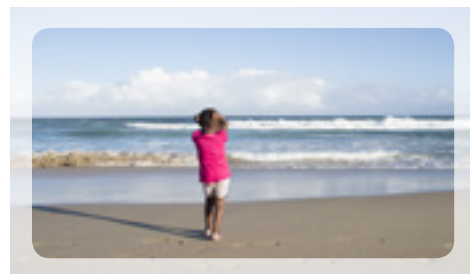
It is estimated that **25 % to 42 % of girls are at risk** of female genital mutilation (FGM, or 'cutting') in Greece, out of a total population of 1 787 girls aged 0-18 originating from countries where female genital mutilation is practised.

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 (EIGE) 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.

According to the World Health Organisation, 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' (²).



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### About the study and the European Institute for Gender Equality

The study 'Estimation of girls at risk of female genital mutilation in the European Union — Belgium, Greece, France, Italy, Cyprus and Malta' was conducted in 2017-2018. 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.

EIGE is the EU knowledge centre for gender equality. It supports policymakers and all relevant institutions in their efforts to make equality between women and men a reality for all EU citizens, by providing them with specific expertise and comparable and reliable data on gender equality in the EU.

**More information is available at [www.eige.europa.eu](http://www.eige.europa.eu)**

**What are the trends over time?** The percentage of girls at risk in the high-risk scenario (³) 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 1 896 to 1 787 over the same time frame.

(\*) This percentage refers to girls aged 0-18 originating from countries where female genital mutilation is practised.

(¹) The European Institute for Gender Equality, *Estimation of girls at risk of female genital mutilation in the European Union — Belgium, Greece, France, Italy, Cyprus and Malta*, 2018.

(²) World Health Organisation, Factsheet on female genital mutilation (<http://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>).

(³) For a detailed description of the low-risk and high-risk scenarios, please consult the report: *Estimation of girls at risk of female genital mutilation in the European Union — Belgium, Greece, France, Italy, Cyprus and Malta*, 2018.

## How is female genital mutilation tackled in Greece?

Female genital mutilation has been incorporated into the **Criminal Code** of Greece since 2006, under Article 308 (bodily harm), Article 309 (dangerous bodily harm) and Article 310 (grievous bodily harm).

Since 2018, female genital mutilation has been specifically mentioned in Law 4531/5-4-2018 ratifying the **Istanbul Convention** <sup>(4)</sup>. The principle 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 (Article 371 of the Criminal Code and Articles 57, 914 and 932 of the Civil Code).

**Asylum** can be granted to women and girls who have undergone female genital mutilation or who are in danger of being subjected to female genital mutilation under Article 11 of Law 3907/2001 (the Asylum Law).

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 co-operation with communities.



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## Community perspectives

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



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.



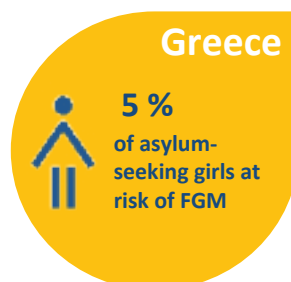
None of the participants thought that female genital mutilation was widely practised in Greece, although stories about girls taken to their home countries to have the practice carried out emerged as a key risk factor. Other risk factors included secrecy about female genital mutilation within households, pressure to conform to stereotypes about purity and chastity in home countries, 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, helps to discourage the practice. Tackling stereotypes about women's sexuality, raising awareness of all forms of the practice and challenging beliefs about the practice being a religious requirement also act as deterrent factors.

## Female genital mutilation in the context of migration

Greece has clearly been affected by **migratory flows** towards the European Union in recent years. Precise data on women from FGM-practising countries crossing borders is not available. However, general data from the Hellenic police indicates 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.



<sup>(4)</sup> Council of Europe, Convention on preventing and combating violence against women and domestic violence (the Istanbul Convention), Council of Europe Treaty Series, No 210, Istanbul, 2011.

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 1 123 asylum-seeking girls aged 0-18 originating from FGM-practising countries.

## Recommendations for Greece

- ✓ **Strengthen prosecution.** Enforcing the new Greek law will make it easier to prosecute for 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 made 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 ensured.
- ✓ **Implement a national prevention strategy.** A specific action plan would support prevention. Relevant stakeholders from the health, education and 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 upon to establish minimum standards on the rights, support and protection of victims of FGM-related crimes, even when committed abroad, as outlined under Directive 2012/29/EU (the Victims' Rights Directive) and to create, increase and promote access to multidisciplinary services offering care and assistance. These services 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, would help discourage the practice.
- ✓ **Train professionals and educate.** Technical and gender-sensitive training should be coordinated in a systematic and sustainable way, ensuring staff working in education, health, social and asylum services are reached. Training should 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 about 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 than among women. Awareness-raising for men on the related health consequences and stigma should be targeted, and spaces should be created for men to discuss and learn about the practice openly.
- ✓ **Undertake regular risk estimations with more reliable data.** Disaggregated data should be collected on the female migrant population, and not only those with a valid residence permit. Data should be provided on female live births to mothers originating from FGM-practising countries. Data should be collected on FGM-related asylum applications and police data on irregular migration should be disaggregated by sex and age.

