

End Female Genital Mutilation European Network

Alternative report for GREVIO baseline evaluation procedures of the European Union’s implementation of the Council of Europe Convention on preventing and combating violence against women and domestic violence “the Istanbul Convention”

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▽ Introduction

▽ About End Female Genital Mutilation European Network (End FGM EU)

The [End FGM European Network](#) (End FGM EU) is an umbrella network of 42 organisations working in 16 European countries that are experts on female genital mutilation (FGM). End FGM EU operates as a meeting ground for communities, civil society organisations, decision-makers, and other relevant actors at European level to interact, cooperate and join forces to end all forms of FGM in Europe and beyond. We put grassroots voices at the heart of our work to influence European governments and policy-makers to work towards the elimination of FGM. We build our members’ capacity, offer spaces to share expertise and develop partnerships. While dedicated to being the driving force of the European movement to end FGM, we are equally committed to building bridges and cooperation with all relevant actors in the field of FGM, both in Europe and globally. In this sense, we actively promote and foster cooperation between the European movement and movements in other regions of the world.

▽ End FGM EU's submission to GREVIO on the first EU baseline evaluation

The following report aims to provide a comprehensive and evidence-based analysis of the **current European Union (EU) policy and legislative framework specifically aimed at advancing the elimination of FGM, with a particular focus on implementation gaps, accountability threats and structural inconsistencies across Member States.** It takes into account the report submitted to GREVIO by the European Commission and refers to it accordingly, without repeating information already available in it, but complements it with FGM-specific information that reflects the current realities in the EU and in the Member States represented in our membership. We recognise, as can be extrapolated also by the EU report, that EU-level compliance with the [Istanbul Convention](#) (IC) is expected to be ensured through the application and full implementation of the [EU Directive to combat violence against women and domestic violence](#) (EUDVAW).

While we very much welcome the adoption of this legislation, we must, however, recognise that at this stage the many gaps in the IC application across the EU are not solved. The EU response to the questionnaire provides plans about the full implementation of the IC through the EUDVAW – whose impact is currently not measurable. It is thus essential to underline that legislative alignment at the EU level does not automatically translate into effective implementation at the national level, and that the absence of binding enforcement mechanisms continues to undermine the realisation/implementation of obligations under the Istanbul Convention¹.

This submission will therefore not repeat further how the provisions of the EUDVAW are expected to deliver the required results; it will instead focus on the gaps and give recommendations on how, either through the EUDVAW or independently, EU Member States should go about implementation for effective results based on impact analyses, enhanced synergies and promising practices identified by our Network.

The report concludes with a collation of recommendations stemming from this analysis that we encourage GREVIO to consider during its evaluation process and visits. More information about measures on FGM across Europe is available on our [interactive map](#).

▽ Integrated policies and data collection (Chapter II - Articles 7 to 11)

End FGM EU's interactive map on FGM in Europe provides a centralised platform for the collection and comparison of information around policies, services and data regarding FGM in Europe – covering the 16 countries of our membership.²

Article 11 - On EU collection of data on female genital mutilation

¹ European Commission, Baseline Evaluation Report on measures giving effect to the Istanbul Convention, November 2025, <https://rm.coe.int/baseline-report-by-the-european-union/48802978de>;

² <https://map.endfgm.eu/map>.

Data collection on FGM in Europe is not harmonised across the European Union Member States (EUMS). There is no consistent EU-wide data collection process in place to estimate the prevalence of FGM-affected communities in EUMS (Survivors + at risk).

The latest data available were collected by the [European Institute for Gender Equality \(EIGE\)](#)³, which also recognised the challenge represented by gaps, namely:

- ∇ *“Lack of systematic data collection is one of the main challenges with regards to developing prevalence estimates of FGM. Despite the potential usefulness of various administrative records, these records are not systematically used, existing data are not collated centrally, and access to data is often restricted.*
- ∇ *Collecting prevalence data on FGM is more complicated than on other gender-based violence data. Namely, there are a number of limitations with regards to the accepted method of ‘extrapolation-of-country-of-origin-prevalence-data’, as well as the limitations of census data and variety of concept”*

To better tailor the data collection system, EIGE is currently updating its guide on FGM risk estimation with the support of civil society organisations, including our organisation and some of our members.

It is important to highlight that the estimations provided by EIGE are based on four studies conducted between 2012 and 2020. It is safe to say that these numbers are now outdated and preceded many policy updates, including the adoption of the EUDVAW. Consequently, strategies and policies aiming at preventing FGM or supporting Survivors and girls at risk are based on numbers that are no longer accurate, ultimately impacting their quality and not reflecting reality. Without harmonised, disaggregated and comparable data across Member States, evidence-based policymaking is harder, resources are less well targeted, and impact is harder to measure. Without that foundation, the EU’s ambition to meet its due diligence obligations under the Istanbul Convention needs strengthening.

