

SPECIALISED SERVICES



- Psychosocial/legal support: **GAMS Belgium** / www.gams.be/ 02 219 43 40
- The European **ACCESS** project facilitates access to prevention, protection and support for women with a migrant background in Europe facing gender-based violence : www.we-access.eu
- **Multidisciplinary reference centres for female genital mutilation** Brussels : cemavie@stpierre-bru.be 02/535 47 14 / Gent : UZ Gent : 09/332 37 82 – 09/332 37 83 info@uzgent.be
- **Youth assistance services** www.one.be/fileadmin/user_upload/siteone/PRO/Brochures/Que-faire-si-je-suis-confronte-a-une-situation-de-maltraitance-d-enfant.pdf
- In case of an EMERGENCY, the **police**: 112
- For other services, depending on the sector, only in French the Good Practice Guide - Stratégies concertées de lutte contre les mutilations génitales féminines or in Dutch (strategiesconcertees-mgf.be).

Note: a list of lawyers, doctors, translators, co-mediators, reference police officers, and the list of the police officers and reference magistrates can be requested from GAMS Belgium (only for Belgium).

RESOURCES

(The materials are only available in French or in Dutch)

- **Interactive map** : www.28toomany.org/research-resources
- **Legal framework: prohibition on FGM** see art. 409 Penal Code and others, see <http://gbv-asylum-hub.be/wp-content/uploads/2020/09/Gams-Fiche-3S-NL-final.pdf>;
- **Good Practice Guide** - Joint Strategy for the fight against Female Genital Mutilation (FGM) (strategiesconcertees-mgf.be);
- **Conversation guide for discussing FGM in interviews with girls and/or their families and/or their families**: www.strategiesconcertees-mgf.be/nl/tool/hanguideline-discussing-the-subject-of-female-circumcision-with-girls-girls-and-or-their-families;
- **Guide to using the online detectometer**: (www.strategiesconcertees-mgf.be/en/tool/user-manual-of-the-detectometer)
- **Manual for the Reporting Code Female Genital Mutilation** (for the health sector), Institute for the equality of women and men (belgium.be);
- **Professional secrecy and female genital mutilation** www.strategiesconcertees-mgf.be/en/tool/brochure-professional-confidentiality-in-case-of-female-genital-mutilation.

«He who violates in any way the genitals of the female person of the female sex performs, facilitates or promotes any form of mutilation of the genitals of a person of the female sex, with or without her consent, shall be punished by imprisonment from three years to five years. The attempt is punished by imprisonment from eight days to one year»

Article 409 Criminal Code

USEFUL SITES

- **Concerted strategies for fighting female genital mutilation (or CS-FGM)**: www.strategiesconcertees-mgf.be
- **GAMS-Belgium** : www.gams.be
- **INTACT** : www.intact-association.org/fr
- **The Institute for Gender Equality**: https://igvm-iefh.belgium.be/nl/activiteiten/geweld/vrouwelijke_genitale_verminking

THANK YOU FOR HELPING US TO PROTECT GIRLS FROM MUTILATION

This detectometer was created by GAMS Belgium with the partners of Réseau Bruxellois MGF and of Réseau Wallon MGF



With the legal contribution of INTACT



With the support of



This detectometer is an update of the "decisional tree" developed in 2014 by INTACT and GAMS Belgium: www.strategiesconcertees-mgf.be/wp-content/uploads/MGF-tryptique_final_RTP.pdf

The Detectometer is also available in French and Dutch: www.strategiesconcertees-mgf.be/tool/detectometre

DETECTOMETER

→ Better identify and protect girls at risk from FEMALE GENITAL MUTILATION (OR FGM)

FOR WHO?

Professionals who are in contact with persons from communities affected by FGM (see prevalence map).

WHY?

- Make professionals more alert to the risk of female genital mutilation being carried out on minors subject to Belgian legislation on Belgian territory and abroad.
- Taking charge of the minors residing in Belgium.

