



COUNTRY FOCUS

BELGIUM

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NATIONAL CONTEXT

/ OVERVIEW

Belgium is a federal state comprised of three regions (Walloon, Flemish and Brussels), three communities (French-, Flemish- and German-speaking) and 10 provinces. The population totals over 11 million, of which around 16% is of foreign origin (7% born in EU member states, 10% outside the EU-2016 figures) (Eurostat and Belgian National Population register, 2016).

Tackling issues such as gender violence can involve up to three levels of government (federal, regional and community), complicating the implementation of relevant conventions and European directives. For example, police, justice and asylum are federal competences, while child protection is a community-level responsibility. Health may be a federal, regional or community competence, depending on the type of service concerned—curative, preventive, rehabilitative or health promotion. Other issues (such as equal opportunities and development cooperation) are the responsibility of all three levels of government.

Despite such complexities, however, Belgian state authorities and NGOs are extremely active in the fight against female genital mutilation (FGM), successfully collaborating to produce and deliver a range of material, including professional guidelines, awareness-raising campaigns, training programmes and research.

/ IN FIGURES: FGM IN BELGIUM

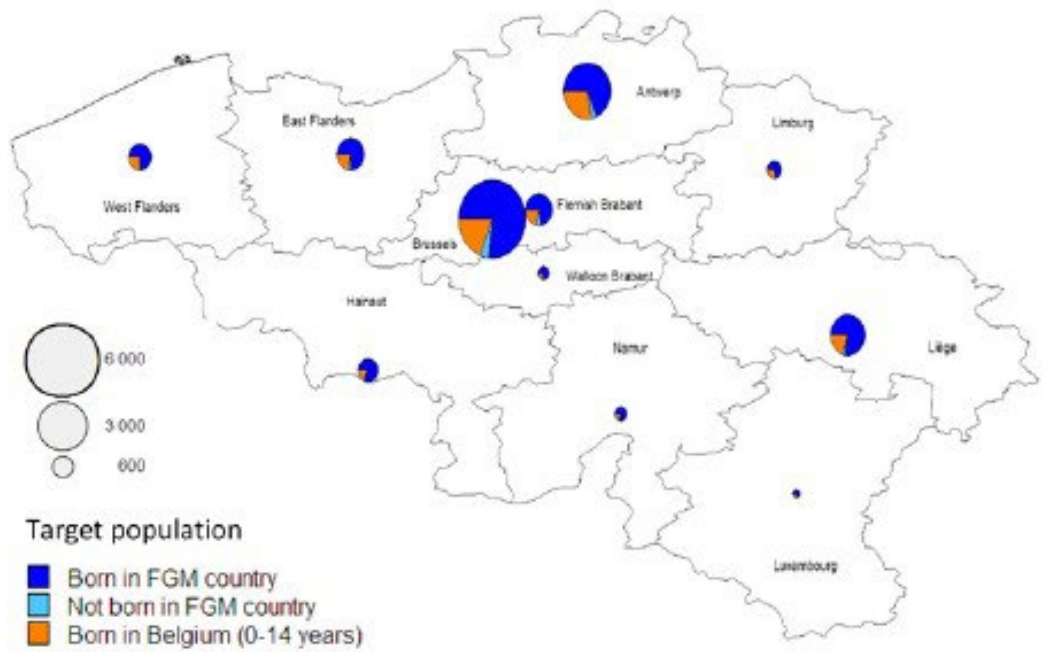
According to a 2014 study conducted by the Antwerp Institute of Tropical Medicine on behalf of the Ministry of Health (MOH)¹, an estimated 48,000 women and girls living in Belgium came from a country where FGM is prevalent on 31 December 2012 (see Figure 1).² Approximately 13,000 of that total were likely to be circumcised, with a further 4,000 at risk (Dubourg & Richard 2014). The Flemish and Brussels regions account for the majority of cases (with figures for those affected or at risk estimated at 6,800 and 5,800, respectively) followed by the Walloon region (3,300). Asylum-seekers account for a further 1,300 cases. The total number of 17,000 affected women and girls in Belgium is a low estimate given the on-going influx of refugees from FGM-practising countries such as Somalia and Eritrea.

