

Joint Shadow Report - Greece

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Authors:

Diotima Centre is a women’s non-profit organisation established in Greece in 1989 on the initiative of an interdisciplinary group of women. A constant pursuit during our multiannual action is the highlight and confrontation of gender discrimination at all levels of social, political and economic life. Our vision is the defence of gender rights and our mission is the multifaceted support of women who have suffered gender-based violence and belong in socially vulnerable and excluded groups of women (unemployed, single parents, low-income women, refugees, immigrants). We also thank Eirini Vlachou for the support and advice provided.

End FGM European Network (End FGM EU): [End FGM EU](#) is a European umbrella network of 34 organisations working in 15 European countries to ensure a sustainable European action to end female genital mutilation in Europe and beyond. Its vision is “a world free of all forms of female genital mutilation (FGM) where women and girls are empowered and can fully enjoy their human rights”. Its mission is to be the driving force of the European movement to end all forms of FGM, joining the forces of communities and civil society organisations, and building synergies and cooperation with all relevant actors in Europe and globally.

INTRODUCTION

The present joint shadow report is produced by the Diotima Centre and the End FGM European Network, in order to highlight the current situation and propose concrete recommendations on the issue of prevention, protection, prosecution and integrated policies concerning female genital mutilation in Greece. Despite this report focusing only on this harmful practice, its aim is not to single it out in isolation, but to put emphasis on the practice while still seeing it in the *continuum* of gender-based violence against women and girls and in a holistic and comprehensive manner.

This report represents the Greek chapter of a wider coordinated effort of End FGM EU to engage all its members who are under GREVIO revision to present an **FGM-focused report** in order to bring the topic, which is too often neglected by State authorities, to the experts' attention. This project stems from the Guide on the [Istanbul Convention as a tool to end female genital mutilation](#), which was produced as part of a collaboration between the Amnesty International End FGM European Campaign (the predecessor of End FGM EU) and the Council of Europe. It puts in practice the Guide's holistic approach by considering its full application to FGM as a form of violence against women and girls, which needs to be addressed through prevention, protection, prosecution and integrated policies. It does not only analyse the application of the specific FGM Article 38 of the Istanbul Convention, but addresses the full range of articles in the Convention and how they are applied to tackle FGM.

1. Legal Framework

Criminal law

FGM is criminalised in Greece under [Law 4619/2019 of the Greek Penal Code](#), which came into force on July 1st, 2019. According to **Article 315** of the Greek Penal Code: "Anyone who persuades a woman to have her genitals mutilated is punished with imprisonment". This provision has been incorporated in the Penal Code in 2018 after Greece has ratified the Istanbul Convention (L. 4531/2018). However, in the event of commission of such acts, the criminal responsibility of the perpetrators is examined on the basis of the general provisions of the Penal Code. Article 315 of the Greek Penal Code does not cover cases where the practice is carried out under coercion. For such cases, as FGM causes dangerous and grave bodily injury, Article 309 of the Greek Penal Code (dangerous bodily injury), Article 310 (serious bodily injury), Article 311 (Fatal bodily injury) or 312 (Bodily injuries against weak persons), depending on the case, should apply to ensure prosecution of the perpetrators of the crime. The penalties are also to be established under these articles, combined with the prescriptions of Articles 53 and 52 (terms of imprisonment and duration of temporary imprisonment).

More details on the legal provisions and terms of punishment are available in the Country Sheet for [Greece](#) on the Online Interactive Map produced by End FGM EU¹.

Child Protection Law

Greece has ratified the Convention on the Rights of the Child in 1992 by L. 2101/1992 and by L. [3625/2007](#) its additional Protocol on the Sale of Children, Child Prostitution and Child Pornography (OPSC), which covers child protection more generally, including violations of child human rights or child abuse.