Without up-to-date data, it is difficult to know whether existing policy responses actually reflect the scale and distribution of FGM-affected communities across the EU, a gap that needs to be addressed.

The guidelines and evidence collected and produced by EIGE confirm many of the gaps identified by civil society, but they need to be systematically implemented and centralised at the EU-level for purposes of harmonisation, to ensure high minimum standards and comparison – in line with both the Istanbul Convention (IC) and the EUDVAW provisions.

Article 9 – NGOs and civil society

Integrated policies are fundamental for the elimination of gender-based violence (GBV) against women and girls and FGM in particular.

³ https://eige.europa.eu/gender-based-violence/female-genital-mutilation?language_content_entity=en

The IC implementation must be guaranteed in line with EUDVAW Article 40 on multiagency coordination and cooperation, which makes specific reference to the inclusion of “support services, in particular women’s specialist support services, as well as non-governmental organisations, social services, including child protection or welfare authorities, education and healthcare providers, the social partners”. This newly introduced obligation for EUMS can effectively promote the EU-wide implementation of the IC, including for those that have not yet ratified it.⁴

Our membership survey on the presence of multi-agency coordination across countries reports that such coordination is formally present, though not with a specific focus on FGM (except in Finland, Sweden, Belgium, and Portugal). Overall, civil society consultations are rarely systemic.

At the EU-level, we are consulted as End FGM EU on a quite regular basis, although most consultations we are involved in are public open consultations (e.g. the Have Your Say platform). However, consultations often lack diversity and representation of all relevant stakeholders, and we do not receive systematically information or invitations about events where our presence would be expected.⁵

Currently, End FGM EU is part of these EU-coordinated platforms for consultations:

- ∇ Framework partners of the European Commission (including the CSO network established by the European Commission on IC implementation);
- ∇ EUAA Consultative Forum, as well as the EUAA thematic group and expert group on vulnerability;
- ∇ FRA Fundamental Rights Platform;
- ∇ EC’s Victim’s Rights Platform;
- ∇ Ad hoc consultations with EEAS and others as relevant;
- ∇ Ad hoc EP stakeholder consultations.

Potentially to be added – the announced consultative platforms in newly adopted strategies:

- ∇ Anti-racism strategy⁶:
 - The Coordinator on combating anti-Muslim hatred will organise a Coordination Group, bringing together EUMS, the EU institutions, international organisations, partner countries and CSOs to discuss how to best to tackle anti-Muslim hatred;
 - Renew the Anti-Racism Civil Society Forum.
- ∇ Civil society strategy⁷

⁴ De Vido, S. *EU law in light of the Istanbul Convention: legal implications after accession*

⁵ E.g. recently we learned about a conference on Anti-racism where we have not been invited to attend nor participate, despite the relevance for our work. https://commission.europa.eu/get-involved/events/2026-eu-anti-racism-conference-2026-03-17_en We have contacted the organisers to flag this.

⁶ https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/combating-discrimination/racism-and-xenophobia/anti-racism-strategy_en#anti-racism-strategy

⁷ https://commission.europa.eu/document/download/8c30975d-bc1c-4415-8dcd-a71cb28f3662_en?filename=JUST_template_comingsoon_standard.pdf

- The European Commission announced the establishment of a Civil Society Platform ‘to step up its engagement with CSOs active in the promotion and protection of EU values’
- Organisation of an annual summit of the Civil Society Platform

While we acknowledge and welcome opportunities for civil society consultations, we must insist that meaningful and inclusive participatory processes imply that organisations are included and consulted not only because it is a formal obligation. This points to a systemic issue in which participation is procedural rather than substantive, undermining the principles of co-creation, transparency, and accountability that should underpin EU governance⁸.

Consultations of civil society - and especially women’s rights organisations and specialist services - are often either not carried out systematically, are inaccessible to a diverse composition (e.g. grassroots organisations), or numerous but not meaningful: this overwhelms CSOs, who are often understaffed and under-resourced. Consequently, CSOs feel the need to be included in relevant consultations as much as possible. For the consultative process to be not only useful for the institutions but also meaningful for those who provide time and resources.

It is important that consultative processes include feedback on the inputs provided, highlight what has been considered and what has not, and provide sufficient explanation. Meaningful participation requires structured, well-resourced, and ongoing engagement mechanisms, rather than ad hoc or solely consultative approaches.

The newly adopted [Gender Equality Strategy](#) (2026-2030)⁹, confirms the Commission’s abandonment of a commitment of the previous strategy – which represents a significant implementation gap: the **failure to adopt the Recommendation on the prevention of harmful practices against women and girls**, which it had committed to deliver¹⁰. End FGM EU, along with many other CSOs, had actively contributed to the preparatory process through consultation meetings and written submissions – notably calling for the Recommendation to address gaps on the approaches to ending and preventing FGM as well as to comprehensively address all forms of harmful practices against women and girls in all their diversity and all forms of gynaecological and obstetric violence. Despite sustained advocacy efforts to keep this initiative on the political agenda – including joint civil society letters, letters from Members of the European Parliament, and Written Parliamentary Questions (in January 2024 and November 2025) – the Recommendation has not been adopted, indicating a lack of political commitment to advance this aspect of the Strategy. Moreover, notwithstanding attempts to learn more during relevant meetings with Commission representatives, no clear information has been shared with us about

⁸ European Commission, Better Regulation Guidelines, SWD(2021)305 final, November 2021, Tool 53 on stakeholder consultation; , <https://eige.europa.eu/publications-resources/publications/gender-equality-index-2024-tackling-violence-against-women-tackling-gender-inequalities>.

