COUNTRY FOCUS
NETHERLANDS

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COUNTRY CONTEXT

/ FACTS AND FIGURES

Figures for 2014 indicate there were around 97,000 women originating from FGM 'risk countries' in the Netherlands, of whom 38,000 were aged less than 18 (Central Bureau of Statistics, the Netherlands). Risk countries are those in which FGM is known to be practised, on the basis of available data.

The Dutch Board of Health (RVZ, 2005) study of migrant girls from FGM risk countries established that at least 50 were undergoing FGM in the Netherlands each year.

These figures are supported by a 2013 study by Pharos and the Erasmus Medical Centre in Rotterdam, which estimated that 29,000 women in the Netherlands have undergone FGM with a further 40 to 50 girls cut annually. According to the study, communities from Somalia, Egypt, Ethiopia, Eritrea and the Kurdish autonomous region in Iraq account for an estimated 80 per cent of FGM-affected women in the Netherlands, most of whom are between 20 and 49 years of age (Female Genital Mutilation in the Netherlands: Prevalence, incidence and determinants, Pharos, 2013).

The Pharos study assessed the risk of FGM within a given community based on prevalence rates in countries of origin. However, these figures are averages and should be interpreted with caution: the practice of FGM can vary widely between regions of a given country, and migration itself may result in parents deciding not to subject their daughters to FGM.

A 2008 retrospective study on the prevalence of FGM in midwifery practices, carried out by the Independent Scientific Research and Advice Bureau TNO - Wetenschappelijk Onderzoek & Advies voor Bedrijven & Overheid (Korfker, 2012) showed that 4 out of 10 pregnant women from risk countries giving birth in the Netherlands had undergone FGM.

/ MAIN COMMUNITIES AFFECTED

The following table provides details of the country of origin and estimated number of women and girls affected by FGM in the Netherlands.

a) Central Bureau of Statistics, 1 January 2014

b) Population Reference Bureau, FGM/C: Data and trends, update 2014

c) Population Reference Bureau, FGM/C: Data and trends-Types of FGM, 2008

COUNTRY OF ORIGIN	TOTAL NUMBER OF WOMEN (A)	OF WHICH, GIRLS AGED 0-18 (A)	PREVALENCE IN COUNTRY OF ORIGIN (B)
Benin	166	75	7%
Burkina Faso	263	128	76%
Cameroon	1,467	585	1%
Central African Republic	34	10	24%
Chad	53	16	44%
Congo (Democratic Republic)	4,123	1,620	-
Djibouti	117	53	93%
Egypt	8,583	3,762	91%
Eritrea	1,266	455	89%
Ethiopia	6,021	1,845	74%
Gambia	446	228	76%
Ghana	11,452	3,704	4%
Guinea	1,764	833	96%
Guinea-Bissau	163	51	50%
Iraq	24,181	8,027	8%
Ivory Coast	814	364	38%
Kenya	2,090	777	27%
Liberia	1,309	629	58%
Mali	163	78	89%
Mauritania	84	51	69%
Niger	115	50	2%
Nigeria	5,534	2,530	27%
Senegal	725	339	26%
Sierra Leone	2,305	1,077	88%
Somalia	17,833	8,208	98%
Sudan, North (c)	2,510	1,112	88%
Tanzania	1,076	456	15%
Togo	764	327	4%
Uganda	1,021	318	1%
Yemen	277	130	38%
TOTAL	96,719	37,838	

LEGISLATIVE FRAMEWORK

/ INTERNATIONAL AND EUROPEAN CONVENTIONS

The Netherlands implements all international and European conventions related to (the risk of) FGM (See http://www.pharos.nl/information-in-english/female-genital-mutilation/facts-and-figures/international-developments/policy-and-law-in-europe/chronological-overview).

02
Legislative Framework

/ CRIMINAL LAW

FGM is punishable as a form of child abuse under Articles 300-304, 307 and 308 of the Dutch Penal Code, punishable by a prison sentence of up to 12 years or a fine of up to 76,000 euros. In the event that parents themselves carry out FGM on their daughter or a child over whom they exercise parental authority or whom they care for or raise, the term of imprisonment may be increased by one third (Article 304, sub 1). They are also punishable if they allow and/or support the procedure being performed, order it, pay for it, provide the means for it and/or assist the cutter during FGM. These acts are considered soliciting, abetting or co-perpetration under Dutch criminal law (Articles 47 and 48).