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National Content

1. With the collaboration of various national and international institutions (ICRH, ISP, ONE, K&G, Fedasil, CGRA, UNHCR)

2. All figures rounded (from 48,092, 3,112, 4,084, 6,761, 5,831, 3,303)



Dubourg D., Richard F.
 Prevalence Study of Women living with Female Genital Mutilation (FGM) and Girls at risk of FGM in Belgium.
 ITM 2014

Figure 1: Estimated numbers affected by or at risk of FGM, by province (31 December 2012) Sources: DGSIE, ONE, K&G

No case of FGM has to date been brought before a Belgian court. However, several cases have been presented to the Public Prosecutor's Office (family and youth section), resulting in measures to protect at-risk girls.

Evolution of grants of protection for FGM in Belgium 2008 - 2015 (source CGRA)

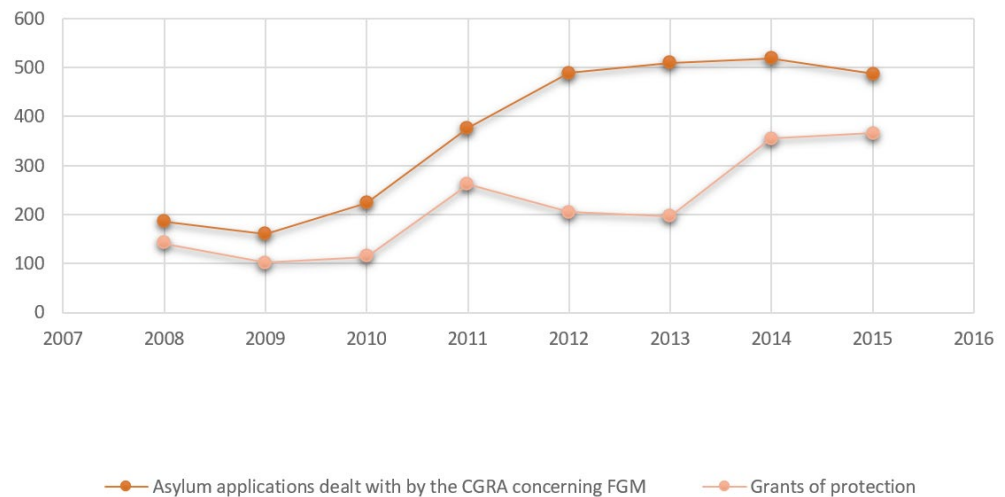


Chart 1. Grants of protection by Belgium in FGM-related cases, 2008-15 (based on CGRS figures)

Requests for international protection on the grounds of FGM increased considerably between 2008 and 2012, to reach the current total of some 500 asylum applications on grounds of FGM reviewed each year by the Commissioner General for Refugees and Stateless Persons (CGRS) (see Chart 1). Of the 487 FGM-related cases processed in 2015, protection was granted in 367 cases (refugee status issued to 366 and one provided subsidiary protection, a rate of 75.4%).

/ PRINCIPAL FGM-AFFECTED COMMUNITIES IN BELGIUM

The first FGM-affected community to arrive in significant numbers in Belgium were refugees fleeing the war in Somalia in the early-1990s. By 2012, the majority of FGM-affected women in Belgium came from Burkina Faso, Djibouti, Egypt, Ethiopia, Guinea, Ivory Coast, Nigeria, Senegal and Sierra Leone, as well as Somalia (Dubourg & Richard, 2014).

