MAPPING ON FGM IN EUROPE

COUNTRY - BELGIUM

1. LAW: Criminal Law

Is FGM criminalised?

Code*	• Yes, through a specific provision in the Penal

- **Year of the law:** Belgian Penal Code 2001 (Article 409)

- **Definition of FGM:**

"All forms of female genital mutilation or any attempt to do so, with or without the consent of the person concerned".

- **Definition of acts criminalised:**

"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".

- **Penalty:**

Art 409(1): Participating, facilitating, or encouraging FGM is punishable with imprisonment of three to five years.
Attempting FGM is punishable with imprisonment of between eight days and a year. Same penalty for anyone who has incited any form of FGM or has, directly or indirectly, in writing or verbally, made, caused to be made, published, distributed, or disseminated content in favour of such a practice
Art 409(1): Participating, facilitating, or encouraging FGM is punishable with imprisonment of three to five years.

*(the coding system is explained on page 25)

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- Art. 409(2-5): Aggravating circumstances – penalty rises to five or more years:
- Victim is a minor or the mutilation is practised for profit (five to seven years)
- If the survivor contracts an incurable disease as a result of FGM or is incapacitated for the purposes of work for at least four months (5-10 years)

- Unintentional death caused by FGM (10-15 years)
- Authorised by those who have guardianship/authority over a minor/incapable person or live with the FGM survivor (double penalty foreseen in case of art. 409(1) and two years added in case of 409(2-4))

Link to the law: http://www.ejustice.just.fgov.be/cgi_loi/change_lg.pl?language=fr&la=F&cn=1867060801&table_name=loi

- **Jurisprudence:**

There have been no FGM-related convictions since the practice was criminalised.
Nineteen 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).
Between 2015 and 2018, no cases of FGM were recorded by public prosecutors' offices under the dedicated code (Grevio, 2020).
FGM is reported in the national reports on Federal Police criminal statistics. There is a police recording code (43K) that can be used for FGM, but is more broadly for any form of mutilation.

Are there limitations/exceptions?

Code	• **Limitation period** • **Age of the victim statutory limit for prosecution** • **Consent** • **Other**

Since the Act of 14th of November 2019, which came into force on December 2020, the statutory limit for prosecution has been abolished for FGM committed on an underage girl.

Are girls at risk of FGM included in child protection provisions in place?

A victim of FGM is treated in the same way as a victim of child abuse.
It depends on the region and associated community legal framework,* but generally:

- The first step for frontline professionals is to establish a family support programme to prevent or stop an abusive situation.

- If a minor remains in danger, frontline services may report the case to specialist youth services (SOS Enfants / Vertrouwenscentra Kindermishandeling / Services d'aide à la jeunesse), 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 from leaving the country.

- 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) or, in emergency cases, make a placement order for a specified period and/or to prohibit parents leaving the territory with their child.

* 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). The Flemish community applies the 2008 decree on special assistance to youth (M.B. 1 June 2004) and the 2013 decree on integrated youth care (M.B. 13 September 2013), while the German-speaking community applies the 2009 decree on youth care and child protection applies (M.B. 22 October 2009).

Law: Extraterritoriality

Is the principle of extraterritoriality applicable?

Code	• **Yes, depending EITHER on the suspect OR the victim's connection with the country**

Article 10ter and 12 of the Preliminary Title of the Criminal Procedure Code has not already been tried for the same crime and cannot be extradite

Are there limitations/exceptions?

Code	• **Type of connection (citizenship, permanent residency, temporary residency, other…)** • **Age of the victim** • **Presence of the suspect on the country territory**

- Type of connection: When the perpetrator is a foreigner and is not on Belgian territory, the Federal Prosecutor can decide to proceed if the victim is a Belgian national and if another court is not found competent.
- Age of the victim: Applies only if the victim is a minor.
- Presence of the suspect on the country territory: The perpetrator must be on Belgian soil to be prosecuted.

Is FGM grounds for international protection?

Code	• Yes, it's grounds for refugee status

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). In 2017, Belgium also incorporated European Directives on reception and asylum procedures into national law, with a heightened focus on identifying vulnerable groups and gender violence when examining asylum applications.