- Since 2006, it has been possible to prosecute someone for carrying out FGM abroad, if the suspect has Dutch nationality or is a permanent resident of the Netherlands.
- Since 1 July 2009 the limitation period has been extended, such that a woman between the ages of 18 and 38 can report having undergone FGM at a younger age.
- In 2013, the Penal Code and the Code of Criminal Procedure were amended to increase the scope for criminal prosecution in cases of forced marriage, polygamy and FGM. With regard to FGM, cases of FGM performed abroad are punishable in the Netherlands where the victim is a Dutch citizen or permanent resident, even if the offender is a foreign national and/or not a resident of the Netherlands.

/ CHILD PROTECTION LAW

Under Dutch Youth Law, child abuse is defined as "any kind of a minor-threatening or violent interaction of physical, psychological or sexual nature that parents or other persons to whom the minor is in a relationship of dependency or lack of freedom, by means of active or passive intrusion, causing serious harm or threatens to prejudice the child in the form of physical or psychological injury" (Article 1.1, Jeugdwet). This includes FGM.

Dutch law provides opportunities for early intervention to prevent harm to a child. The threat of FGM can be a factor considered by a juvenile court in putting a girl under supervision (onder toezicht stellen, OTS-Article 1, paragraph 255, sub 1, ABW). In the case of an imminent threat of FGM, the juvenile court may, under

extreme circumstances, impose a heavier child protection measure such as 'home outplacement' (Uithuisplaatsing-Article 1, 265b of the Civil Code).

/ ASYLUM LAW

A girl or woman can qualify for temporary residence in the Netherlands if she is at risk of FGM in her country of origin (Article 29, paragraph 1 b of the Aliens Act, 2000). Article 29 of the Aliens Act refers to Article 3 of the European Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR), which is transposed in the 2000 Aliens Act, paragraph C 3.2. For a girl or woman to be eligible for a residence permit, she will have to demonstrate that

- she is at risk of FGM
- country-of-origin authorities cannot, do not want to or do not offer protection to those who oppose FGM
- she will be unable to escape the risk of FGM in her country of origin

/ PROFESSIONAL CONFIDENTIALITY

(code of conduct, mandatory reporting)

- Disciplinary action: Health-care providers who participate in FGM can be tried under medical disciplinary law. The bulletin 'Vrouwelijke genitale verminking' (IGZ, 2010), produced by the Inspectorate for Health Care, brings together relevant legislation and standards regarding FGM, stating that care providers should not perform FGM or reinfibulation, on minors or adults.

- Reporting Code: Since 1 July 2013, organisations and self-employed professionals are required to abide by a reporting code, as stipulated under the law on Mandatory Reporting of Domestic Violence and Child Abuse, which includes the prevention of FGM. The reporting code helps professionals such as doctors, teachers and youth-institution staff to respond early and appropriately to signs of mistreatment in the home. When confronted with a suspicion of impending or actual FGM, professionals should act according to the 'roadmap' relevant to their reporting code.

MILESTONES / PROMISING PRACTICES POLICY FRAMEWORK

The following table provides details of Dutch national action plans and policy documents related to FGM.

- **1993** - Government issues official statement prohibiting all forms of FGM, on the grounds that the practice contravenes the prevailing view in the Netherlands regarding the equality and social position of women. All forms of FGM are regarded as serious, irreversible forms of bodily injury, entailing a high risk of physical and psychological effects.
- **2005** - Council for Public Health and Health Care (RVZ) publishes advice on how to effectively combat FGM in the Netherlands.

  Cabinet issues position paper accepting many of the RVZ recommendations, adopting a two-track policy of promoting prevention and upholding the statutory prohibition of FGM, using a 'chain approach' involving multi-agency action at different levels (see below).

  Multiagency/chain approach

  The chain approach involves the collaboration of a range of institutions to prevent, protect against, prosecute and provide services addressing FGM, guided by sector-specific protocols and other instruments. Participating institutions include the Federation of Somali Associations in the Netherlands (FSAN), Pharos, public and youth health services (GGD'en), medical professionals, child-protection institutions, child abuse advice and reporting points, and key members of FGM-practising communities and community-based organisations. Initial engagement is at the grassroots level, via community members committed to ending all forms of FGM. These individuals work in the community, sharing information about FGM in meetings and home visits, as well as acting as a liaison between practising communities and professionals.

- **2013** - EIGE publishes a fact sheet about the Dutch policy in the field of FGM, Current situation and trends of female genital mutilation in the Netherlands.

/ MULTIDISCIPLINARY GUIDELINES/PROTOCOLS

The following table outlines multidisciplinary guidelines and protocols on FGM in the Netherlands.