FLEMISH REGION		WALLOON REGION		BRUSSELS REGION		IMMIGRATION OFFICE		TOTAL	
NATIONALITY OF ORIGIN	NO.	NATIONALITY OF ORIGIN	NO.	NATIONALITY OF ORIGIN	NO.	NATIONALITY OF ORIGIN	NO.	NATIONALITY OF ORIGIN	NO.
Guinean	1,166	Guinean	1,162	Guinean	2,838	Guinean	706	Guinean	5,872
Somali	826	Ivorian	445	Somali	331	Somali	188	Somali	1,698
Nigerian	740	Somali	352	Egyptian	308	Djiboutian	66	Egyptian	1,134
Egyptian	704	Ethiopian	184	Ivorian	296	Eritrean	34	Ethiopian	1,099
Ethiopian	691	Burkina Faso	170	Djiboutian	265	Ivorian	32	Ivorian	984
Sierra Leonean	401	Senegalese	147	Mauritanian	208	Mauritanian	31	Nigerian	983
Sudanese	265	Djiboutian	130	Burkinabe	206	Nigerian	29	Sierra Leonean	602
Senegalese	216	Malian	118	Senegalese	201	Senegalese	29	Senegalese	593
Ivorian	211	Egyptian	99	Ethiopian	200	Burkinabe	29	Burkinabe	547
Iraqi	197	Mauritanian	65	Nigerian	156	Ethiopian	23	Djiboutian	534
TOTAL TOP TEN	5,417		2,873		5,009		1,169		14,046
TOTAL GENERAL	6,761		3,303		5,831		1,298		17,195
% TOP TEN	80%		87%		86%		90%		82%

Table 1. Numbers affected by or at risk of FGM in Belgium, by nationality of origin (top ten) and region (2012)³

3. Belgium's population register provides data by nationality rather than country of origin.

LEGISLATIVE FRAMEWORK

/ INTERNATIONAL CONVENTIONS APPLICABLE IN BELGIUM

Belgium has ratified a number of international conventions relevant to FGM, including the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention, 2011), the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979), the Universal Declaration of Human Rights (1948), the European Convention for the Protection of Human Rights and Fundamental Freedoms (1950), the United Nations Convention for the Rights of the Child (CRC, 1989) and the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984).

/ BELGIUM'S PENAL CODE

Article 409 of the Belgian Penal Code (2001) (later: PC) provides for a prison sentence of three to five years for *“all persons participating, facilitating or encouraging all forms of female genital mutilation or any attempt to do so, with or without the consent of the person concerned.”* As of July 2014, encouraging the practice of FGM is punishable with imprisonment, for a period of between eight days and one year.

The statutory limit on the prosecution of FGM-related crimes is five years, rising to ten years where there are aggravating circumstances and 15 years if the victim was a minor, in which case the period of statutory limitation begins only once the victim has reached 18 years of age.

The minority of the victim is an important aggravating circumstance in sentencing, and any person who has participated in, encouraged or facilitated FGM on a minor, including abroad, can be pursued in Belgium if the perpetrator is on Belgian territory (Principal of Extraterritoriality, Articles 10 and 12 of the Criminal Procedure Code). Other aggravating circumstances include after-effects of the act, profit, and the victim's dependence on or vulnerability to the perpetrator (i.e. parent, doctor).

Despite the legislative tools available, however, just 19 FGM-related cases were filed in Belgium between 2008 and 2014, none of which has led to a conviction. There is therefore no jurisprudence available on the subject (Alié, 2014).

/ CHILD PROTECTION

A victim of FGM is treated in the same way as a victim of child abuse.

Depending on the relevant community legal framework, the first step is usually for frontline professionals (health, school, family-planning, social-services or youth-organisation staff) to establish a programme aimed at supporting the family to prevent or end an abusive situation.⁴

02

Legislative
Framework

If a minor remains in danger, frontline services may report the case to specialist youth services (SOS Children, the Youth Support Service or the CAN Centre/Youth Care Support Centre), which can in turn inform the Prosecutor's Office if protective measures are required. The Prosecutor's Office can file a national- or Schengen-level alert to prevent the child leaving the territory. If the danger is real and persists, the Prosecutor's Office can refer the case to a juvenile-court judge, who may order protective supervision measures (including educational guidance and medical assessments). In emergency cases, a juvenile-court judge has the authority to make a placement order for a specified period and/or to prohibit parents leaving the territory with their child.

/ ASYLUM

Belgium recognises FGM as a form of gender-based persecution, which can be grounds for awarding refugee status (Directive 2011/95/EU of the European Parliament and European Council, 13 December 2011, Article 9, §2, f). However, jurisprudence as to the criteria for granting international protection to those who have undergone FGM or who fear that their child may be circumcised is not unanimous.⁵ Belgium has not yet incorporated into law European Directives on reception and asylum procedures, under which states are required to pay more attention in identifying vulnerable groups and take into account gender violence within the framework of examination of an application for asylum.