⁹ https://commission.europa.eu/document/download/1f5fa936-9fba-4435-93f5-32fa220bac82_en?filename=JUST_template_comingsoon_standard.pdf

¹⁰ Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, A Union of Equality: Gender Equality Strategy 2020-2025, COM/2020/152 final.

the reasons for this unilateral decision. This failure represents not only a missed policy opportunity but also a regression in the EU's political commitment to addressing harmful practices comprehensively and in an intersectional way.

On 18th February 2026, the European Commission sent a written reply¹¹ to the parliamentary question¹² regarding the adoption of the Recommendation. However, the reply does not mention the Recommendation and refers only to the EU's other initiatives that are addressing some of the harmful practices – disregarding completely that this Recommendation was going to cover many other forms of GBV (for example, intersex genital mutilation, forced medicalisation and sterilisation of transgender people, obstetric and gynaecological violence). The absence of a clear justification from the European Commission raises questions about transparency, institutional accountability, and the integrity of participatory policymaking processes.

Commission's opaque change of plans has also impacted our workplan – which was designed for over 3 years to include the work after the expected adoption of the recommendation, aimed at supporting its use and application. We regret that so much work and effort, including by the Commission itself, risks being thrown away with no foreseen accountability nor shared reflections. **We believe that GREVIO should insist that the Commission be more transparent, more accountable and more compliant with the public's right to know.**

In general, we observed increasing risks and attacks on civil society. Civic space is shrinking across Europe, especially since the 2024 elections shifted the political balance in Parliament.

As the negotiations for the upcoming multi-annual financial framework (MFF) unfold, we see that there is heightened pressure on civil society, including by delegitimising the work of representation and participation in democratic processes and attempts to reduce their access to EU funding and the eligible activities for the next funding cycle.¹³ The establishment of a “scrutiny working group” within the European Parliament¹⁴ is a clear attempt to normalise discrediting and excluding civil society from playing a role in representing marginalised and vulnerable groups in democratic EU policy-making, under the guise of concerns for transparency that are unfounded and politically motivated.¹⁵

This is part of a wider and expanding trend that we are witnessing, which also includes the instrumentalisation of various fundamental rights issues, including gender equality and GBV, in favour of the promotion of anti-rights and discriminatory agendas (especially anti-migrant racist rhetorics). This is already affecting the work of civil society organisations, whose priorities need to shift towards increased advocacy to defend existing rules being undermined, to ensure the future survival of CSOs is not threatened.

¹¹ https://www.europarl.europa.eu/doceo/document/E-10-2025-004697-ASW_EN.html

¹² https://www.europarl.europa.eu/doceo/document/E-10-2025-004697_EN.html

¹³ <https://euobserver.com/203164/why-rightwing-inquiry-into-europes-ngos-was-never-about-transparency/>

¹⁴ <https://www.europarl.europa.eu/committees/en/cont-scrutiny-working-group-swg-/product-details/20251202CDT14866>

¹⁵ <https://thegoodlobby.eu/eu-parliaments-ngos-scrutiny-group-starts-on-the-wrong-foot/> ; <https://euobserver.com/203164/why-rightwing-inquiry-into-europes-ngos-was-never-about-transparency/>

Moreover, the current funding landscape is particularly challenging for CSOs. While opportunities under the current [Citizen, equality, rights and values programme](#) (CERV) with a specific branch dedicated to GBV (Daphne) exist, many organisations highlight difficulties in accessing these opportunities and many refusals despite excellent reviews. Indeed, the CERV budget is insufficient to meet the needs and demands of CSOs, with only 30% of proposals under CERV being funded, despite many more being rated as eligible. Within the Daphne strand, the situation is even worse: an approval rate of around 2%¹⁶, leaving the vast majority of high-quality proposals from women's rights organisations without support. This structural underfunding creates a real contradiction: the EU acknowledges the essential role of civil society yet limits its capacity to act and weakens the overall effectiveness of its policy framework.

In close partnership with other organisations, we are working relentlessly to make sure that the MFF negotiations, with particular attention to the Agora EU Regulation¹⁷, do not curtail the vital funding programmes that sustain the work of women's rights organisations and without which no progress towards gender equality would be achievable. We urge GREVIO to support these calls.