HOW?

Speaking, if possible, with the parents about the child's best interests, with the possible intervention of a cultural mediation service.

This detectometer urges caution and helps analyse the facts, always in dialogue with the parents and in the best interests of the child.

If I still have doubts after having talked with the parents, I can, within the framework of shared professional secrecy, contact:

- The professionals and services that follow the family or have regular contact with them (maternity nurse, school, paediatrician, or doctor).
- A cultural mediator or co-mediator from GAMS Belgium or GAMS Belgium.
- Reference person youth assistance services.
- See other specialised services.

SAMPLE SENTENCES:

I have read such and such comic book/heard a song about the practice of FGM.

Who can you contact in case of a problem with FGM?

What can you tell me about this?

What information do you have about the risks of FGM on health?

How do you manage to protect the health and integrity of your daughters?

What help do you need to protect your daughters?

I AM IN CONTACT WITH THE GIRL

I AM IN CONTACT WITH THE PARENTS

For more details, please refer to the interview guide for discussing FGM in interviews with girls and/or their families. (See resources).

PREVALENCE OF WOMEN/GIRLS WHO HAVE UNDERGONE FGM IN % (15-49 YEARS)

Benin	9,2	Guinea-Bissau	52,1	Ouganda	1,4
Burkina Faso	75,8	Indonesia (0-14 ans)	51	Senegal	25,2
Cameroon	1,4	Irak	7,4	Sierra Leone	86,1
Cent. African Rep.	21,6	Ivory Coast	36,7	Somalia	97,9
Djibouti	93,1	Kenya	21	Soudan	86,6
Egypt	87,2	Liberia	49,8	Tanzania	10
Erythrea	83	Maldives	12,9	Tchad	34,1
Ethiopia	65,2	Mali	88,6	Togo	3,1
Gambia	75,7	Mauritania	66,6	Yemen	18,5
Ghana	2,4	Niger	2		
Guinea	94,5	Nigeria	19,5		

GUIDELINES FOR DETERMINING THE PREVALENCE OF FGM:

This prevalence figure is based on the national figure, but the ethnicity of the parents also plays a role. For example, in Senegal, the prevalence for females/girls is 25.7%, but the prevalence varies from 77.8% in the South (Fulani community) to 6% in the centre (Wolof ethnicity). For the percentage per ethnic group, see the resources.



Step 1 I START THE DETECTOMETER

- When I come into contact with a minor (or their parents) from a country where there is a risk of FGM (see prevalence map) and/or;
- When the mother or sisters of the minor have been confronted with FGM;
- When someone tells me they have undergone FGM;
- For more information: only available in Dutch www.strategiesconcertees-mgf.be/nl/tool/gebruikershandleiding-van-de-de-tectometer and French www.strategiesconcertees-mgf.be/tool/guide-dutilisation-du-detectometre.



Step 2 I DETECT AND EVALUATE THE RISK

1 LOW RISK

- The family is not planning to travel or is travelling without children;
- One of the parents is involved in an association against FGM;
- Parents have recently signed a commitment not to carry out FGM on their daughter.
Note: Being in contact with an association which fights against FGM is not sufficient that the minor is protected.

I go to **level 2** (if one of the criteria listed in 1 is no longer relevant or if there is a change in the family circumstances (death of the girl's guardian, remarriage, divorce, evidence of abuse) or a change in civil status (acquisition of Belgian nationality).

2 POSSIBLE RISK

- Attitude of spouse and family members: pro-FGM;
- Pressure from family or community or social pressure to carry out FGM.

I go to **level 3** when the girl travels or a FGM is announced.

3 IMMINENT RISK

I. ANNOUNCEMENT OF FGM

- Announcement of the decision to carry out FGM. I gather the following information: who, how, when, where, etc;
- Other risk elements (family member willing to perform FGM);
- Family pressure to practice FGM in Belgium or abroad (who, how, when, where ...).