/ PROFESSIONAL CONFIDENTIALITY

Belgian law permits but does not require the lifting of professional confidentiality where a child or a vulnerable person has been subjected to FGM (Article 458bis of PC). In case of a risk of FGM, anyone confronted with this imminent danger of serious harm has an obligation to help (Article 422bis of PC). Failure to do so could result in a prison sentence of between eight days and one year, in addition to a fine. The penalty is increased if the victim is a minor or vulnerable person. The state of necessity may give rise to the lifting of professional secrecy to prevent FGM occurring.

/ EVOLUTION OF CRIMINAL POLICY ON FGM

Belgium's College of Public Prosecutors is currently (2016) developing a circular on criminal policy on honour-related violence, including FGM. This circular offers guidelines to police and public prosecutors in addressing a range of honour-related violence.

4. Belgium's French-speaking community applies the 1991 decree on youth support (M.B. 12 June 1991) and the 2004 decree on assistance to victims of child abuse (M.B. 12 June 1991). In the Brussels Region, voluntary aid is regulated by French- and Flemish-community Decrees, whereas compulsory aid is regulated by the 2014 ordinance of the French Community Commission of the Brussels-Capital Region in relation to youth support (M.B. 1 June 2004). In the Flemish Community, the 2008 decree on special assistance to youth (M.B. 1 June 2004) and the 2013 decree on integrated youth care applies (M.B. 13 September 2013), while in the German-speaking community the 2009 decree on youth care and child protection applies (M.B. 22 October 2009).

5. For additional information on this subject, see <http://www.intact-association.org/fr/documentation/nos-publications/recommandations.html>

POLICY FRAMEWORK

/ NATIONAL ACTION PLANS AND PARLIAMENTARY RESOLUTIONS

Belgium's policy on gender-based violence was first encapsulated in its 2001 National Action Plan (NAP). The 2010-14 NAP on combating intimate partner violence and other forms of domestic violence makes particular reference to FGM, along with forced marriage and honour crimes. FGM is also referred to in the 2015-19 NAP on combating all forms of gender-based violence, in line with the Istanbul Convention (which focuses on intimate partner violence, FGM, forced marriage, honour crimes and sexual violence). NAPs are monitored, coordinated and evaluated by the Institute for the Equality of Women and Men (IEFH), with the support of outside experts and an interdepartmental group drawn from Belgium's federal, regional and community authorities.

Belgium's three French-speaking governments have also adopted an intra-French-speaking Action Plan to combat violence against women and domestic violence (2015-19), which includes FGM.

In addition, Belgium's regional governments have passed a number of resolutions, including the 2015 resolution by the federation of Wallonia-Brussels and that of 2013 by the Flemish government, highlighting the importance of prevention through the training of professionals and of community-level cooperation with specialist associations (Vlaams Parlement, 2013, and Fédération Wallonie Bruxelles, 2015).

/ PROTOCOLS AND MULTIDISCIPLINARY GUIDES

Belgium's current medical curriculum does not cover FGM. However, the Ministry of Health (MOH) has produced guidelines on FGM for medical professionals in French and Dutch, which have been distributed to maternity and paediatric hospital departments since 2011 (Health, Food Chain safety and Environment). The MOH also produces a laminated reference card detailing types of FGM and deinfibulation techniques. The card, which has been endorsed by Belgium's gynaecological societies, has been distributed to maternity services for use by midwives and gynaecologists during consultations.