▽ Prevention (Chapter III - Articles 12 to 17)

Article 13 – campaigns and programmes

In 2021, the Commission created a page focusing on [Questions and answers about FGM](#)¹⁸ which included an annex factsheet, which has been updated in 2024¹⁹. Every year on the International Day of Zero Tolerance for FGM (6th February), the Commission has issued statements on the EU commitments to end FGM worldwide²⁰. However, to our knowledge, no specific EU campaign on FGM has been conducted or is planned. The absence of a coordinated, EU-wide awareness-raising campaign on FGM represents a significant gap in the Union's preventive approach, particularly given its competence to support and complement Member States' actions in public health and in the promotion of human rights.

Article 14 – education and training

Due to competencies limitation, the aspect of education is not enforceable as Union-wide legislation, however the EU shall use all available pathways to promote, encourage and provide guidelines to EUMS on how to improve their national education and training programmes to align

¹⁶ See analysis on funding section here: <https://wave-network.org/wp-content/uploads/WAVE-Shadow-Report-to-GREVIO.pdf>

¹⁷ <https://www.endfgm.eu/news-en-events/news/agoraeu-and-the-cerv-strand-joint-civil-society-recommendations/>

¹⁸ Questions and Answers about Female Genital Mutilation (FGM), 5th February 2021
https://ec.europa.eu/commission/presscorner/detail/pt/qanda_21_402

¹⁹ https://commission.europa.eu/document/download/a30b1c05-dc96-443c-9ccb-bcec37e67bce_en?filename=FGM_mythbuster-2024.pdf

²⁰ See Joint statement by High Representative/Vice-President Kallas, Executive Vice-President Mînzatu and Commissioner Lahbib ahead of the International Day of Zero Tolerance for Female Genital Mutilation, 5th Feb 2026 https://ec.europa.eu/commission/presscorner/detail/en/statement_26_308

with the prevention of GBV, including FGM. As provided in the EU report to GREVIO, some initiatives have gone in this direction, but more is necessary and can be done. We welcome the funding for projects such as our [End FGM E-Campus](#)²¹ initiative, which helps move towards this direction. But both the EUDVAW and IC should be further supported by EU-wide strategies for the creation of minimum standards on training and both formal and informal education that address the root causes of GBV and discrimination from early childhood.

On the importance of comprehensive sexuality education (CSE), a study commissioned by the European Parliament’s Women’s Rights and Gender Equality Committee (FEMM)²² provides a good overview of the need for CSE and refers to international commitments and recommendations that should guide the EU’s action on this. The report also highlights that “While the EU has no direct competence over sexuality education, **it can promote research and health information and education into public health, adopt guidance and tools on how to improve CSE in EUMS, and organise exchange of best practices between EUMS and stakeholders.** Nevertheless, the last funded project on a topic linked to sexuality education by the EU health programme ended in 2014.”

Similarly, “the 2010 Report of the United Nations Special Rapporteur on the right to education stressed that ‘The right to education includes the right to sexual education, which is both a human right in itself and an indispensable means of realising other human rights, such as the right to health, the right to information and sexual and reproductive rights’”.

Insufficient and inconsistent EU-level investment in comprehensive sexual education increases disparities among Member States and constrains the potential for long-term behavioural and social norms change required to eliminate GBV, including FGM. Education policies addressing FGM should be conceptualised as both preventive measures and transformative instruments that address structural gender inequalities and power imbalances. FGM knowledge should be included in all relevant trainings and education curricula across EUMS, and the harmonisation of **comprehensive sexuality education programmes and GBV prevention across the EU** should be monitored by the Commission to address gaps and backlash – which is increasingly present in the current legislative period due to the politicisation and polarisation of debates around rights, in particular those concerning gender and sexuality. FGM-related education and CSE should be designed with an intersectional approach that aims at **uprooting harmful gender stereotypes**²³ and takes into account racial, national, religious and cultural minorities.

²¹ The End FGM E-Campus is a European knowledge platform offering practical skills in supporting victims and survivors of FGM. The platform is available in English, Greek, French, Italian and Portuguese. All modules are CPD accredited. <https://endfgm-ecampus.eu/>

²² Comprehensive sexuality education: why is it important? [https://www.europarl.europa.eu/RegData/etudes/STUD/2022/719998/IPOL_STU\(2022\)719998_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2022/719998/IPOL_STU(2022)719998_EN.pdf)

²³ Some examples of EU co-funded projects on this matter that should be sustained include Gender ABC <https://www.endfgm.eu/what-we-do/projects/gender-abc-project/> and <https://www.endfgm.eu/what-we-do/projects/mind-the-gap/>

The EUDVAW provisions on education (Article 35 with Recital 74²⁴) should be fully implemented to ensure the achievement of high minimum standards and respond to obligations under the IC regarding education as a key tool for prevention.

We are not aware of initiatives aimed at training EU staff on FGM. The absence of systematic training for EU staff represents a missed opportunity to ensure institutional coherence, internal capacity-building and policy consistency across EU external and internal actions. However, we have in the past proposed similar workshops²⁵ and encourage the Commission and all EU institutions to increase their collaboration with civil society experts and professional sectors to promote knowledge-sharing exchanges that can be beneficial for better policy-making and implementation.

