

## GREECE – Country Sheet

### ASYLUM LAWS, POLICIES AND PRACTICES IN EUROPEAN COUNTRIES: WHAT IS THE IMPACT ON FGM-AFFECTED WOMEN AND GIRLS?

#### Main issues

#### 1. Qualification

##### a. Legal framework

In Greece FGM is ground for international protection, not explicitly, but falling under the category of “acts of physical or mental violence, including acts of sexual violence” (article 9 par. 2 of L. 4636/2019) and on the grounds of “membership to a particular social group”, as mentioned in article 2 of L. 4636/2019.

Categories of asylum seekers that are granted asylum based on FGM in Greece: Women and girls being at risk of FGM; Parents or siblings protecting their daughter(s)/sisters from FGM (few cases), Individuals opposing FGM (necessary to demonstrate the real risk of persecution). Women and girls who have already undergone FGM cannot be granted asylum for the mere fact they underwent FGM, but they have to demonstrate serious reasons to believe that the past persecution will take place again or that they suffer from such physical and psychological consequences, that it is not possible for them to go back there (based on case law of the Administrative Court of Appeal in Athens).

Moreover, in Greece there is the legal status of “refugee sur place”, when the refugee status is granted to a woman who has lived a period of time in Greece and faces risks related to FGM if she returns to her country of origin.

##### b. Criteria for assessment

#### For women and girls at risk of FGM:

In Greece, age of risk and socio-economic situation are explored based on the COI. The fact that a minor girl might be unaccompanied does not play a role. Greece has recently approved a list of safe countries, which include the Gambia, Ghana and Senegal, where FGM is widespread.

#### For women and girls who have already undergone FGM:

In Greece, it is crucial to demonstrate that they still suffer from the physical or psychological consequences of this practice in order to be recognised as refugees, so a medical examination is highly recommended to prove this. Of course, in this case the type of FGM they have undergone can play a role in terms of the consequences that it has to the survivor. In terms of the re-cutting, the risk must be stated in the COI.

### **c. Country of Origin Information**

Greece uses the European COI database (ecoi.net) and Refworld as sources for COI, which are available online on all countries, as well as info from UNHCR or EASO.

## **2. Procedures**

### **a. Early identification of vulnerable persons, provision of information and related support**

In Greece, the *assessment of the vulnerability* of persons entering into the territory takes place within the framework of the Reception and Identification Procedure (article 39 of L. 4636/2019). In practice, especially in the islands, prioritization of the registration and examination of asylum claims of vulnerable applicants as well as specific reception conditions guarantees are not met, due to the overcrowding and the understaffing of the Asylum Service.

The Asylum Service has an *informational* leaflet for asylum seekers, available in 20 languages, as well as relevant information through its website and a mobile application. However, due to the complexity of the procedures that change all the time, as well as the fact that legal aid is provided by law only at second instance, a large number of asylum seekers does not have sufficient information on the asylum procedure.

In terms of *support*, the possibility of choosing the gender of the professionals throughout the procedure is offered to the applicants. However, since they are informed that this might be at the expenses of the speediness of the asylum procedure, most of the applicants decide to disregard this right. Legal assistance is not obligatory in first instance, thus many asylum seekers who cannot find associations to help them, especially in the islands, are not prepared before their asylum interview. Even in second instance, where the provision of free legal aid by the State is compulsory, due to the limited capacity, many asylum seekers are told by the Asylum Service to ask for free legal assistance from other actors.

### **b. Available gender-sensitively trained stakeholders**

In Greece, despite the fact that by law all staff dealing with vulnerable cases should be trained (or they should be able to seek expert advice on the matter), in practice specific training is provided only to a number of caseworkers. Moreover, not all cases of vulnerable applicants are handled by staff that is trained to do so. There is no specific provision in the law regarding the training of the interpreters. Concerning these latter, the Asylum Service and the Appeals Authority use interpreters.

### **c. Role of certificates in the asylum procedure / cooperation between sectors**

In Greece, in practice and specifically for FGM cases, no medical certificate is necessary. However, it is vital for cases of women that have undergone FGM to prove that they still suffer from the physical or psychological consequences in order to be accorded with the refugee status, so the asylum authorities may refer the asylum seekers (with their consent) to undertake such examinations (free of charge). In many cases, lawyers ask from social workers or doctors, with the consent of the applicants, to provide them with a report about the psychosocial or physical situation of the applicant, in order to use it for the support of the asylum claim. The same can be done by the Asylum Service.

### **d. Protection measures for refugee women and girls at risk of FGM**

In Greece there is no such obligation.

### **e. Late disclosure and the credibility issue**

Late application does not invalidate the request for international protection, but it is an element to be evaluated in terms of credibility. It is very common that the profiles of vulnerability of victims of FGM emerge only at the presentation of a second asylum application, in consideration of the difficulty of making this life experience to emerge before the presentation of the first application.

### **f. Family reunification**

Generally, there are no ways to facilitate family reunification of girls at risk of FGM (unless they fall into the family reunification criteria, which concerns spouses, (dependent) parents and minor children – and in France also minor children of the parents).

In general, when it comes to family reunification procedure of unaccompanied minors with a relative in another European country, most of the countries require a Best Interest Assessment of the child to be drafted, in order to examine if it is really in the best interest of the child to be reunified with the family member. In this context, the possibility that the relative would submit the minor girl to FGM could be investigated, through the opening of a risk assessment file.

### **g. Dublin decisions' effects on procedures**

It would be possible to argue for overthrowing a Dublin decision based on the fact that the country of first entry does not offer sufficient protection to asylum applicant. In situations of vulnerability, it is possible to lodge appeals against Dublin decisions for reasons of, for example, interruption of the therapeutic path in progress in the second country. It would be equally possible to overthrow a Dublin decision if there was a risk of chain refoulement in case the applicant is sent to another Member State in the context of the Dublin Regulation.

### **3. Reception Conditions**

#### **a. Gender-sensitive reception centres**

In Greece, usually women and girls, as well as families, are put separately from single men within the reception centres.

#### **b. Gender-sensitive accessible general and specialised services**

In Greece, there are no specific services in reception centres provided to women and girls affected by FGM.

#### **c. Policies to prevent and respond to gender-based violence in reception centres**

In Greece, most of the main reception centres in the mainland have GBV focal points where women can refer to. There are also cases of women and children that are separated from the husband/father in case of domestic violence. However, there are still obstacles, such as lack of shelters and interpretation, especially in areas outside of Attica region. In the Attica region, a main issue is the operational coordination of the GBV actors. Regarding the reception centres in the islands, the situation is completely different. Due to the overcrowding and the lack of human resources, even though there are GBV actors in place, they are not enough to cover all needs.

#### **d. Dublin decisions' effects on reception conditions**

In all countries, a woman/girl who is subject to a Dublin decision still has all the rights associated with the status of asylum seeker.

### **4. Data collection**

#### **e. National registry for FGM cases in the asylum system**

##### **i. Trends**

In Greece, the reasons for asylum requests are not recorded nor are the grounds on which it is decided to recognise or deny women's applications.

### **5. Integration**

#### **f. Tailored service provision after being granted asylum**

In Greece, women and girls from FGM-affected countries do not get standardised information on services available or the illegality of FGM. However, there are actors that can provide this kind of information.