Protocols

Model action protocol for the Veilig Thuis organisations (domestic violence and child abuse hotline).

Model protocol on medical care for women and girls who have undergone FGM (replacing the earlier Model protocol on medical care for women and girls with female genital mutilation). This is now a multidisciplinary guide to the care of women with

FGM, developed by members of SRH professional organisations, FSAN (for the patient perspective) and Pharos.

Position statement Youth Health Care. The position statement on the prevention of FGM of the Youth Health Care (YHC) system offers tools for physicians and nurses in the YHC for discussing the subject of girl circumcision with parents (and children) who originate from high-risk countries.

/ INSTITUTIONS (ROUNDTABLES, WORKING GROUPS, MINISTERIAL COMMITTEES, ETC.)

The following table provides an overview of institutional developments related to FGM in the Netherlands.

1993-2005	In the absence of a national framework or policy on FGM, a number of NGO-led initiatives are launched, including
	> National information and consultation point on FGM (Pharos, 1995-97)
	> National campaigns aimed at the Somali community (FSAN, 1996-97)
	> Radio report on 'holiday circumcisions' in Somalia (1999)
	> 'Platform approach' to FGM established (2000)
	> Project 'From Policy to Practice' (Pharos/FSAN, 2000-02)
	> Project 'Network of key persons and contacts on female circumcision' (FSAN/Pharos, 2003-04)
	Ministry of Health commissions six-city pilot project, 'Preventing FGM'
2006-09	Additional support extended through 2007 'Beschermd en weerbaar' (Protected and resilient) policy brief, focusing on forms of violence such as FGM in dependent relationships
	Advice and Reporting Centres on Child Abuse (AMK) data indicate that 44 requests for advice and reports on FGM are received by AMK and Council for Child Protection between July 2007 and February 2008
2010-11	Nationwide prevention project rolled out, involving the following partners:
	> GGD Netherlands (national coordination, quality assurance and rollout of the preventive approach to FGM in youth health care system, including health education in refugee centres)
	> FSAN/VON (national rollout of FGM-prevention activities by self-help organisations and key persons, including group education in asylum centres)
2010-present	National consultation on FGM with representatives from FSAN, Pharos, Ministry of Health, Public Health Offices (GGD/GHOR), and domestic violence and child abuse hotline (Veilig Thuis)
2006-present	Platform 06/02 marking Zero Tolerance Day, including FSAN, Pharos, Defence for Children, Plan Netherlands and VON

Research	Veiled Pain (2010): http:/www.pharos.nl/documents/doc/webshop/veiled_pain.pdf; Prevalence study (2013): http://www.pharos.nl/nl/kenniscentrum/algemeen/webshop/product/201/female-genital-mutilation-in-the-netherlands-prevalence-incidence-and-determinants
New risk countries	There is now increased awareness in Europe that FGM occurs in the Middle East and Asia, as well as in Africa-confirmed by Pharos's studies of women of Indonesian origin (a sizeable community in the Netherlands) in 2014 and of *Syrian refugees in 2016. No confirmation was found that FGM is prevalent in Syria. But FGM is prevalent in surrounding regions.*

/ COMMUNITY ENGAGEMENT

1993-99 The Netherlands is a multi-cultural society. As the number of immigrants, refugees and asylum-seekers entering the Netherlands has increased, so too has knowledge of practices such as FGM. One of the largest FGM-practising communities in the Netherlands comes from Somalia. A study of Somali women in refugee camps in the Netherlands in the 1990s resulted in one researcher recommending that medicalisation or a "milder" form of FGM be permitted within the community, causing uproar among many women's organisations, particularly African women's groups. In 1993 the Dutch government responded by prohibiting all forms of FGM in the Netherlands.

In order to inform the Somali community of the new law against FGM and to break down taboos around the practice, in 1996-97 the Federation of Somali Associations in the Netherlands (FSAN) launched the information campaign "Save your daughter from the pain of FGM".

In September 1999, a Somali mother broke her silence on Dutch radio, recounting how her daughter had been circumcised against her will while on holiday in Somalia. Her story renewed public and political commitment to eradicating FGM.

In 1999, FSAN and Pharos began their cooperation to end FGM, launching the 2000-02 project 'FGM in the Netherlands: From policy to practice'. The project aimed to promote prevention and education, by increasing discussion of FGM within the Somali community and the Dutch health care sector, and to foster dialogue between the two.