▽ Protection and support (Chapter IV - Articles 18 to 28)

Article 19 – Information

We are not aware of any EU institutions having trainings in place that are also aimed at raising awareness and receiving information for survivors or people at risk of FGM. Promoted trainings mostly focus on anti-harassment. However, considering the different roles that EU officials can take, we believe that training for EU staff and representatives should also include awareness-raising, knowledge exchange, and access to information on how to detect GBV and on guidelines for treating and preventing it, both internally and in relation to partners.

We encourage the Commission to promote the use of tools produced by its own agencies as well as by civil society and EU-funded projects. For example, to endorse and promote the use of knowledge platforms such as the [End FGM E-Campus](#) offering specialised training on FGM for a variety of professionals and can be used for internal awareness. Integrating such training would significantly enhance the EU’s capacity to prevent, protect against, detect any potential risk, and respond to FGM across its internal operations and external engagements.

Articles 20 and 22 - Support Services

General and specialist support services are covered by the EUDVAW and have extensive provisions related to FGM and FGM survivors. However, as reported by the legal analysis of Sara de Vido “*Despite a very detailed Recital in the preamble (No. 58), the VAW Directive does not*

²⁴ **Recital 74** specifically mentions ‘strengthening sexuality education’ ‘in formal education’ as one of the preventive measures needed to counter sexual and gender-based violence, as well as the need for targeted measures to reach specific groups at a heightened risk of violence, including children, lesbian, gay, bisexual, trans or intersex persons, and persons with disabilities. Article 35 shall be interpreted in light of Recital 74, meaning that as part of the measures Member States shall take to prevent rape and promote consent, they shall strengthen the provision of sexuality education including in formal education to prevent sexual and gender-based violence. (IPPF EN recommendation to GREVIO on EU implementation of Istanbul Convention)

²⁵ As an example, in 2022 with the support of the French Presidency of the Council, End FGM EU organized a workshop for COHOM delegates <https://www.endfgm.eu/news-en-events/news/end-fgm-eu-and-gams-belgique-held-a-workshop-for-cohom/>

provide a clear distinction between general and specialist support services as required by the IC. In line with the VRD which requires Member States to establish specialist support services ‘in addition to or as an integral part of, general support services,’ the VAW Directive leaves the same discretion to Member States by saying ‘where specialist support services as referred to in the first subparagraph are not provided as an integrated part of general victim support services, [...]’. This ambiguity risks leading to inconsistent interpretations and uneven implementation across Member States, ultimately affecting the accessibility and quality of support services for FGM survivors.

End FGM EU calls for GREVIO to explicitly request that Member States ensure the availability and **adequate funding of specialist FGM support services**, including community-based and survivor-led organisations, as part of their national service provision frameworks under the EUDVAW.

▽ Substantive law (Chapter V - Articles 29 to 48)

FGM is criminalised across the EUMS either under specific or general criminal laws and is now included in the EUDVAW as a specific criminal offence.

Under the directive on the criminalisation of FGM, Recital 15 states that MS should take all necessary measures to ensure FGM is criminalised under specific legislation. However, criminalisation alone is insufficient without effective enforcement, victim and survivor-centred approaches, and preventive measures that address root causes.

When it comes to the EU-wide collection of judicial and administrative data on FGM cases, there is no mechanism in place to collect data on FGM cases and on measures of prevention or prosecution. We call on the EU to put in place systemic data collection on:

- Prevalence of FGM across EUMS (number of survivors living in EUMS and number of estimated girls at risk);
- Number of asylum cases granted on the grounds of FGM;
- Number of judicial cases across EUMS on FGM;
- Minimum standards of FGM prevention put in place across EUMS.

Without this data, the EU cannot properly evaluate how well its legal framework works or spot ongoing challenges in protection and prosecution mechanisms.

As concerns implementation of existing obligations, more accountability measures need to be taken at the EU level to transparently evaluate the effective implementation by MS and the consequences of the lack of implementation. In the European Commission report on the implementation of the Victims Rights Directive (VRD)²⁶ published in 2020, the “assessment shows, however, that the full potential of the Directive has not been reached yet. The implementation of the Directive is not satisfactory.

²⁶ <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020DC0188>

This is particularly due to incomplete and/or incorrect transposition.” While the report shows that infringement procedures have been started for MS, there is no sufficient information regarding the measures taken and their results.

We strongly recommend that the revised VRD and the EUDVAW strengthen monitoring, evaluation and implementation mechanisms to ensure full accountability and transparency towards the citizens.

▽ Investigation, prosecution and procedural law and protective measures (Chapter VI - Articles 49 to 58)

The **prompt and appropriate response** for law enforcement agencies in EU member states to FGM remains inconsistent across EUMS.