II. TRAVEL IN NEAR FUTURE (abroad in less than three weeks)

- Protection of girls on the territory... I ask about what protection is provided by parents in the country to assess whether they can protect other family members from the risk of FGM in the country of origin.

III. FAILURE TO RETURN FROM TRIP

- The daughter does not return from a trip as planned, without explanation from the parents.

0 - 3 years old



When changing the nappies:

- Blood loss;
- Painful spot on vulva;
- Pain during urination;
- Pain during nursing;
- Change in the child's posture.

<18 years old



- Difficulty in urinating (long and repeated visits to toilet);
- Painful menstruation if infibulation;
- Pain, scars, fear of movement, refusal to do sport;
- Change in posture, decreased concentration and school results;
- Disappearance of a student after the holiday (FGM or forced marriage? forced marriage?) or unexplained long-term absence.

4 SUSPICION OF FGM

5

ESTABLISHED FGM

I report that a girl has undergone FGM. The parents (or a third party) report it.

- ⚠ If the girl was born in a country where FGM is practiced, there is a risk that the girl has undergone FGM in her country before coming to Belgium.



Step 3 I PROTECT

- Record the information in the girl's medical and social file;
- Raise awareness among parents: explain the role of GAMS Belgium and suggest an appointment to see them;
- If the girl has refugee status to protect her from the risk of undergoing FGM, ask the parents for the declaration of honour not to carry out FGM on the child and the medical certificate of non-mutilation from the Office of the Commissioner General for refugees and stateless persons;
- Plan a follow-up meeting with the girl's parents in the medium and long term.



I will go to **level 1** if the parents cooperate, they ask for support to protect their daughter.

- In addition to the actions suggested in the previous point, have the parents sign the statement on honour. (toolkit in CS-FGM);
- Accompany the parents with the girl to a specialised doctor for an examination (see specialised service) (in the case of a stay abroad, before and after the stay);
- Schedule a follow-up meeting for the girl with her parents and the services close to the child.



I will go to **level 2** if the parents cooperate, they ask for resources to protect their daughter.

I. ANNOUNCEMENT OF FGM

- Contact the services closest to the child (e.g. maternity unit, school, paediatrician or doctor);
- Organise a multidisciplinary meeting with specialised services (e.g. GAMS Belgium, Child and Family Reference);
- After prior advice from a specialised service, refer the case to a Youth Assistance Service and/or the reference magistrate with possible referral to the juvenile court (possibility of fostering of children as a last resort);
- Have the girl medically examined by a specialised doctor.



II. IMMINENT TRAVEL (ABROAD WITHIN LESS THAN THREE WEEKS)

- In addition to the actions described in the previous point:
- Seek advice from a specialised service or lawyer in advance. Submit the case to the reference magistrate of the public prosecutor's office: they may, for example, order the confiscation of the girl's passport and/or ban her from leaving the country and/or change her parental authority.

III. FAILURE TO RETURN FROM A TRIP

- Contact a specialised legal service (e.g. GAMS Belgium or a specialised lawyer);
- The legal service can: → contact the public prosecutor → contact the embassy → initiate a legal procedure to repatriate the girl at risk of undergoing FGM under certain conditions.

- Speak to the family (see discussion guide);
- Medical examination to determine whether or not the girl has undergone FGM by a specialised doctor;
- Depending on the medical outcome:



If the FGM is not medically certified, I go to **level 1**.



If the FGM is medically certified, I will go to **level 5**.

If the FGM is medically certified:

- Adequate care (physical and psychological) of the child;
- Speak to the family in the presence of an intercultural mediator;
- Remind them of the criminal law prohibiting FGM and the consequences of non-compliance;
- Explain the harmful health consequences;
- Contact a legal service to investigate a possible complaint under the criminal prohibition.



Are there any **OTHER GIRLS** born or due to be born in the family?
If so, I will go to **level 1** to determine what level of risk they are facing.