

# **Policy paper on Genital Female Mutilation**

The position taken by the Dutch government  
and the assignment to Pharos

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## **1. Introduction and background**

Female Genital Mutilation (FGM) is a form of violence that the Government wants to stop as soon as possible. It is a topic of many discussions, about which little is known and there is too little expertise.

The Ministry of Health, Welfare and Sport requested the Council for Public Health and Care to advise him on the way in which FGM can be addressed via a special committee. This resulted in an advice in March 2005.

On 26 August 2005, the Government set out its position in the policy advice in a letter to the House of Representatives in which it was decided to deal with FMG intensively in six concentration areas: Amsterdam, Rotterdam, The Hague, Utrecht, Eindhoven and Tilburg. The Ministry requested that Pharos draw up an action plan based on this government position.

In the last few years, Pharos' knowledge centre for refugees and health, in collaboration with the Federation of Somali Associations in the Netherlands [FSAN), has made much effort to make FGM the subject of discussion together with and within the Somali community. There was also cooperation with the VON, the Dutch Refugee Organisations. These experiences can be used for the approach that is suggested in a broader context. It was agreed with FSAN and VON that they would be involved in developing the action plan and implementing the project in the years to come.

This action plan offers frameworks in which various partners collaborate in the intensive combat against FGM and frameworks for approach in the municipalities.

## 2. Position taken by the Government

The Government presented its findings about RVS's advice in a letter to the House of Representatives (min VWS PG/OGZ 2.594.902). The main points from the Government reaction are:

1. Introducing a nation-wide reporting code for female children genital mutilation (2005).
2. Including female genital mutilation in the registration of Child Abuse Counselling and Reporting Centres (2006).
3. Investigation of the Health Care Inspectorate into using a conversation protocol for genital mutilation in girls (2007).
4. Investigation into possibilities of letting asylum seekers from risk countries and those who claim protection against female genital mutilation produce a medical statement stating that that they and/or their daughters are not circumcised (2005).
5. Informing participants in an integration programme course about the punishableness of female genital mutilation in the Netherlands (2006).
6. Extending the limitation period to be started when the victim has reached the age of 18 (2007).
7. Issuing an IGZ brochure about how to act when there is suspicion of female genital mutilation (2006).
8. More, and more targeted, preventive actions from one nationwide knowledge centre (Pharos, knowledge centre for Refugees and Health) for the risk groups and the (medical) professionals involved (2005).
9. Annual report figures on female genital mutilation (2006).
10. Binding agreements on proper chain care, including transfer of information of chain partners in the youth health care (2005).
11. Active and targeted promotion of expertise in youth health care and other medical professionals, the police and schools (2005-2008).
12. Strengthened approach to female genital mutilation in Amsterdam, the Hague, Eindhoven, Rotterdam, Tilburg and Utrecht (2005-2008).

In the debates in the House of Representatives on 29 September 2005, there was an extensive discussion on the issue of physical examination when female genital mutilation was suspected. The Minister added that physical examination can be imposed in certain cases if there is the suspicion of child abuse. In the Minister's view, this would also apply to FGM.

### *Pharos and FSAN*

In the last few years, Pharos together with FSAN have had great success in the field of FGM, especially in preventive activities, and new grounds were broken. The advice given by the Council for Public Health and Care and the position taken by the government make it possible for these steps to be taken on a broader scale.

FGM is a phenomenon that cannot be separated from the relations between genders, the position of girls and women, and the value of their sexuality. In this context, the subject cannot be detached from the empowerment of girls and women.

### *Self-organisations*

The role that self-organisations play is vital, as the people from the risk groups are their supporters. Various people from self-organisations have been active with prevention activities for years. These efforts should be recognised and respected. Moreover, the very character of the issue makes it impossible to be successful in educational activities without allowing a more important role to people from self-organisations. This principle is the key element in the plans that are outlined below.

Self-organisations and key figures will be involved in the following aspects of the project:

- in the information given to risk groups (professional deployment of trained key figures);
- in the information to and in the promotion of expertise of professionals in the care and educational sectors, in police and public prosecution departments;
- in being experience experts as the advisors for developing information and training material, action plans, training modules, and etceteras;
- in being participants in national and local project groups;
- in being participants in the national counselling group.

It is of crucial importance that money be available for financial compensation of the professional efforts of key figures in these areas.