This is linked to a lack of implementation of prevention measures, including an adequate training for key professionals on how to detect FGM or the risk of FGM and how to adequately support survivors and those at risk, the duty to report, the lack of community engagement mechanisms, the uneven level of cooperation between institutions and civil society actors, and the coordination between different sectors (e.g. between health and law enforcement, reception centres). This fragmentation reflects a broader absence of strategic coordination across Member States, undermining the effectiveness of responses to FGM.

We highlight the need to overcome these gaps, including by building on promising practices that have been identified by our Network, such as:

- ▽ The creation of national **community engagement mechanisms and multi-agency coordination mechanisms** that bring together experts and activists from the FGM-affected communities and civil society, with key institutional stakeholders and relevant professionals (e.g. healthcare, migration and asylum officers, lawyers, education professionals, etc.) to co-create and implement effective solutions;
- ▽ The Implementation of prevention and protection measures that are effective as well as sensitively designed, not allowing, for example, the profiling or targeting of specific groups that can lead to their marginalisation and stigmatisation, thus creating more distance and lack of trust in the institutions;
- ▽ The provision of holistic, multidisciplinary healthcare to FGM Survivors and affected individuals;
- ▽ The Enforcement of a standard duty to record for professionals across the EU.

Scaling up these best practices requires political commitment, sustainable funding and institutionalisation within national frameworks rather than reliance on short-term, project-based approaches.

For more information, please see the list of promising practices from our membership:
<https://map.endfgm.eu/good-practices>

▽ Migration and asylum (Chapter VII - Articles 59 to 61)

The legislation under the New Pact on Asylum and Migration, coming into force officially in June 2026, presents several concerning points that can hinder the rights and treatment of FGM and GBV survivors in migration.

The latest EIGE findings on challenges to adequately responding to women’s needs along their migration path²⁷ highlight the persisting gaps in the implementation of migration and asylum policies across EUMS. The report highlights that “migrant women and girls face high levels of GBV throughout all stages of migration, from transit to arrival and settlement. Victims often experience multiple forms of violence, including sexual exploitation, trafficking, forced marriage and domestic abuse. **Legal and systemic barriers frequently prevent migrant victims of GBV from reporting violence or accessing protection**”, and that Articles 59–61 of the IC are not fully implemented. These systemic shortcomings indicate a lack of effective implementation of gender-sensitive and trauma-informed approaches within EU migration and asylum systems.

The CJEU (Case C621/21) affirms that EU asylum law should be interpreted in line with the IC. ECtHR judgments also emphasise the need for adequate safeguards for women and girls in vulnerable situations, including survivors of FGM. However, many gaps persist across most EUMS.²⁸

While vulnerability checks are expected to be implemented across different regulations, including the Screening Regulation, as reported in the latest Frontex Fundamental Rights Officer Annual Report 2024, throughout 2024, the Fundamental Rights Office (Frontex FRO) also reported on gaps in pre-identification and referral of persons in vulnerable situations. In many operational activities, the referrals were mostly conducted for persons with visible vulnerabilities (e.g. children, pregnant women, persons with disabilities, persons with medical conditions), while less visible vulnerabilities, including potential victims of trafficking in human beings, were often not identified. Additionally, in several cases, vulnerable groups were not systematically given priority or given access to adequate facilities in the registration procedures or during first-line border checks. Concerns were also expressed about the lack of safeguards for persons in particularly vulnerable situations at border crossing points (e.g. children, single parents with minors, the elderly, persons with disabilities or in need of medical support).²⁹ The FRO also

²⁷ See EIGE report, Responding to gender-based violence in the context of migration: Mapping EU Member States’ policies and actions, October 2025 <https://eige.europa.eu/publications-resources/publications/responding-gender-based-violence-context-migration-mapping-eu-member-states-policies-and-actions>

²⁸ See ECRE’s Policy Note 47 https://ecre.org/wp-content/uploads/2025/05/ECRE-Policy-Note-47_Reception-Conditions_Protecting-Women-and-Girls-in-EU-Asylum-Systems.pdf

²⁹ https://www.frontex.europa.eu/assets/Frontex_Fundamental_Rights_Office_Annual_Report_2024.pdf p. 19

reported concerns about Reception conditions, “particularly when involving children or persons in particularly vulnerable situations”³⁰. This evidences a structural bias towards visible vulnerabilities, to the detriment of less immediately identifiable but equally critical risks such as FGM and other forms of GBV.