- Article 1(12) Alien Act 1980– vulnerable people are defined as "persons who have been victims of torture, rape or other serious form of psychological, physical or sexual abuse".
- The Reception Act (Article 36) includes FGM in its non-exhaustive list of vulnerable categories of applicants. This list which is the same as the one in the Reception Conditions Directive.

In addition, the Office of the Commissioner General for Refugees and Stateless Persons (CGRS) states that if the parents come from a country where the prevalence of FGM is over 85% and they invoke a personal fear without invoking a fear of FGM for their daughter, who is also in the asylum procedure, the Protection Officer (PO) must ask: "Is your daughter excised and if not, do you fear that she will be?"

If the PO considers that there's a risk of FGM for the child (after having interviewed the parents and requested an FGM certificate), they can recommend that refugee status be granted also on the basis of a risk of FGM for the child, who will be included in the FGM follow-up. The parents will then sign a commitment of honour.

If the parents are from a country with an FGM prevalence rate under 85% and they do not express fear of FGM for their daughter, the PO is not obliged to ask an FGM-related question, but does have to enquire more

broadly: “Do you have any fear for your child?” (Annex 26). It is always possible that, during the interview, the PO will find a risk of FGM, in which case they will have to address it and analyse the risk for the child on a case-by-case basis.

Are there limitations/exceptions?

Code	• **Not concerning parents of persons at risk who are opposing FGM** • **Other**

- Not concerning parents of persons at risk who are opposing FGM:

According to Law of 10 March 2024, parents accompanying a child who is then recognised as a refugee in Belgium now also have a right of residence. The requirements are that the child is a minor (under 18 years of age), living with their parents in Belgium, and the family link existed prior to arrival in the country.
This new law applies to the parents of a recognised refugee girl at risk of FGM who was born outside of Belgium.

- Other:

From the data on the number of women and girls seeking asylum on the grounds of FGM, recognition of asylum in Belgium is mainly for girls who are at risk of undergoing FGM, with those who have already been subjected to the practice having to demonstrate a fear of persecution or their application will be rejected.

This is more difficult to prove, even though the law provides for a presumption of persecution in the case of those already persecuted (Law of the 15th of December 1980, Article 48/7). This refers to cases where there’s a risk of further excision (e.g. reinfibulation) or re-excision because the excision is 'incomplete'. Asylum authorities also—albeit rarely—recognise cases (given accurate medical evidence) where, due to the atrocious nature of the persecution suffered (FGM), the fear is exacerbated to the extent that return to the country where the persecution took place is unthinkable.

What are the rights granted to the FGM-affected woman or girl within the international protection status obtained?

- **Residence**: Article 49 Aliens Act – those with refugee status are granted a limited/temporary residency of five years. After five years of legal and uninterrupted residence in Belgium, they receive an unlimited/permanent right to residence (i.e. a long-term residence permit), unless the office of CGRS finds that the refugee falls under Article(1)(c) of the Geneva Convention (Article 55/3 Aliens Act).

- **Work permit**: Once recognised, refugees, like Belgian citizens, have free access to the labour market without requiring a work permit under the Royal Decree of 9 June 1999 implementing the Law of 30 April 1999 on the employment of foreign nationals.

- **Healthcare:** Health insurance is provided to recognised refugees as soon as their status is confirmed by the CGRS.

Law: Istanbul Convention

Has the country ratified the Istanbul Convention?

Code	• **Yes, it has ratified it.**

- Year of signature and/or ratification:
- Signed: 11 September 2012
- Ratified: 14 March 2016

The Istanbul Convention entered into force on 01 July 2016.
GREVIO published its first evaluation report in 2020.

3) Brussels plan to combat violence against women (2020-2024)
The plan's measures are organised according to the chapters of the Istanbul Convention:

- Integrated policy and data collection
- Prevention

- Protection and support
- Investigation, prosecution, procedural law, and protective measures
- Regional, national, and international cooperation

4) Intra-francophone plan to combat violence against women (2020-2024)

The plan contributes to the development of a democratic, inclusive, and violence-free society. The Wallonia-Brussels Federation, the Wallonia Region and the Francophone Community Commission (COCOF) commit to improving awareness and prevention of violence against women and providing support for victims and perpetrators to achieve a real structural change.

Is there a proper independent monitoring and evaluation system in place?