### *Investigation*

The House of Representatives intends to make an end to female genital mutilation as soon as possible. Information must be available to know whether this form of violence against girls and women has ended. A broad measurement was carried out in Amsterdam and Tilburg and it showed that at least fifty girls residing in the Netherlands were circumcised every year, whether or not in the Netherlands. The number is probably higher. Somali key figures with whom Pharos cooperates informed that they estimated the number to be much higher. It is a fact that the number of reports of child abuse increased substantially after the public and professionals were extensively informed. Quantification of the extent carried out within the framework of the advice of the Council for Public Health and Care was inadequate for suggesting at the end of the project that the number of girls being circumcised was less, more, or equal. To carry out a real quantification, a more thorough investigation will have to be carried out at the start and at the end of the project period.

### 3. The assignment to Pharos

The Ministry of Health, Welfare and Sport requested Pharos:

1. to continue to function as national knowledge centre for FGM.
2. to take care of providing information to the risk groups.
3. to encourage expertise to professionals in the care and educational sectors, to the police and the Public Prosecutions Department.
4. to draw up an action plan for creating an integrated approach towards female genital mutilation in the above-mentioned regions, and to support these regions in their approach.

*To avoid everyone re-inventing the wheel and enhancing the effectiveness, the Ministry of Health, Welfare and Sport requested Pharos as the national knowledge centre to make an extra effort and to take care of training the persons involved in the concentration areas, key figures from risk groups and other relevant persons and authorities. Moreover, Pharos is developing uniform information to be used by the Medical and Health Services. Pharos will support the Medical and Health Services in implementing their plans, approaching the risk groups, and etceteras.*

With this memorandum we are mainly focussed on the elaboration of the fourth point: an action plan for the intensive approach in the concentration areas, together with the Medical and Health Services. A short outline of the activities mentioned in points 1, 2 and 3 is given below.

#### *National knowledge centre*

Pharos is a national knowledge centre for FGM and will continue developing its knowledge in this field, and keep it updated. Pharos will deploy existing and new knowledge not only in the project with the Medical and Health Services but even outside this project. In 2006, research into the psychosocial effects of FGM will be started and together with Euronet-FGM (London) this will have an international component. We will furthermore encourage the interchange of international knowledge and detect and use good practices from other countries (especially from countries of origin).

As the Focal Point for FGM, Pharos will employ the transfer of knowledge via Pharos' publishing house, websites, the information and advice hotline and the knowledge bank (aimed at the risk groups, the professionals in the care and social welfare sectors, but also for information to the general public).

To strengthen scientific support, Pharos will organise a circle of scientists who will support the project, the approach and the interpretation of the results.

#### *Information for the risk groups*

Together with FSAN, Pharos had been successful with this information for years. The provision of information will be carried out on a larger scale via the integrated approach in the concentration areas. However, there are members of the risk groups who do not live in the concentration areas. In consultation with the self-organisations, Pharos will verify whether and how these groups can be reached.

Pharos has taken specific action regarding the information activities for and by young persons from risk groups in recent years. For this purpose, Pharos set up a youth board, called 'No Game', in which young people from risk groups and also youngsters from other groups participated. No Game has an own website, which will be made interactive. No Game especially aims at providing information at educational institutions and at providing information in the six concentration areas. To this end, they will also use stage-play techniques and other methods attractive to youngsters, such as distributing leaflets and posters, contacting websites, chat-rooms and MSNs. It was proven in countries of origin (including Ghana) that the efforts of young people are very effective for providing information.

To provide information to adults from risk groups, Pharos works with various methods, including stage-play techniques, role-plays and focus groups.

Together with the Rutgers-Nisso Group, a teaching package was developed for sex education to young people with a non-Dutch background, whereby special attention was given to FGM. This method will be implemented in the next few years, along with training teachers in this field.

Pharos will also explore the way in which information can be given about the punishableness of FGM during the newcomers integration course.

FGM is often seen as an expression of contrasts between western and Islamic values. It is therefore important to involve religious leaders in the prevention of FGM. They, better than any other, can negate such prejudices and fallacies.

To combat FGM effectively, it is important that people should be assisted to resist social pressure from the family and the group. The protector system may be of help. In the protector system, someone from the risk group undertakes to protect and support a girl. It is paramount to apply this method very prudently, as only few parents are prepared to be called to account for the way in which they raise their children. In a subproject, Pharos will explore on what conditions the protector system can be effective.