Other reports have also revealed that asylum-seeking women and girls face numerous challenges, including the lack of systematic vulnerability assessments and formal screening procedures, which hinder the early detection and support for survivors of GBV. Judicial reluctance to acknowledge risks of further FGM and inconsistent treatment of medical certificates may further complicate their cases.³¹

The harrowing testimonies of survivors of human rights violations in Libya, collected through interviews in the recently released report of UNSMIL-OHCHR, show how FGM survivors can be further victimised by inhumane process that is supported through EU agreements and reliance on “safe third countries” or partner countries that have documented high rates of human rights abuse.³² The Country of Origin Information (COI), where countries can be considered “safe” without taking into account that, for example, FGM remains a persistent norm in all or part of their territory, puts at serious risk the ability to protect girls from undergoing FGM or supporting Survivors. The ongoing cases of The Gambia, or the dramatic crisis in Sudan³³ are just two examples of countries whose displaced people at risk or having survived GBV must be granted the highest standards of protection in their migration and asylum-seeking process³⁴.

³⁰ Ibid p.20

³¹ ECRE, Policy paper 14 RIGHTS OF WOMEN AND GIRLS IN THE ASYLUM PROCEDURE, https://ecre.org/wp-content/uploads/2024/12/ECRE-Policy-Paper-14_Rights-of-Women-and-Girls-in-the-Asylum-Procedure.pdf p. 15

³² “An Eritrean woman, a survivor of trafficking and prolonged abuse between January and September 2024, in the al-Kufra and Tazerbu trafficking camps, provided harrowing testimony of sexual violence and exploitation inflicted on at least 19 women and girls detained with her. Among them were 15 Eritrean nationals, three Somali, and one Ethiopian, aged between 13 and 40 years. She recounted that, due to her being a survivor of female genital mutilation (FGM), she was forcibly cut open with a knife by traffickers to enable rape. She and a close friend were subjected to this act together. Her friend later died as a result of the rape and extensive injuries caused by severe bleeding. The victim continues to suffer physically and psychologically from the abuse she endured.” https://www.ohchr.org/sites/default/files/documents/press/2026-02/unsmil-ohchr-business-usual-en.pdf?rtm_click=0a32fe65 p. 30

³³ <https://www.endfgm.eu/news-en-events/news/end-fgm-european-networks-reaction-to-the-european-parliaments-urgent-resolution-on-the-escalation-of-the-war-and-humanitarian-catastrophe-in-sudan/>

³⁴ The ongoing crisis in Sudan is taking a devastating toll on women and girls. The collapse of critical health care services has put new mothers at risk of losing their lives in the months ahead, as it has become nearly impossible to access essential reproductive care. <https://www.rescue.org/article/crisis-sudan-what-happening-and-how-help> ; While not representative of the total Sudanese population arriving in Europe by sea, survey data in 2025 show that [...]The share of women is about 15 per cent of the total sample. Women are about 5 per cent among Sudanese nationals interviewed in Italy, which is similar to the 4 per cent of Sudanese adult women registered at arrival in the country in 2025. Women are more frequent among Sudanese interviewed in Greece (18%), while the share in the total arrivals is not known. Moreover, although not included in the sample, data from Italy show a noticeable share of children (18%) among the arrivals, mainly adolescents between 15 and 17 years of age. <https://reliefweb.int/report/sudan/sudanese-nationals-arriving-sea-europe-january-2026>

Extremely worrying trends in developing EU policies are:

- ∇ The dangerous concept of Safe third country³⁵, which is likely to overlook the specific safety needs of certain categories of population, including women, LGBTIQ+ people, vulnerable people and minorities;³⁶ Such approaches move towards externalising protection responsibilities, exposing women and girls to environments where safeguards against FGM and GBV are demonstrably insufficient.
- ∇ The proposed Return Regulation, which is a terrifying step towards the institutionalisation of deportations and the normalisation of institutional racism;³⁷
- ∇ The increased normalisation of anti-migrant hatred and hate speech (against women and minorities) and its instrumentalization in policymaking, including in the European Parliament.³⁸ The weaponisation of FGM in political discourse and anti-rights movements not only distorts the reality of the issue but also undermines rights-based approaches and fuels discrimination against affected communities.

With regards to the last point, over the past year and a half, we have been monitoring the increased examples of policymakers' attempts to use female genital mutilation as a pretext to promote anti-migrant rhetoric.

We believe that EU institutions must do more to ensure that their own Code of Conduct and the general rules of freedom of speech be respected and monitored to counter the increasing hate-spreading discourses that have become a norm in EP Plenaries and debates. This should be pursued by stricter accountability within the EU, and by continuing to advocate for the inclusion of hate speech among Eurocrimes.³⁹

The IC must be implemented with a coordinated and intersectional approach that protects all women and girls from GBV and seeks to eliminate it, uprooting it, in all parties of the Convention. This must not overlook the Parties' action in their partnerships with actors that are not directly bound by the Convention.

³⁵ <https://www.europarl.europa.eu/news/en/press-room/20260205IPR33617/asylum-new-rules-for-safe-third-countries-and-eu-safe-countries-of-origin-list>

³⁶ See ECRE "Safe country of origin", "Safe third country" and "return hub" https://ecre.org/wp-content/uploads/2026/02/ECRE-Explainer_Safe-Country-of-Origin_Safe-Third-Country_Return-Hub.pdf "Safety" can be partial A country may be considered safe with exceptions, for example: for specific geographical regions, or for specific categories of applicants. This means that, even if violence and fighting are ongoing in certain regions, or if some categories of people (women, LGBTIQ+ people, people pertaining to specific religious or ethnic minorities etc.) are considered at risk, the country can be considered safe – with the exception of that/those region(s) or those specific categories of applicants.