The 2021-2025 NAP is 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 (GID) drawn from Belgium's federal, regional, and community authorities. They work together to ensure the NAP measures are implemented. The GID ensures the monitoring and the exchange of information between stakeholders, under the coordination of the IEFH.

Professionals working in the field are regularly invited to join federal or French-speaking-community working groups on the implementation or evaluation of NAPs.

Is there a proper budget allocated for the NAP?

Funding increased for the last NAP, but it remains insufficient, as well as unevenly distributed at the community level. Specifically, the francophone community receives more than the federal level and the Flemish community.

2. POLICY: National Action Plan

Are there any National Action Plans (NAPs) on FGM?

Code	• Yes, FGM is included as part of a wider NAP

1. National Action Plan on combating all forms of gender-based violence (2021-2025)

Key measures to combat gender-based violence in seven strategic areas:

- Area 1: Adopt a conceptual reference framework on gender-based violence.
- Area 2: Implement an integrated policy bringing together all sectors and civil society to take joint action against gender-based violence and collect quantitative and qualitative data to improve knowledge of gender-based violence.
- Area 3: Prevent gender-based violence by raising awareness, educating, training, and holding perpetrators accountable, and by tackling the root causes of violence.
- Area 4: Protect, accompany, and support victims of gender-based violence and those around them (including children exposed to such violence).
- Area 5: Adapt and modernise criminal policy on gender-based violence, with a focus on the protection of victims and their recognition as such.
- Area 6: Ensure that gender-based violence is considered in asylum and migration policy.
- Area 7: Take action to combat gender-based violence at the international level.

2. Federation Wallonie-Bruxelles Action Plan on Women's Rights (2020-2024)

The plan is based on four pillars: combating violence against women (including FGM); deconstructing stereotypes and misconceptions; ensuring better representation of women in all professional sectors and at all levels of decision-making; and facilitating work–life balance.

POLICY: Multi-agency Coordination Mechanism

Is there any multi-agency coordination mechanism on FGM?

Code	• Issue determined/differs at a subnational level

In Brussels and Wallonia, GAMS leads the Network of Concerted Strategies to end FGM, an effort to ensure coordinated engagement of institutions, civil society, and professionals to end FGM.

In Flanders, there is not yet an official coordination mechanism on FGM due to a lack of funding. Creating one in Flanders is part of GAMS Belgium's advocacy agenda.

POLICY: Relevant professionals' duty to record

Is there a duty to record (register) FGM cases?

Code	• Yes, there's a duty to record

The 2018 **'Van Hoof' law,** requires doctors to record cases of FGM (or reinfibulation) in the patient's medical file, regardless of the age of the patient. The information must include the type of FGM and the country and region of origin of the patient and her family.
The law entered into force on 1 September 2019, when the Ministry of Health (MoH) and the IEFH drafted operational guidelines for hospitals to ensure correct recording procedure.

GAMS Belgium has worked with FPS Public Health to draw up a circular as part of the NAP. This circular was sent out at the end of December 2022. The circular aimed to inform/remind healthcare workers of their duty to record, as well as the availability of FGM-related training (organised by GAMS Belgium).

Are there limitations?

Code	• Type of professional

- Type of professional: Currently only applies to hospital workers.

POLICY: Relevant professionals' duty to report

Is there a duty to report (notify to the authorities and intervene)?

Code	• Yes, there's a duty to report

- Civil servants must inform the Public Prosecutor's Office when made aware of an offence: "Any constituted authority, civil servant or public officer, [...] who, in the exercise of his duties, acquires knowledge of a crime or offence, shall be required to give immediate notice thereof to the Public Prosecutor of the court within whose jurisdiction the crime or offence has been committed or in which [the accused] may be found, and to transmit to that magistrate all the information, reports and acts relating thereto" (Article 29 of the Code of Criminal Procedure).

- 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 the Penal Code). This article provides a list of conditions under which a professional normally bound by confidentiality may use their 'right to speak'; this does not entail an obligation and is considered a last resort in case other remedies do not work.
- On the other hand, in case of a risk of FGM, anyone dealing with imminent danger of serious harm has an "obligation to help" (Article

422bis of the Penal Code – failure to do so could lead to imprisonment between eight days to a year), which is not the same as a duty to report, but can also be fulfilled by other means, for example referring the (potential) victim to specialised services or encourage her to report herself.