As per the Greek Penal law, when referring to bodily injuries to weak persons Article 312: concerning minors, provides for imprisonment of at least one year for the act of article 308, at least two years for the act of Article 309, imprisonment of at least three years and if they intended to cause grievous bodily harm for the act of article 310 with imprisonment from five to fifteen years. In case of fatal bodily injury (art. 311) of a weak person, life sentence is awarded. If FGM takes place within the family environment, the act constitutes domestic violence and the relevant provisions of the Greek Penal Code are also applied (Article 333, par. 2 of the Penal Code in combination with L3500/2006 as amended by L.4531/2018).

Article 5(1) of the Law 3727/2008 on the Protection of Children against Sexual Exploitation and Abuse prescribes that people working in the recruitment, education or awareness-raising fields who have regular contact with children must spread awareness regarding the protection and rights of children among persons working with children in the areas of education, health, sports, cultural and leisure activities, social protection and justice. Article 9(1) of the Optional Protocol for the Protection of the Rights of the Child in Law 3625/2007 prescribes that Greece has an obligation to implement laws, administrative measures, social policies and preventive programmes in order to protect children who are vulnerable to violent practices.

Law on asylum²

Even though it is not explicitly mentioned in the Greek law, FGM is considered an act of persecution, falling under the category of “acts of physical or mental violence, including acts of sexual violence” (article 9 par. 2 of [L. 4636/2019](#)). Women in danger of undergoing FGM or who are Survivors of FGM can be recognised as refugees on the basis of gender and more specifically on the grounds of “membership to a particular social group”, as mentioned in article 1A (2) of the 1951 Convention relating to the Status of Refugees (“1951 Convention”) and article 2 of the presidential decree 141/2013 (now article 2 of L. 4636/2019). Those who can get international protection include: women and girls being at risk of FGM; parents or siblings protecting their daughter(s)/sister(s) from FGM; individuals opposing FGM whose life

¹ An interactive online map collecting information on laws, policies, services and data collection about FGM in the countries where Members of the End FGM European Network are present. For Greece, please look at: <https://map.endfgm.eu/countries/502/Greece>

² Additional information on this is also available at https://www.endfgm.eu/editor/0/GREECE_Country_Sheet_Asylum_paper.pdf

is proven to be at risk due to their anti-FGM stance. The status of refugee “sur place” is also available in Greece, where asylum can also be granted to a woman who has lived a period of time in Greece and faces risks related to FGM if she returns to the country of origin.

FGM Survivors that underwent FGM in their country of origin can present proof of past persecution (torture or violence³ in the country of origin linked to one of the grounds of the Geneva Convention) for the refugee status. The same goes for the qualification for subsidiary protection or a potential subsequent claim. According to a decision by the Administrative Court of Appeal in Athens, applicants should demonstrate either that they are in danger of being submitted again to this practice, or that they suffer from such physical and psychological consequences, that it is not possible for them to go back there (see also article 4 par. 3 of p.d. 141/2013). However, contrary to article 4 par. 3 of p.d. 141/2013, which stated that international protection can be accorded even if it is certain that persecution will not take place again, article 4 par. 4 of the L. 4636/2019 clearly states that for the accordance of international protection, there should be serious reasons to believe that the past persecution will take place again. It remains to be seen how this will be applied in practice.

Article 1 par. 33, L.4939/2022 (Official Gazette 111/A/10-6-2022)

According to this recent law for the reception and international protection of third country nationals and stateless persons, the following persons are considered as **vulnerable**: unaccompanied or unaccompanied minors, immediate relatives of shipwreck victims (parents, siblings, children and spouses), persons with disabilities, the elderly, pregnant women, single-parent families with minor children, victims of human trafficking, persons with serious illnesses, people with intellectual and mental disabilities and people who have suffered torture, rape or other serious forms of psychological, physical or sexual violence, **such as victims of genital mutilation**.