#### *The advancement of expertise of professionals and intermediaries.*

Much experience has been gained in fostering expertise. In the last few years, the advancement of expertise of the profession has often been implemented with the key figures from the risk group. Medical professionals and other intermediaries in the concentration areas will be given further training. But also professionals and intermediaries outside these areas may be confronted with FGM. Pharos will explore how they can be reached, and will make use of the experiences that were gained in the concentration areas.

#### *Other countries*

People may feel heavy pressure from these countries to circumcise girls. Fortunately, developments have not stagnated there. A number of countries of origin have forbidden FGM, and many countries of origin have been actively involved in preventing and combating FGM. Exchange of knowledge and sharing experience with these countries are crucial. If possible, Pharos will carry out the advancement of expertise in other countries. Somalia has already sent a request for this assistance. Investigations will be carried out into whether such activities can be funded by the Ministry of Development Cooperation or the Ministry of Foreign Affairs.

## 4. Objectives and results

The objectives for the concentration areas and the local action plans are: (see page 1, position of the House of Representatives):

1. Making proper contact with the risk and target groups in the action plan.
2. Advancing the expertise of professionals.
3. Increasing the knowledge of intermediary groups, including teachers, about where they can report suspicion of (threatened) circumcision.
4. Implementing a conversation protocol on 'girls circumcision', including further investigation/hearing of the child involved, referral for help and support from other authorities, calling in the Child Abuse Counselling and Reporting Centre and the Child Welfare and Protection Board, and reporting it to the police.
5. Bringing about explicit attention to female genital mutilation in the chain around child abuse.
6. Acquiring more knowledge about the nature and extent of female genital mutilation in the concentration areas.

These objectives must be translated into results in the local action plans that are considered to be feasible in the related concentration areas. They are related to the following items:

### Re 1. Making proper contact with the risk and target groups in the approach

The results to be named:

- How many girls and women from risk groups live in the concentration area and how many of them have been contacted, and how old they are.
- What means and activities are used:
  - information meetings about this subject only;
  - information as part of meetings with a broader subject;
  - information given by young people at schools;
  - information given by religious leaders;
  - informal meetings;
  - written information and information via own websites;
  - information at other websites that are frequented by young people;
  - the efforts of mentors and coaches (perhaps protectors) for individual support and guidance;
  - otherwise;
- How often are these activities carried out?
- By whom (key figures from what groups, and Pharos);
- The contents of the information with which they were contacted;
- The degree of participants' satisfaction about the information.

### Re 2. Advancing the expertise of professionals.

The results to be named:

- What professionals were reached (General Practitioners, paediatricians, gynaecologists, obstetricians, youth health care, youth care, staff of the Child Abuse Counselling and Reporting Centre, others);
- The number of meetings for the advancement of expertise;
- The number of participants;
- The degree of participants' satisfaction

- The results of the participants' evaluation in which is indicated
  - if, as a result of the advancement of expertise, they consider themselves more capable of recognising and discussing the risk of circumcising girls;
  - if they know how they must act and report according to the protocol;
  - if they consider themselves capable of providing information about the subject within their own professional group.

Re. 3. Increasing the knowledge of intermediary groups, including teachers, about where they can report suspicion of (threatened) circumcision.

The results to be named:

- What intermediary groups were contacted (teachers, police, community workers, religious leaders, others);
- What means and activities were employed;
  - information meetings about this subject only;
  - information as part of meetings with a broader subject;
  - short information in regular meetings;
  - written information and information via own websites;
  - otherwise.
- How many participants were reached;
- The information with which they were reached;
- The degree of participants' satisfaction about the information
- The result of the evaluation by the participants, in which the participants indicate whether they now know more about whom to contact with a suspicion of (threatened) circumcision of girls.

Re. 4. Implementing a talk protocol 'girls circumcision', including further investigation/hearing of the child involved, referral for help and support from other authorities, calling in the Child Abuse Counselling and Reporting Centre and the Child Welfare and Protection Board, and reporting to the police.

The results to be named:

- With which partners in the chain and institutions has the conversation protocol been implemented;
- The information/advancement of expertise that was used about this subject;
- The degree in which the protocol was actually used;
- The way in which the continuity was ensured: whether the protocol was structurally included in the methods of working.

Re. 5. Realising explicit attention to female genital mutilation in the chain around child abuse. The entry code for child abuse and the relevant protocols will be extended with a chapter on circumcision of girls.