- Only in rare cases does Article 422bis give rise to a duty to report. This is the case when the physical integrity of the victim is in imminent danger and the obligation to help can only be effective by disclosing the facts to a third party, like specialised services or even the police and prosecutor. Reporting is necessary when there are no other means to protect available, even when the victim herself doesn't want to report. The offence occurs when the person who didn't provide help could have intervened without serious danger to themselves or others (Article 422bis and 422ter). 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 2019 'Van Hoof' law mentioned above allows professionals to break their duty of confidentiality to report a case of a woman having undergone or about to undergo FGM. Prior to 2019, this was only possible if she was a minor or vulnerable because of pregnancy, age, or domestic violence.

Are there limitations?

Code	• Type of professional

Type of professional: The obligation to inform the Public Prosecutor's Office of an offence applies only to civil servants. However, according to Art 29 of the Code of Criminal Procedure, any civil servants carrying out psycho-medico-social work that is also subject to professional confidentiality may report crimes of which they have knowledge in the exercise of their profession when faced with a "state of necessity".

POLICY: Protection for persons at risk

Are there prevention/protection measures for persons at risk of being subjected to FGM?

Code	• Yes, there are prevention/protection measures

Circular COL 6/2017 (from June 2017) contains a binding directive from the Minister of Justice and the College of Prosecutors General for police and justice professionals on handling cases related to honour-related violence, actual and risk of FGM, and forced marriage.

Section 6.2 of the circular refers to the protection of children, urging a focus on cases where a child may be taken abroad to undergo FGM. The protective/preventive measures include:

- Statement Opposing FGM / 'Stop FGM Passport' and medical examinations before and after travel: In the case of planned travel to the country of origin, a risk assessment is carried out where parents are asked to sign a declaration of honour that they are aware of Article 409 of the Penal Code and its principle of extraterritoriality, and that they will not perform or assist in FGM. A medical examination is carried out to certify the integrity of the external genitalia before and after the trip. This good practice is taught during professional training but has not been made mandatory by ministerial decree.

- Custody: In emergency cases, the public prosecutor can request that the minor be placed in custody in accordance with youth assistance procedures. Moreover, if a child at risk of FGM is missing, they can be reported as missing in the Interpol system and the Schengen Information System (SIS). When found, they can be placed under the protection of Belgian authorities. The same applies in cases of kidnapping by a parent. In this case, the kidnapping parent is also reported in the Interpol and SIS systems.

- Prevention of travel –The prosecutor can request the Family Tribunal or the President of the Court of First Instance to take the following preventive measures for a certain period: (1) prohibition for the parents or a third person to leave the Schengen area with the child; and (2) handing over of the passport and/or identity card of the child that is younger than 15 years.

The prosecutor monitors the execution of the preventive measures decided by the court: (1) in case of a prohibition to leave the Schengen area, the prosecutor will inform the competent authorities; (2) in case of a handover of the passport, the prosecutor will invite the persons involved to hand over the passport. If they refuse, the prosecutor will summon and interrogate the persons involved and report them in the Interpol and SIS systems. Other measures can be taken, such as changing parental authority or involving Youth Protection Services (SPJ).

The guidelines also cover the need for protection for adult victims.

Moreover, the circular designates a bench magistrate within each public prosecutor's office for honour-related violence. A police officer is also designated within each police zone and all steps to report cases of honour-related violence are outlined.

Are there limitations?

Code	• **Other**

The Institute for the Equality of Women and Men asked la Voix des Femmes and GAMS Belgium to carry out an evaluation of the circular in 2022–2023. Issues to be examined included the lack of training and the lack of measures when a person at risk of FGM is already abroad and exposed to the risk of FGM. The evaluation has not yet been published by the Institute for the Equality of Women and Men.

POLICY: Community engagement

Does the government have a formal system to engage with FGM-affected communities?

Code	• No, there is no formal system in place

The Belgian government does not have a formal system to engage communities. The Network of Concerted Strategies to end FGM, led by GAMS Belgium, directly involves FGM-affected communities, and plays a leading role in coordinating actions at the regional and federal level. However, it is run by civil society and not able to carry out its work in Flanders due to lack of political will and, consequently, lack of funding.