Several collaborative protocols on child abuse are applicable to FGM, even if they make no specific reference to the practice. Grassroots organisations have also developed a number of tools to help professionals identify and protect at-risk children, including a risk scale used to assess a particular situation and take appropriate action. This scale is available in French and Dutch, in paper or electronic format. The Dutch version, validated by the Flemish Forum for Child Abuse (VFK) has been adapted to fit the Flemish context. This risk scale has been widely used in professional training.⁶

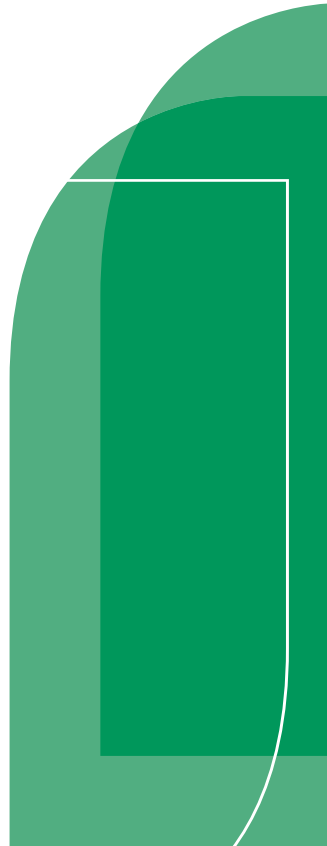
6. VFK is a consultative structure bringing together political actors on justice and welfare, introduced as part of the framework of the Flemish Protocol for Child Abuse (2010) signed by then-minister of justice Stefaan De Clerck and current Flemish minister of welfare Jo Vandeurzen. The protocol was signed again in 2014 by the same ministers and the minister of interior. A VFK sub-committee on FGM has also been established.

03

Policy Framework

/ WORKING GROUPS, INTER-MINISTERIAL COMMITTEE AND NETWORKS

A number of NGOs receive government support to work on prevention, raising awareness and training among FGM-affected groups. Belgium's French-speaking community established a collective, participatory process to analyse action taken on FGM, the Concerted Strategies for Fighting Female Genital Mutilation (CS-FGM). The Flemish Forum for Child Abuse has also created a specific working group on FGM. Moreover, field staff are regularly invited to join federal or French-speaking-community working groups on the implementation or evaluation of NAPs.



MILESTONES / PROMISING PRACTICES

Milestones /
promising practices

04

1996. The Group for the Abolition of Female Genital Mutilation (GAMS Belgium) is set up by the Senegalese Khadidiatou Diallo, in response to the plight of women from Somalia seeking asylum in Belgium.

1997. The International Centre for Reproductive Health (ICRH) Ghent launches the first European project on FGM, towards a Consensus on FGM in the European Union, with the support of the EU's Daphne programme (Ref 97/2/096).

1998. ICRH and GAMS Belgium organise the first European conference on FGM, in Ghent, bringing together health experts, researchers and NGOs from Europe, the US and Africa to discuss medical, social and legal issues related to FGM. With the encouragement of researcher Els Leye and Senator Marleen Temmerman, also a gynaecologist, ICRH becomes involved in numerous national and European research projects and publications.

GAMS and ICRH thus played an important role in raising awareness of the problem, to both politicians and professionals at the end of the 1990s.

2000. Law specifically criminalising FGM is adopted (Article 409 of the Belgian Penal Code, comes into force 1 April 2001), spurred on by Amnesty International and GAMS Belgium.

2008. GAMS Belgium and 21 partners organise first national campaign against FGM, "No excision for my daughter", aimed at raising awareness of the risk of FGM when girls are returned to countries of origin for the school summer holidays. Launched in June, Federal Minister of Health Laurette Onkelinx announces four resolutions that come to define the fight against FGM Belgium: 1) conduct a prevalence study; 2) write a guide for professionals; 3) distribute guide to all hospitals and set up professional trainings; (4) assess the relevance to reimburse the reconstruction of the clitoris in cases of FGM.

Concerted Strategies for the Fight against FGM created a network established with the support of the Observatory of AIDS and Sexualities. Participatory workshops lead to a framework for action in Belgium's French-speaking community, providing the basis upon which to expand the NAP to address other forms of violence.

2009. Specialist legal reference centre INTACT is established by Céline Verbrouck, a lawyer working to protect the rights of refugees. This NGO aims to provide protection of girls and women at the national and international levels. It offers training and advice to individuals and professionals engaged in legal proceedings.

2010. First NAP to integrate FGM, forced marriage and honour-based violence (2010-14).

2012. VFK working group on FGM established, involving GAMS, INTACT and ICRH, developing learning modules, a protocol on FGM prevention and a decision tree related to FGM.