The results to be named:

- Which partners in the chain were informed about FGM as a form of child abuse;
- How many partners were informed about the protocols and the entry code;
- Insight into the degree in which all this was actually followed;
- The way in which the continuity was ensured; has the protocol been structurally integrated into the work processes;
- The KitS registration system of the Child Abuse Counselling and Reporting Centre includes the circumcision of girls in its registration.

Re. 6. Acquiring more knowledge about the nature and extent of female genital mutilation in the concentration areas. (this is similar to the information from reports for the VWWS/Steering Group)  
The results to be named:

- Registrations of the following:
  - how many girls/women from the risk groups were detected and reached
  - in how many cases did this lead to a notification;
  - in how many cases did this lead to a report;
  - through which institutions was this notified (care institutions, schools, others)
  - if no notification or reports were made (whereas there was a risk), what were the considerations, and were these considerations clearly formulated
  - what other interventions were applied and why
  - how many cases of FGM were detected?

The local coordinators will supply the registration data to Pharos, which will draw up a uniform report to the ministry of Health, Welfare and Sport. Pharos will draw up a report format for the Medical and Health Services.

#### *Accountability*

The Ministry of Health, Welfare and Sport will send annual reports to the House of Representatives. The results mentioned under point 6 will form the principal constituent of the reports.

Within the framework of a uniform approach and discover good practices, Pharos suggests that all above-mentioned result areas be included in the reports. The Ministry of Health, Welfare and Sport may select data that it finds relevant for its explanation to the House of Representatives.

#### *Final result of the project*

The total project shall finally have two results:

1. Analysis of good practices in the Netherlands and abroad and proposal for implementing it in the Netherlands.
2. Insight into how many times notification and reports were made (see above under Re. 6.)  
Pharos reports on the basis of registration by the Medical and Health Services.

## Enclosure

### Check list for drawing up the action plan in the six regions

Various activities will be carried out in the six concentration areas in order to achieve the objectives and results mentioned in section 5.

The formulated objectives and results are the same for all areas, but the activities may differ and depend on the local situation and the activities that have been taken. The different cities have different target groups and an own infrastructure, and they may adapt their action plan accordingly.

Below is a checklist with items for consideration when planning the activities.

#### *Checklist*

1. Appoint a local coordinator.
2. Compose a local project group in which chain partners and local organisations of the risk group are members.
3. Examine what activities in the field of FGM have taken place.
4. Formulate, together with the project group, the results that were considered to be feasible in this region by means of the results mentioned in the previous section.
5. Examine what activities are in line with achieving the results in your municipality and for this purpose, examine also what local forms of information that is currently given can be taken up (including general meetings for health care, courses in parental skills).
6. Formulate what groups of people from risk countries must be reached in your municipality, and how many people these groups consist of. Examine whether key figures from these groups are active.
7. Recruit key figures from the local risk groups, if there are not any. Pharos will train them. If no key figures can be found, a pool of nationally deployable key figures can be used via Pharos.
8. Consult with General Practitioners, paediatricians, gynaecologists, obstetricians, youth care and the staff of the Child Abuse Counselling and Reporting Centre about the way in which the advancement of expertise can best take place, and organise them. General Youth Care Netherlands takes care of advancing expertise for youth physicians, and Pharos will take care of advancing expertise for the other groups. The subjects that are dealt with are:
  - the various forms of circumcision of girls;
  - the historical, cultural, religious, gender-specific and gender backgrounds. The role of men, women, girls, boys, family, ethnic supporters, peers;
  - legislation around circumcision of girls;
  - the effects it has on their physical and mental health;
  - the importance of early detection, and how to do this;
  - the conversation protocol and entry code, and how to deal with it;
  - intercultural communicative skills;

9. Consultations with intermediary groups (schools, the police, the Public Prosecution Department, community workers, religious leaders) about the way in which their knowledge about circumcision of girls and early detection and notification can be improved. Pharos takes care of advancing expertise, in collaboration with self-organisations.
10. Consult with the chain partners in the local project group about the way in which the conversation protocol on circumcision of girls can be most effectively implemented; the persons involved can be trained accordingly.
11. Check whether the existing chain around child abuse is functioning well. Inform the chain about the protocol and the entry code for FGM.
12. Ensure ample information in the form of folders, leaflets, videos and referrals to websites, to increase knowledge on the nature and the extent of circumcision of girls in the region. Make use of the available material and the websites of Pharos, Youth Care, Health Care institutions and self-organisations.
13. Ensure a proper and uniform registration of the number of notifications of suspected circumcision of girls. Harmonise this with Pharos, which will ultimately take care of the reports of the notifications.