POLICY: Funding for initiatives to end FGM

Does the government have a funding scheme in place dedicated to activities to end FGM?

Code	• Issue determined/differs at a subnational level

Since 2020, Wallonia provides structural financial support to frontline support services (counselling, psychological, social, juridical support, etc.) for survivors of GBV (including FGM and forced marriage). These services are provided by community-based organisations in Wallonia's five provinces.

Regional and federal governments fund a number of NGOs working to end FGM. However, Flanders has not allocated sufficient funding to support the effective implementation of the actions to tackle FGM. This undermines the work civil society initiatives, such as GAMS Belgium, can carry out at the Flemish regional level with a discrepancy in terms of coverage and activities between the north and the south of the country.

Are there limitations?

Code	• **Sustainability of funding**

Sustainability of funding: Beyond the good practice of Wallonia, funding for grassroots organisations is given annually to projects; such short-term and project-based funding is not sustainable. For organisations to properly plan their work, they must do so on a multiyear basis, with core structural funding..

3. SERVICES: Holistic healthcare services

Is psychological, sexological and gynaecological care available to FGM survivors?

Code	• **Yes, and it is fully covered by the State**

In Belgium, two specialised multidisciplinary health services provide support to FGM survivors: CeMAViE - Centre Médical d'Aide aux Victimes de l'Excision in Brussels and Multidisciplinair Centrum Genitale Mutilatie, Vrouwenkliniek UZ Gent in Gent. The centres adopt a multidisciplinary approach to care for survivors—teams include a psychotherapist, a sexologist, a gynaecologist, and a midwife.

Are there limitations?

Code	• **Geographical barriers** • **Nationality, residence or migration status** • **Other**

- Geographical barriers: As these centres are located in Gent and Brussels, women who have difficulties with finances and/or transportation experience challenges in accessing them (transportation is not reimbursed). This is specifically a barrier for services that entail long-term support and multiple sessions.

- Nationality, residence or migration status: Undocumented migrants cannot access these services for free.

- Other: Psychosocial and sexological care provided by stakeholders other than the two FGM centres (such as civil society organisations) is not covered by the social security system.

SERVICES: Reconstructive surgery

Is it possible to get reconstructive surgery?

Code	• **Yes, and it is fully covered by the State**

In Belgium, reconstructive surgery is available in:

- Brussels: CeMAViE - Centre Médical d'Aide aux Victimes de l'Excision
- Gent: Multidisciplinair Centrum Genitale Mutilatie, Vrouwenkliniek UZ Gent

The Belgium Superior Health Council established in 2014 that reconstructive surgery is fully reimbursed only when it is deemed necessary after undergoing multidisciplinary support, not as a standalone solution.

Are there limitations?

Code	• **Nationality, residence or migration status**

Reconstructive surgery is not available to asylum seekers or undocumented migrants.

SERVICES: Reception conditions

Do reception conditions address the needs of FGM-survivors asylum seekers in terms of gender-sensitivity and access to adequate specialised services?

Code	• Not entirely

*See End FGM EU Position Paper on Reception Conditions and the Asylum Directives Guide

- In Belgium, applicants for international protection have the right to material assistance throughout the procedure (reception of asylum seekers). However, an increased shutdown of reception centres has resulted in a lack of accommodation, which will inevitably impact the prioritisation of gender sensitivity.
- Fedasil conducts a medical screening of every newly arrived asylum seeker in order to find an appropriate reception centre. However, concerning reception conditions, sometimes women in centres do not feel safe since toilet facilities are open, and often centres are isolated, which makes it difficult to move without using the services of private drivers—always men—with whom women feel unsafe alone.
- Furthermore, regarding professional integration courses, women in the asylum procedure are often pushed towards more 'female jobs' in the care and cleaning sectors, which perpetuate gender stereotypes.
- Despite many homogenisation efforts, there are still differences between reception centres.

SERVICES: Training of relevant professionals

Are professionals trained on FGM?

Code	• **Yes, but FGM modules in education/training curriculum of professionals are optional**

Belgium's current medical university curriculum does not cover FGM, but the Ministry of Health has produced guidelines to medical professionals and information on FGM.