Article 72 L. 4636/2019

1. Subject to the applicant’s consent, the Receiving Authorities or the Deciding Authorities may refer the applicant for medical examination and/or psychosocial diagnosis to medical practitioners of public hospitals or public mental health establishments or other private sector medical professionals contracted with the Greek State or the Medical Screening and Psychosocial Support Unit of the Reception and Identification Centres, where there are signs or claims that might indicate past persecution or serious harm. The examination - diagnosis referred to above shall be carried out free of charge by appropriately qualified medical specialists and the results or opinions shall be submitted to the competent authorities as soon as possible. In any other case, the applicants shall be informed that they may, on their own

³ Serious harm consists of: (a) death penalty or execution; or (b) torture or inhuman or degrading treatment or punishment of an applicant in the country of origin; or (c) serious and individual threat to a civilian's life or person by reason of indiscriminate violence in situations of international or internal armed conflict.

initiative and at their own cost, arrange for examination and diagnosis concerning signs that might indicate persecution or serious harm.

2. The results of the medical examinations or opinions must indicate the conditions the applicant suffers from and include a specifically reasoned assessment of the rate of anatomic-physiological damage caused by those conditions in the critical period. Afterwards, the competent authorities referred to in paragraph 1 shall, based on the above-mentioned results and opinions on the nature and extent of the conditions, the medical documents presented and the other details of the application, assess them freely and provide a reasoned opinion on whether the applicant's claims of persecution or serious harm are founded.

During the reception and identification procedure, the same law (L. 4636/2019) includes FGM in the official list of vulnerabilities (art. 39 par. 5 d). Assessment of this vulnerability should be done through the reception and identification procedure (art. 39) and then the proper referrals must be ensured. Certification should be offered by doctors in public structures as per:

Article 61 L.4636/2019

1. Victims of torture, rape or other serious acts of violence shall be attested by means of a medical certificate issued by a public hospital, military hospital or qualified doctors employed in public bodies providing health services, including forensic specialists, and shall receive the necessary treatment for the damage caused by such acts, in particular access to appropriate medical and psychological treatment or care.

2. Personnel working for bodies responsible for handling cases relating to victims of torture, rape or other serious acts of violence shall have undergone and shall continue to receive appropriate training concerning the needs of such victims and shall be bound by confidentiality regarding personal data that come to their knowledge in the performance of their duties or in the course of their work.

2. Policy Framework

A new [National Action Plan on Gender Equality \(NAPGE\)](#) was developed in Greece for the period 2021-2025. Its first strategic outline refers to preventing and combating all forms of gender-based violence and domestic violence through the implementation of all provisions of the Istanbul Convention (L. 4531/2018). Furthermore, it distinctly refers to preventing and combating FGM through action 1.4.2. The NAPGE provides for bodies in charge of its monitoring and implementation, but it does not set a dedicated budget for the different priorities outlined.

In 2009, a specific Greek National Plan of Action to Prevent and Eliminate FGM was developed but has since expired without being adopted by Greek authorities. The National Action Plan for Public Health

refers to FGM stating that the right to protection from FGM is one of the twelve sexual and reproductive rights in the country.

MAIN ISSUES

1. Prevention

Articles 12, 13, 14, 15, 16, 17

The absence of adequate data, research and professional expertise in FGM reveals that there is no adequate awareness of the practice in the country. Neither the general population nor professionals that work closely with FGM Survivors receive any education on FGM, while specific policies on raising awareness and preventing FGM are not in place. With the new NAPGE the willingness to increase efforts seems evident; the plan includes FGM among its actions of prevention of gender-based violence but does not seem to clearly outline the actions planned and the results expected.

NGO Aitima, who used to be also a member of the End FGM EU, had a specific focus on FGM but due to the devastating impact of the Covid-19 it had to shut down its offices during the COVID-19 pandemic. This reveals the lack of State support civil society NGOs dealing with FGM have to face in Greece.

To remedy this situation, the inclusion of specific action plans to prevent and eliminate FGM in NAPGE should be in place in order to clearly define prevention measures.

2. Protection

Articles 18, 22, 27, 28, 60

Any protection strategy on FGM should also include the right to international protection as a component of the duty to protect (Article 18, paragraph 5). As mentioned above, in Greece, assessment and certification of FGM is mostly done by public structures. However, it is known that the public health system in Greece has not yet incorporated any mechanism to properly identify, treat and provide adequate certification to Survivors of FGM. As a result, there have been cases where proper assessment, identification and certification has not been conducted on the islands and FGM Survivors have found themselves living in inadequate conditions and/ or being rejected by the Asylum Authorities, as interviews on the islands are scheduled really quickly without a proper assessment of vulnerabilities.