2003-09	From 2003-04, FSAN and Pharos trained key figures from the Somali community and regional contact persons. In 2005 the 'FGM in the Netherlands' project was expanded into the Sudanese community, with key figures trained to initiate a door-to-door campaign against FGM in the Netherlands. FSAN's 2005-07 IDIL (complete/intact/volmaakt) project, subsidised by the Dutch Ministry of Social Affairs and Labour (Department of Emancipation) aimed to > share FSAN's knowledge and experience with other African organisations in the Netherlands > encourage and promote the participation of imams and Koranic school teachers in the fight against FGM. > strengthen the involvement of youth against FGM, through debate and discussion
2009-11	In November 2009 the Dutch Ministry of Health, Welfare & Sports nominated National FGM Ambassadors from practising communities of Ethiopia, Nigeria, Sudan and Somalia, with a view to strengthening community engagement in the battle against FGM. The Ambassadors' work included a study tour of Ethiopia and Sierra Leone to promote better communication and knowledge transfer.
	Over 2010-11, the pilot-city project was rolled out nationwide, including the following activities > FSAN and refugee organisation (VON) launched Say No to FGM campaign, through awareness meetings in several cities and at a centre for asylum-seekers > national FGM Ambassadors actively involved in grassroots-level meetings > training and up-grading of courses for professionals and key community figures > parental Declaration against FGM developed by municipal health care authority (GGD Nederland), signed by Ministry of Health, Welfare and Sport and Ministry of Justice, along with other organisations and institutions > training of 10 key senior figures by core figures (transfer of knowledge), overseen by municipal health services (GGD) and FSAN, involving delivery of FGM information sessions in refugee centres and other regional and local initiatives

ADVICE AND SUPPORT

Specialist and emergency services, helplines and NGO support

2006-09	Ministry of Health commissions six-city pilot project, 'Preventing FGM', involving cooperation of municipal health services (GGD), Pharos and FSAN to develop coherent prevention activities through a chain approach. Prevention activities aimed to
	> establish behavioural change through awareness-raising among high-risk groups
	> increase sense of urgency regarding FGM among all partners in the chain
2011-15	The *Nazorg (Aftercare) project*, offering consultation hours for survivors of FGM, is expanded to include Tilburg/Den Bosch, Eindhoven, Groningen, Rotterdam and Nijmegen, followed by the Apeldoorn region, after successful pilot project in The Hague. The project aims to ensure women who have undergone FGM access required physical and psychological services. Project partners are municipal public health services (GGD), Pharos (responsible for project monitoring) and FSAN (responsible for nationwide coordination of project activities).

/ KEY DUTCH FIGURES IN FGM

The term 'key figures' refers to women and men from FGM-practising countries of origin, who are able to contribute to a vibrant and effective campaign in the battle against FGM. Key figures are trained to work as facilitators, with the goal of bringing an end to FGM in their communities.

Profile and qualities of a key figure

- Educated to at least secondary-school level
- Passion for and eagerness to contribute to FGM campaign
- Non-judgemental attitude
- Accepted and respected by her/his community
- Ability to read and write Dutch (fairly well)
- Ability to speak community language
- Roots in FGM-practising country
- Aged 18-60
- Legally resident in the Netherlands
- Good communication skills (sensitive and persuasive)
- Good interpersonal skills (including listening skills and empathy)
- Motivated and available (including on weekends)

Role of a key figure

- Participate in training sessions and up-grading courses
- Organise and present community awareness-raising campaigns
- Evaluate training/information sessions
- Motivate community attitudinal and behavioural change
- Provide support to other key figures
- Report according to template provided
- Speak at training sessions or public conferences, as required
- Work as interpreter, when needed

Role of key figures in Aftercare (consultation hours) project

- Participate in training sessions
- Clarify project activities through group meetings and home visits
- Referral of patients to public health services consultation hours
- Inspire trust and respect confidentiality
- Maintain written record of any indication or complaint by female community
- member regarding unsatisfactory treatment by a professional, such as a doctor
- At the request of a female community member, act as an interpreter for or accompany her to consultation hours with professionals, or to administrative/judicial proceedings

Key figures are of Eritrean, Ethiopian, Egyptian, Somali, Sudanese, Nigerian, Sierra Leonean, Guinean, Togolese, Ghanaian, Burkinabe and Malian descent, and speak, in addition to Dutch, Swahili, Tigrinya, Amharic, Arabic, Somali, English and French.

/ ADDITIONAL COUNTRY-SPECIFIC RESOURCES

Further information on FGM in the Netherlands is available in English at http://www.pharos.nl/information-in-english/female-genital-mutilation, including links to manuals and guidelines. For more about FSAN, including links to materials, visit http://www.fsan.nl/?language=UK.

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