2014. First two centres for the multidisciplinary care of circumcised women (including reconstruction of the clitoris) open, at the CHU St-Pierre, Brussels and the UZ, Ghent, both approved by INAMI/RIZIV (Belgium's National Institute for Health and Disability Insurance).

2015. Sensoa (Flemish Centre of Expertise for Sexual Health) and BZgA (German Federal Centre for Health Education) publish online information on sexual health in various languages, including FGM (available at <http://www.zanzu.be/en/female-genital-mutilation-0>)

NAP (2015-19) includes FGM as a priority.

2016. Launch of the Men Speak Out (<http://menspeakout.eu/>) awareness-raising campaign, coordinated by GAMS Belgium, which aims to involve men in the fight against FGM. Posters and videos produced with support from the EU's Daphne Programme and IEFH.

ADVICE AND SUPPORT



GAMS Belgium (Group for the Abolition of Female Genital Mutilation) is an NGO whose mission is to protect young girls from female genital mutilation and to support women who have already undergone the procedure. GAMS organises discussion groups and workshops - on self-expression through movement, for pregnant women and for youth, as well as individual social and psychological sessions for adults and children. GAMS also organises a training programme for professionals in collaboration with INTACT. GAMS has several branches and works in all three regions of Belgium.

Brussels: 6 rue Gabrielle Petit, 1080 Molenbeek, 02 219 43 40,
Namur: 7 rue de la Tour, 5000 Namur, 0493 49 29 50 + monthly consultations in Mons
Liege: 17 rue Agimont, 4000 Liege, 0479 586 946, Antwerp: Van Maerlantstraat 56, 2060 Antwerpen, 0495 93 93 18,
info@gams.be, www.gams.be



INTACT is an NGO staffed by lawyers specialising in FGM, providing legal advice in the context of asylum applications based on protecting a girl or woman from FGM. INTACT also supports professionals seeking means of preventing a FGM. INTACT provides training to professionals, in collaboration with GAMS Belgium.

Rue du Progres 333, 1030 Schaerbeek, 02 539 02 04,
info@intact-organisation.org, www.intact-association.org

/ MULTIDISCIPLINARY CENTRES FOR THE CARE OF WOMEN WHO HAVE UNDERGONE FGM

There are two approved medical centres for the care of women who have undergone FGM in Belgium, offering multidisciplinary support on an individual basis. The centres provide a full range of psychological and surgical treatment, including deinfibulation, removal of a cyst and/or reconstruction of the clitoris, with costs entirely covered by INAMI/RIZIV.



CeMAViE (Medical Centre for Victims of FGM), CHU ST-Pierre, Bruxelles

11-13 Rue des Alexiens, 1000 Bruxelles
(consultations every Tuesday afternoon), 02 506 70 91
<http://www.stpierre-bru.be/fr/service/gyneco/cemavie.html>




Multidisciplinary Medical Centre for Genital Mutilation, Women's Clinic, UZ Gent

C. Heymanslaan B, 9000 Vrouwenkliniek Polikliniek P3-P4
(consultations every Wednesday morning) 09 332 37 82 / 09 332 37 85
<http://www.uzgent.be/nl/home/Lists/PDFs%20patienteninformatiefolders/MCGM-pati%C3%ABnten.pdf>



05

Advice and Support

Additionally, several services (such as family planning centres) have FGM units staffed by specially trained teams (see below; contact GAMS Belgium for a full list).

-  The Family Planning Centre (FPS) Liege has developed a multidisciplinary team (medical, social, psychological, legal) aimed at supporting the victims of FGM, as well as a weekly session at the maternity unit of the CHR Citadelle hospital for prevention activities and birth-preparation workshops.
17 rue des carmes, 4000 Liege, 0473/626455 or 04/2231373,
cpf.liege@solidaris.be

/ TELEPHONE HELPLINES

-  The Flanders helpline (“Hulplijn”-dial 1712) offers callers the opportunity to ask questions or to report all forms of violence, including child abuse, domestic violence and FGM. <https://1712.be>
-  The Wallonia-Brussels Federation helpline (“Ecoute Enfants”-dial 103) offers advice to young people and parents facing difficulties. Staff members are also trained to respond to FGM-related problems. <http://www.103ecoute.be>

