



Factsheet

Female Genital Mutilation and the Dutch Chain Approach

The Dutch Chain Approach FGM

The Dutch Chain Approach is well known in many countries. There are very few other countries in Europe where the chain of prevention, care, law enforcement and education – especially through the engagement of the indispensable key persons – has been established so well. To avoid confrontation with higher case numbers in the future, continuation of the policy through assurance, maintenance and monitoring is a necessity, as well as keeping an eye out for other countries and regions where FGM may occur.

The policy in the Netherlands is a zero tolerance policy. The policy is a combination of prevention, law enforcement and the regard for adequate care for women who have been circumcised.

Prevention

The Dutch prevention policy focusses on awareness and education, early detection and risk assessment. Different organizations and groups play a part in this prevention policy. The following parties are part of a longer list of participatory partners:

Key Persons

The Federation of Somali Associations in the Netherlands (FSAN) and the organizations for refugees in the Netherlands (Vluchtelingen Organisaties Nederland; VON) have an extensive network of key persons. These key persons are trained to discuss FGM with and within risk communities. Key persons are indispensable for FGM prevention, provision of information about punishability and play a supportive role in providing women with the care they need. When training professionals, key persons also play a supportive role. A core group of key persons is annually trained by FSAN and Pharos. This core group can themselves then train key persons.

Youth Health Care

Youth Health Care (Jeugdgezondheidszorg; JGZ) has actively worked for years on FGM prevention. Since 2011 this official policy has been documented in the Youth Health Care position statement on the prevention of FGM. Youth Health Care is trained to do FGM risk assessments. They are also trained to discuss FGM with parents and to educate them about the medical risks and laws. Furthermore, they also try to convince parents not to circumcise their child. If the risk that a child will be or is circumcised remains high, the report code for child abuse is followed. The screening and signaling of high risk FGM cases has been a part of the basic tasks principles of Youth Health Care since 2015. The inspection for health care (Inspectie voor de Gezondheidszorg; IGZ) verifies whether Youth Health

Facts and Figures

Female genital mutilation (FGM) is a form of child abuse and a violation of human rights. In the Netherlands FGM is forbidden by law and a punishable offence, even if performed abroad.

In 2013 Pharos, in collaboration with the Erasmus University Medical Centre, conducted a study into the number of women in the Netherlands with FGM and the number of girls in the Netherlands at risk of FGM. According to 2012 estimations, there were 63.000 women originating from risk countries, living in the Netherlands.

The study concluded that annually 40 to 50 girls living in the Netherlands are at risk of being circumcised. The actual risk is increased when a girl visits her country of origin. However, there is no evidence to support the actual circumcision of these girls.

The study also concluded that an estimated 30.000 women with FGM live in the Netherlands. As FGM can cause medical and psychosocial complaints, it is important to be aware of this with regards to care. Moreover, many of these women (75%) fall within the reproductive age category (20-49 years old).

Care works according to the tasks as formulated in the basic principles. Within Youth Health Care dozens of focal point officers for FGM have been trained. These focal point officers have more knowledge on FGM, are better equipped for FGM risk assessments as with conversation skills. They have a key position in both the receiving of questions and spreading of knowledge among their colleagues. The focal point officers are offered an annual training by Pharos. There is also a FGM e-learning available for all Youth Health Care officers.

Midwives

The Royal Dutch Association of Midwives (Koninklijke Nederlandse Organisatie van Verloskundigen; KNOV) also has an active role in FGM prevention. Besides their prevention role, the Royal Dutch Association of Midwives also plays a key role in the provision of care for women who have been circumcised. They have trained a team of FGM consultants. These consultants are available to answer questions and assist their colleagues with issues regarding FGM. Furthermore, the consultants train other midwives and maternity carers. The Royal Dutch Association of Midwives position statement on female genital mutilation reflects the midwives work methods and profession statement. In addition to this, they have developed a FGM e-learning for midwives.

Safe at Home and the judicial chain

Safe at Home (Veilig Thuis) is a national organization for the protection of individuals against child and domestic abuse. The action protocol FGM was created for all Safe at Home staff members as well as their partners in the judicial chain – the Council for Child Protection, the Public Prosecution Service and the police. Within each Safe at Home office at least one staff member is trained as a focal point officer for FGM. The focal point officer has expertise on the signaling and the action protocol approach for FGM. These officers are the first point of contact for their colleagues with regards to FGM questions and reports. Furthermore, the officers have the task to keep their colleagues aware of their role in FGM risk assessment and signaling. Since 2016 a FGM e-learning is available for all Safe at Home staff members. Focal point officers are annually trained by Pharos.

Medical care

Medical professionals / care

Thirteen medical professional associations developed a model protocol on prevention and medical care for women and girls who have been circumcised. In 2016, the medical professional associations, FSAN and Pharos developed a multidisciplinary care code called 'Care for Circumcised Women'. Between 2012 and 2016, financed by the Ministry of Health, Welfare and Sport and led by the Dutch Public Health Services (GGD GHOR), six consultation hours were set up for circumcised women. These consultation hours, spread-out over different locations, are easily accessible for women in need of medical care. Key persons (from FSAN) informed women about these consultation hours through education sessions and 'living-room meetings'. In some cases, key persons accompanied women to the consultation hours. Time was also invested to make medical professionals aware of these consultations hours. Pharos is responsible for the monitoring of the consultation hours.

For the Netherlands, it is clear that the combination of education, prevention and legislation works. Without the Dutch Chain Approach policy the numbers would be much higher.

In 2018, Pharos will repeat the prevalence and incidence study that was conducted in 2013.