³⁷ https://ecre.org/wp-content/uploads/2025/10/ECRE-Policy-Note-50_Towards-a-point-of-no-return-for-fundamental-rights_The-ECs-proposal-for-a-Return-Regulation.pdf

³⁸ <https://www.endfgm.eu/news-en-events/news/urgent-end-fgm-eu-and-feminist-organisations-condemn-weaponisation-of-womens-rights-in-european-parliament-migration-debate/>

³⁹ https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/combating-discrimination/racism-and-xenophobia/extending-eu-crimes-hate-speech-and-hate-crime_en

▽ Summary of recommendations

We underline the fundamental role that GREVIO plays, and we support a rigorous and critical assessment of the EU's implementation, with specific focus on enforcement gaps, accountability mechanisms, and the translation of commitments into measurable outcomes. In its baseline evaluation of the EU implementation of the Istanbul Convention, we urge GREVIO to highlight the following.

General

- ▽ Further enquire about the lack of adoption of the Recommendation on harmful practices.
- ▽ Call on the Commission to provide more information to the civil society organisations that were involved in the process.
- ▽ Call for increased transparency and accountability in policy-making processes in general to promote and respect the right to know.
- ▽ Require concrete implementation measures for key policies such as the Gender Equality Strategy, the Victims' Rights Strategy and the Anti-Racism Strategy, and ensure their objectives are allocated to necessary resources to be fully implemented.
- ▽ Support civil society's calls, as well as EIGE's and FRA's recommendations, on the next MFF, in particular the Agora EU Regulation, and be aligned with the real needs of civil society and guarantee their independent functioning to achieve the goals of gender equality.
- ▽ Request procedural measures and inter-institutional cooperation to prevent and counter the increased normalisation of hate speech and discriminatory language in institutional settings, including by pursuing the proposal to include hate speech as a crime in EU treaties.

Data collection

- ▽ The European Commission should establish, before the end of its current mandate, a mandatory, harmonised EU-wide data-collection system on FGM, including prevalence, risk factors, asylum cases, and prosecutions, with annual public reporting obligations for all Member States.
- ▽ Systematically implement and centralise the guidelines and evidence collected by EIGE to ensure harmonisation and high minimum standards across the EU.

Integrated Policies

Develop functioning, integrated policies and multi-agency coordination to:

- ▽ Ensure the EU-wide implementation of the Istanbul Convention in line with the EU Directive on combating violence against women and domestic violence (EUDVAW).
- ▽ Promote meaningful and inclusive participatory processes for civil society consultations, including feedback on how their inputs are considered.
- ▽ Ensure civil society organisations, including grassroots, are consulted not as a formality, but systematically, as their expertise and knowledge are necessary to create policies that address the real needs of those they target. Especially the most vulnerable, such as FGM Survivors and community experts, who are rarely represented in policy-making spaces.

Prevention through Education and Training

- ▽ Promote, encourage, and provide guidelines to EUMS on improving national education and training programs to align with the prevention of gender-based violence, including FGM.
- ▽ Support the creation of minimum standards on training and formal/informal education that address the root causes of gender-based violence and discrimination.
- ▽ Include FGM knowledge in all relevant trainings and education curricula across EUMS, designed with an intersectional approach and gender-transformative approach to uprooting harmful stereotypes.

Protection and Support Services

- ▽ Promote the exchange of good practices between Member States to raise minimum standards of protection and support services across the EU and ensure a multidisciplinary approach to care.
- ▽ Call on Member States to ensure the availability and adequate funding of specialist FGM support services, including community-based and survivor-led organisations.
- ▽ Introduce a transparent monitoring and enforcement mechanism to assess Member States' compliance with obligations related to FGM under the Istanbul Convention and relevant EU legislation, including the transparent use of infringement procedures for non-compliance.

Migration and Asylum

- ▽ Ensure the fundamental rights of FGM and gender-based violence survivors are protected throughout the migration and asylum-seeking process, in line with the Istanbul Convention;
- ▽ Address gaps in the implementation of vulnerability assessments and formal screening procedures to enable early detection and support for survivors of gender-based violence, such as FGM, and prevent their re-traumatisation or revictimization.
- ▽ Ensure the Country-of-Origin Information (COI) takes into account the specific safety needs of certain categories of the population, including women and girls, LGBTIQ+ people, vulnerable people, and minorities.
- ▽ Ensure that all migration and asylum procedures systematically include mandatory gender-sensitive vulnerability assessments explicitly covering FGM risk and prohibit transfers to so-called "safe third countries" where protection against FGM and other forms of GBV may not be effectively guaranteed nor monitored.

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