/ RESEARCH INSTITUTES WITH EXPERTISE ON FGM

-  **International Centre for Reproductive Health (ICRH), Ghent** - involved in national and European-level research projects on FGM, as well as offering training to professionals in Belgium.
Els.Leye@UGent.be, <http://icrhb.org>
-  **Institute of Tropical Medicine (ITM), Antwerp** - coordinated two most recent prevalence studies of FGM in Belgium for FPS Public Health.
frichard@itg.be, www.itg.be
-  **Observatory of AIDS and Sexuality, Saint-Louis University, Brussels** - contributed to several qualitative studies on FGM, in collaboration with GAMS Belgium. myriam.dieleman@usaintlouis.be,
<http://observatoire-sidasexualites.be>

/ ADDITIONAL RESOURCES

Tools

Guide de bonnes pratiques (2015) comprised of cross-disciplinary and sector-specific cards on health, asylum, youth support, police and justice. Available at <http://www.strategiesconcertees-mgf.be/tool/guide-de-bonnes-pratiques>

Kit de prevention MGF (2013, updated 2015) contains material to help affected families prevent FGM during a return to country of origin.

Kit contents:

- > World map of FGM prevalence
- > STOP FGM 'passport', detailing Belgian law on FGM in several languages
- > Leaflet entitled No Excision for My Daughter
- > Risk-assessment criteria, risk scale and decision tree
- > Interview guide for girls and their families
- > Sample medical certificate of integrity of female genitalia
- > Sample of sworn commitment not to circumcise a daughter
- > Brochure entitled Professional Confidentiality in Cases of FGM
- > Professionals' guide
- > Prevalence study on circumcised and at-risk women and girls in Belgium (updated 2012)

All of the above are available for download at <http://www.strategiesconcertees-mgf.be/tool/kit-mgf/> (available in French and Dutch)

Femmes, excision et Exil : Quel accompagnement thérapeutique possible? (2014) is a collective work edited by GAMS Belgium, reviewing therapeutic approaches used to assist women affected by FGM and/or forced marriage in Belgium. (available in French and Dutch) <http://www.strategiesconcertees-mgf.be/ouvrage-femmes-excision-et-exil/>

Manuel à l'intention des avocats: Les MGF dans le cadre d'une demande d'asile (2012, updated 2014) is a handbook for lawyers published by INTACT. (available in French and Dutch) <http://www.strategiesconcertees-mgf.be/tool/manuel-a-lintention-des-avocats/>

/ TRAINING

Organisations with specialist expertise in FGM (GAMS, INTACT and ICRH) offer training for professionals in contact with affected communities. Courses can be held on the organisations' premises or those of the requesting institution. Requests for training should be made directly to GAMS, INTACT or ICRH.

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/ ACRONYMS

AMO	Action en milieu ouvert (Action in the Open Environment)
CAW	Centra Algemeen Welzijnswerk
CeMAViE	Centre Médical d'Aide aux Victimes de l'Excision
CGRS	Commissioner General for Refugees and Stateless Persons
CLB	Centrum voor leerlingenbegeleiding
PC	Penal code
CPAS	Centre public d'action sociale
GAMS	Groupe pour l'abolition des Mutilations sexuelles féminines
ICRH	International Centre for Reproductive Health (Ghent)
IEFH	Institut pour l'égalité entre les femmes et les hommes (Institution for Equality between Women and Men)
ITM	Institute of Tropical Medicine (Antwerp)
K&G	Kind en Gezin (Children and Health)
FGM	Female Genital Mutilation
OCJ	Ondersteuningscentrum Jeugdzorg
NAP	National Action Plan
PMS	Centres Psycho-Médico-Sociaux (Psycho-medico-social Centres)
PSE	Promotion de la Santé é l'école (Health Promotion in School)
SAJ	Service d'aide é la jeunesse (Youth Assistance Service)
CS-FGM	Concerted Strategies in the Fight against FGM (SC-MGF)
VFK	Vlaams Forum Kindermishandeling (Flemish Forum for Child Abuse)
VK	Vertrouwenscentrum Kindermishandeling (Trust Centre for Child Abuse)