An additional issue is represented by the fact that by a Ministerial Decision issued in June 2021 Turkey has been designated as a safe third country for asylum seekers from Syria, Afghanistan, Pakistan, Bangladesh and Somalia⁴ meaning that admissibility interviews will be held all over the country for these nationalities. Asylum seekers from these countries will not have an asylum interview right away, but their applications will be rejected immediately as inadmissible, except if the applicants prove that they cannot return to Turkey because it is not a safe third country specifically for them. If they fail to prove this, they will face a return to Turkey. This is extremely worrying especially for Somali FGM Survivors, given the vulnerability assessment and certification problems mentioned above but also because Turkey has withdrawn from the Istanbul Convention in March 2021.

Moreover, due to a very limited capacity and lack of training of asylum staff, proper assessment of vulnerabilities, provision of relevant information and support are often not guaranteed. There is also no provision in the law to train interpreters, which are widely used by the Asylum Service and Appeals Authority.

While there is no obligation to report FGM to authorities, under Greek law, protection for people at risk of FGM is provided for under Article 23 of [Law 1565/1939](#) and Article 13 of [Law 3418/2005](#), which prescribe the duty to report for health professionals when obligated by the law and when they learn that a crime may take place and can be prevented. There is no known provision of specialist support services for Survivors of FGM or general protection services for people at risk of FGM.

3. Prosecution

Article 38

As seen above, FGM is not specifically criminalised under a separate law, but it is criminalised under the Greek Penal Code ([Law 4619/2019](#)).

Even though it is not explicitly mentioned in the Greek law, FGM is considered as an act of persecution, falling under the category of “acts of physical or mental violence, including acts of sexual violence” (article 9 par. 2 of presidential decree 141/2013, now article 9 par. 2 of [L. 4636/2019](#)). A first sentence on FGM was issued in 2014, where the Administrative Court of Appeals accepted a Kenyan women’s plea, accepting on a temporary basis that the forced return to the country of origin had a highly likely possibility of exposing the woman and her three minor children to irreparable harm, exposing them to physical abuse and risks to their physical integrity. It also said their return to Kenya by Greek authorities could harm them irreparably.

⁴ Joint Ministerial Decision No 42799/2021, Gazette B 2425/2021/07.06.2021

There is a statutory limitation for prosecution defined by Article 111-116 (Law 4619/2019), which states that "Prosecution of serious crimes is barred after 15 to 20 years after the offense, misdemeanours after 5 years. The limitation in time is suspended for five years in cases of serious crimes, for three years in cases of misdemeanours, only while the case is pending before a court.

4. Integrated Policies

Article 7

Greece has set up a multi-agency coordination mechanism for the implementation of the Istanbul Convention that deals with GBV in general, but there is no specific FGM mechanism in place. Moreover, the Greek authorities do not provide funding specifically aimed at initiatives against FGM nor there is a specific NGO or organisation that focuses on FGM. Overall, there is a lack of specific knowledge on the topic.

With regards to the NAPGE, there is only a short mention of FGM as described above, which reveals the lack of a thorough understanding of the practice as well as the absence of specific policies. However, according to the document itself, the NAPGE is a "living instrument" that will be open to change and improvement (p. 127). The inclusion of concrete FGM policies on protection, support and awareness raising and of specific funds to achieve these policies is critical. For example, regarding the protection of refugees, migrants and asylum seekers, the NAPGE refers to actions such as reporting of all organisations that work with these target groups, empowering these target groups, offering educational seminars for workers in this sector, organising programmes for social inclusion and preparation for autonomous living of women refugees and migrants, production of an awareness raising brochure regarding gender-based violence and female refugees', migrants' and asylum seekers' rights on a local, national and European level. A specific focus and perspective on FGM in these significant policies must be included. Greek authorities must offer specialised support to FGM Survivors, include FGM in all relevant educational programs addressed to either professionals or target groups, include and elaborate on FGM as a form of violence against women and girls, including in the above-mentioned brochure that is to be prepared.