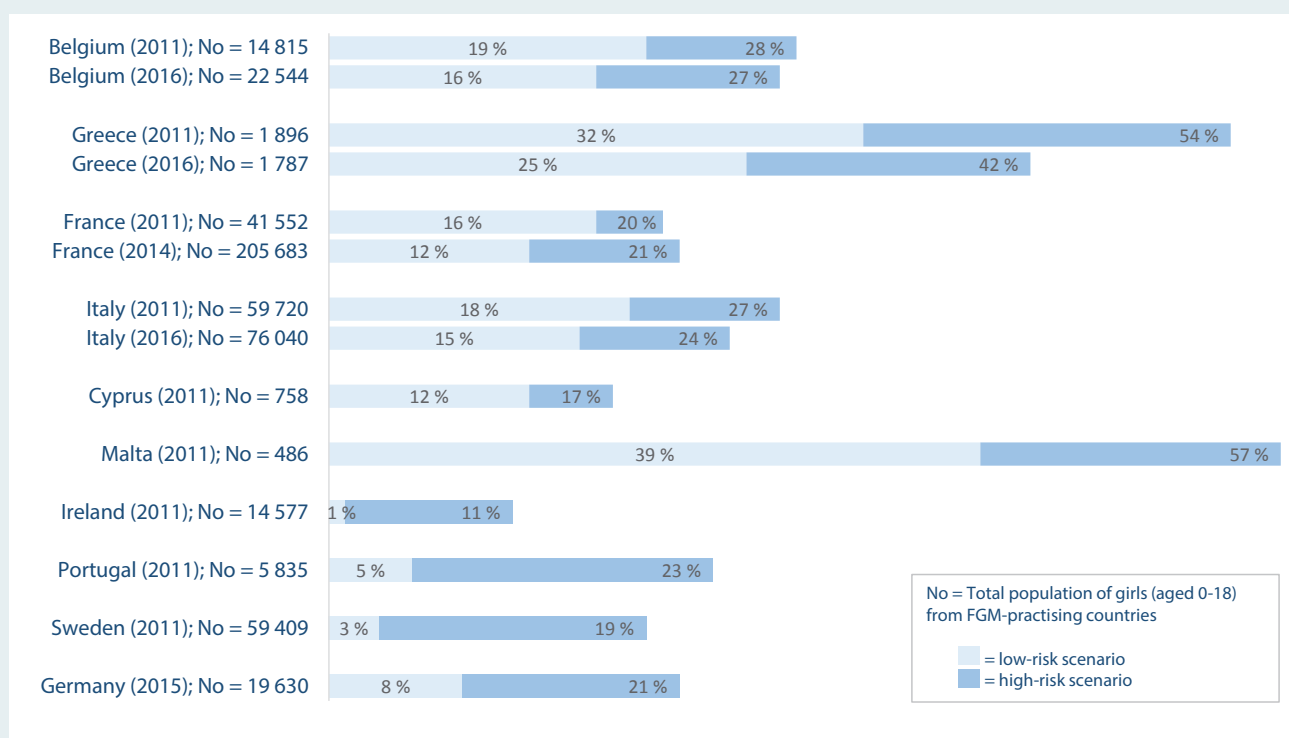
## Female genital mutilation is a concern in the European Union

EIGE has developed a methodology to estimate the number of girls at risk of FGM in the EU. It has been applied in 10 Member States and demonstrates that the phenomenon affects girls living in the EU.

## Recommendations for the European Union

- ✓ **Ratify the Istanbul Convention.** This 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.** Enhancing gender equality in the EU asylum process and taking gender-related aspects into account in any future Common European Asylum System 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 and reception centres and in health services.
- ✓ **External actions to prevent female genital mutilation.** For girls in the EU, returning to their home country is a serious risk indicator of female genital mutilation. Targeted external actions can militate against this risk in the country of origin. The scope of prevention should be broadened to lesser-known practising communities in the Middle East and Asia, specifically

Figure 1. Estimated number and proportion of girls aged 0-18 in the resident migrant population at risk of FGM <sup>(5)</sup>



Sources: EIGE, *Estimation of girls at risk of female genital mutilation in the European Union — Belgium, Greece, France, Italy, Cyprus and Malta, 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*.

in rural areas. Cooperation with all actors involved is key: EU bodies, the United Nations, civil society organisations and local community actors.

- ✓ **Incentives through EU integration strategies.** Findings show that successful integration has a positive impact on the

abandonment rate of female genital mutilation. EU strategies on the integration of nationals from non-EU countries should take into account this dimension and, through integration policies, explicitly provide for incentives to tackle the risk of female genital mutilation.

(5) Comparison is indicative, as different methodologies were used in the three different study sources.

## European Institute for Gender Equality, EIGE

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.

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