Protocols

Various protocols and position statements have been developed for professionals who deal with FGM. The aim of the protocols and statements is to assist professionals when dealing with FGM, whether a suspicion, a threat or an actual case. In some cases, specific professions have developed their own protocol or position statement, such as:

Youth Health Care (JGZ):
The position statement on the prevention of FGM of the Youth Health Care

Safe at Home (Veilig Thuis):
Action Protocol on FGM among minors

Royal Dutch Association of Midwives (KNOV):
The position statement on female genital mutilation of the Royal Dutch Association of Midwives.



Legislation

- In the Netherlands, FGM is punishable as a form of child abuse.
- As of July 1, 2009, the limitation period has been extended. Any woman can now file a report of her circumcision conducted at a younger age, when she is between the age of 18 and 38.
- In March 2013, the Penal Code and the Code of Criminal Procedure were amended in order to widen the possibilities for criminal prosecution of cases of forced marriage, polygamy and FGM. With regard to FGM, the jurisdiction was extended so that incidences of FGM performed abroad are also punishable in the Netherlands in case that the victim is a Dutch citizen or has a permanent place of residence in the Netherlands. This also applies when the offender is a foreign national and/or is not a resident of the Netherlands.
- As of 2001 it is possible for minors to appeal for a limit-term asylum residence permit (Asiel voor bepaalde tijd) when there is a proven threat of FGM.
- The Ministry of Health, Welfare and Sports developed the document 'Statement opposing female circumcision'. This statement is intended for parents originating from risk countries who plan to go on holiday to their country of origin. Youth Health Care professionals can give this declaration to the parents, with which they can inform their relatives abroad about the consequences and the penalization of female circumcision in the Netherlands.
- As of July 1, 2013, organizations and self-employed professionals are required to have a reporting code. This is stipulated in the law 'Mandatory reporting of domestic violence and child abuse'. The reporting code helps professionals such as doctors, teachers and employees of youth institutions to respond appropriately to signs of violence. The aim of the law is that professionals should identify mistreatment in the home environment at an early stage and report this when necessary. When confronted with a suspicion of an impending or performed FGM, professionals should act according to their own reporting code.
- For staff members in the judicial chain – Safe at Home, the Council for Child Protection, the Public Prosecution Service and the police- an action protocol on FGM among minors was developed. This protocol describes how to act on both suspicion of imminent FGM as suspicion of performed FGM.

Child Protection Measures

- The government has no authority to force members of the public to cooperate on a compulsory physical examination to detect FGM. Evidence acquired by force examination will be deemed unlawful by a judge. Therefore compulsory physical examination is not an adequate measure in the detection and prosecution of FGM.
- Placing a child under supervision or in custody care limits parental power, but parental consent is still required for a physical examination if the child is under the age of twelve. Parental consent can be replaced by consent from a juvenile judge. When a child is older than twelve, but younger than sixteen, both parental consent as the child's consent is required for a physical examination. When a child is over the age of sixteen, parental consent is no longer required.

Furthermore, a general protocol on medical care for women and girls who have been circumcised has been developed by Pharos, the Dutch Society of Gynaecology and Obstetrics (NVOG) and 12 other professional associations.

Platform 6/2

February 6 was named as the International Day of Zero Tolerance for Female Genital Mutilation by the Inter-African Committee on Traditional Practices (IAC). Since then, they actively encourage all countries to commemorate this day and by doing so, stimulate the fight against FGM. In the Netherlands, Platform 6/2 was set up in response to this call. Since 2004, Platform 6/2 annually organizes a convention in the Netherlands to bring FGM to the public's attention and to discuss the ways in which FGM is combatted. Platform 6/2 is a collaboration between Plan Nederland, Defence for Children – ECPAT, Federation of Somali Associations in the Netherlands (FSAN), Pharos and Association of European Parliamentarians with Africa (AWEPA).



Convictions

To date, the investigation and prosecution of FGM in the Netherlands has not yet led to any convictions. This is most likely due to the following reasons:

- The 2013 research concluded that girls in the Netherlands are at low risk of FGM. It was concluded that annually 40 to 50 girls living in the Netherlands are at risk of FGM. For the most part, the risk only gets real when a girl visits her country of origin. There is no evidence to support the actual circumcision of these girls.
- There are barriers prior to the investigation process: there is few reporting and there is little willingness to press charges. This is encouraged in training sessions given by FSN, with support from Pharos.
- There are barriers during the investigation process. The chain of evidence is complex: the moment of circumcision is often hard to determine, because child mutilation often heals rapidly. There are few forensic doctors in the Netherlands who can identify the milder FGM types with 100% accuracy. Finally, because of the dependent relationship between victim and perpetrator (most often the parents), a victim shall rarely give a statement or evidence, or victims are so young that they are not able to give a statement.

The role of Pharos

Pharos, the Dutch Centre of Expertise on Health Disparities, has been appointed by the Dutch government as the national knowledge centre for FGM. Since 1993 Pharos has used her expertise in the fight against FGM. Pharos supports prevention of FGM and helps to improve the medical and psychosocial care for circumcised women in the Netherlands. Pharos works in close collaboration with the risk-country communities, professionals and (inter)national partners. Pharos conducts the following activities with regards to FGM in the Netherlands:

- Training of professionals and key persons
- Developing information and educational materials
- Organizing expert meetings and study sessions
- Initiating and stimulating research
- Organizing and facilitating the national network of professionals
- Supporting municipalities in shaping their approach
- Participating in and initiating the development of protocols both on a national and international level, as well as the exchanging of knowledge and experience.
- Providing information through the Focal Point Female Genital Mutilation

Sources

Exterkate, M. (2013)
Female Genital
Mutilation in the
Netherlands;
Prevalence, incidence
and determinants.
Pharos.
www.pharos.nl