CONCLUSIONS AND RECOMMENDATIONS

In conclusion, Diotima and End FGM EU call upon the Greek authorities to keep working towards putting an end to FGM, by taking the following measures:

Increase awareness raising, education and training

- Create national campaigns and organise educational seminars and programs concerning FGM in schools, in academic curricula and for the general population.
- Offer FGM trainings and seminars to police authorities and public servants in the health sector, to make sure of the capacity of public authorities to deal with FGM Survivors properly and respond holistically to their legal and non-legal needs.
- Educate professionals working with FGM Survivors in order to ensure that they are aware of the practice, its prevalence in Greece and the EU and its special characteristics. In this context, include FGM in the academic curricula and training for health workers and in general relevant professionals that are interacting with FGM Survivors and people at risk of undergoing FGM.
- Ensure that all activities and training are informed and guided by the objective of challenging and changing stereotypes and harmful gender norms, and respect guidelines of using non-stigmatising language and non-triggering communication, as recommended by End FGM EU.
- Include information about FGM as a form of violence against women and girls and as a harmful practice in the [WOMEN SOS website](#).
- Include informational about FGM as a form of violence against women and girls and as a harmful practice as well as about the actions taken in order to tackle it in the [General Secretariat for Demography and Family Policy and Gender Equality website](#) as the latter is the main monitoring body of the above-mentioned NAPGE.

Expand policy framework and establish dedicated budget:

- Modify the NAPGE in order to include concrete and specific policies on FGM and specific and clear action plans to prevent and eliminate the practice.
- Put in place working groups and mechanisms and create strong collaborations with civil society with the purpose of addressing and eliminating FGM as well as supporting FGM Survivors. In this context, promote and support the creation of NGOs and civil society organisations that focus on FGM in Greece.
- Ensure and encourage the participation of community members not only in the implementation of policies but from the beginning of their strategic planning, through ample consultation and involvement of affected communities and civil society organisations in their development.
- Create specific funds and budget dedicated to the implementation of these policies.
- Promote a Survivor-centred approach to care and support services and especially public health structures that are supposed to identify and treat FGM Survivors and also provide certification.

Data & Research:

- Improve and increase data collection on FGM prevalence and its specific characteristics in Greece.
- Create a centralized source of information that contains disaggregated demographic and health information on all patients who have undergone FGM.
- Enhance and promote research on the topic and use these data and information to form efficient prevention and protection policies.

Legal amendments

- Include the term FGM in the Greek Penal Law as a specific form of bodily injury and as a specific form of violence against women.
- Ensure full application of laws and policies to ensure adequate legal protection for FGM Survivors and people at risk of undergoing FGM.

Support Services

- Put in place multidisciplinary and holistic health care and support services free of charge to all FGM Survivors. Promote a Survivor-centred approach to care and support services and especially public health structures that are supposed to identify and treat FGM Survivors and also provide certification. These holistic health support services should respond to psychological, physical, sexological and gynaecological needs such as free health care that is also accessible to migrants, helplines and counselling, involvement of cultural mediators/ interpreters and health workers with FGM expertise that will accompany and offer aid to FGM Survivors.
- Ensure that there is an adequate number of professionals with expertise and knowledge on FGM working in the helpline WOMEN SOS and that they are available on a 24/7 basis.

Exchange Good Practices

- To facilitate all the above, create connections and dialogue with other countries and European/ international institutions and organisations and use data bases and tools such as the [Interactive Map on FGM of the End FGM European Network](#), in order to learn from their good practices and apply them in Greece in accordance with the specific national needs and characteristics.

In conclusion, the combination of all these measures is critical to ensure a correct and thorough understanding, addressing and prevention of FGM in Greece, to erase misconceptions, provide protection and holistic support services to FGM Survivors and to form strong, focused and concrete policies around these significant goals.

We thank the GREVIO for the opportunity given to civil society to provide our expertise and concrete recommendations to improve Greek authorities' actions to end FGM.