In 2019, the Federation Wallonie-Bruxelles put in place an initiative to integrate GBV, including FGM, within the basic curriculum in the medical and paramedical, psychosocial, legal, and media and communication sectors (with an associated certificate). This initiative is coordinated by the Directorate of Equal Opportunities and the Agence de la Recherche et l'Enseignement Supérieur (ARES). This is also included in the new Plan on Women's Rights adopted by Federation Wallonie-Bruxelles in 2020.

- In March 2024, the Ministry of Health launched an e-learning platform called Opération Alerte for hospital staff on GBV including FGM (implemented by ICRH and GAMS).

Are there limitations?

Code	• **Type of professional** • **Non-mandatory**

- Non-mandatory: Professional training is non-mandatory; professionals tend to follow courses out of personal interest or because they have faced situations of risk.
- Type of professional: The Federation Wallonie-Bruxelles initiative only accepts medical, paramedical, psychosocial, juridical, media, and communication professionals.

SERVICES: Advice and Support

The European ACCESS project coordinated by GAMS Belgium in partnership with Forward UK (United Kingdom) and Médicos del Mundo (Spain) aims to facilitate access to prevention, protection, and support for migrant women in Europe dealing with gender-based violence.

The site has a map for users to find specialist associations to support migrant women.

Users can search for support and accompaniment services by type of violence (including FGM) or by type of service (medical, legal, phone counselling, etc.).

4. DATA: FGM prevalence

Are there surveys and/or estimations to calculate the FGM prevalence in the country?

Code	• **Yes**

1. Dubourg D., & Richard F., (February, 2019). Estimation de la prévalence des filles et femmes excisées ayant subi ou à risque de subir une mutilation génitale féminine vivant en Belgique, 2018 (mise à jour au 31 décembre 2016). Brussels: Institute for the Equality of Women and Men and Federal Public Service of Public Health, Security of the food chain and Environment. http://www.strategiesconcertees-mgf.be/wp-content/uploads/20190204_FGM_PrevalenceStudy_Update_FR.pdf

2. Dubourg D., & Richard F., (June, 2022). Estimation de la prévalence des filles et femmes ayant subi ou à risque de subir une mutilation génitale féminine vivant en Belgique, 2022 (mise à jour au 31 décembre 2020). Brussels: Institute for the Equality of Women and Men and Federal Public Service of Public Health, Security of the food chain and Environment. https://gams.be/wp-content/uploads/2023/12/MGF_Etude-de-prevalence-Resume-2022.pdf. Summary of the study in English

By whom was the data collected?

Code	• **Government (main commissioner of the work)** • **NGOs** • **Academics**

The Institute for the Equality of Women and Men and the Federal Public Service of Public Health funded the study, which was carried out by two researchers with the support of several NGO and institutional workers.

DATA: Risk of FGM

Are there surveys and/or estimations to calculate how many girls are at risk of FGM in the country?

Code	• **Yes**

1. Institut pour l'égalité des femmes et des hommes (IEFH) and SPF Federal Public Service of Public Health, Security of the food chain and Environment, 2018 (updated 2019), 'Estimation de la prévalence des filles et femmes excisées ayant subi ou à risque de subir une mutilation génitale féminine vivant en Belgique'. Brussels: https://igvm-iefh.belgium.be/fr/actualite/prevalence_des_mutilations_genitales_feminines_en_belgique
2. European Institute for Gender Equality (EIGE), 2018, "Female genital mutilation - How many girls are at risk in Belgium?". https://eige.europa.eu/sites/default/files/documents/20182879_mh0218656enn_pdf.pdf
3. Dubourg D., & Richard F., (June, 2022). Estimation de la prévalence des filles et femmes ayant subi ou à risque de subir une mutilation génitale féminine vivant en Belgique, 2022 (updated 24 June 2022). Brussels: Institute for the Equality of Women and Men and FPS Federal Public Service of Public Health, Security of the food chain and Environment. https://gams.be/wp content/uploads/2023/12/MGF_Etude-de-prevalence-Resume-2022.pdf

By whom was the data collected?

Code	• **Government (main commissioner of the work)** • **EIGE**

- The Institute for the Equality of Women and Men and the Federal Public Service of Public Health funded the study, which was carried out by two researchers with the support of several NGO and institutional workers.
- The European Institute for Gender Equality (EIGE)

DATA: National register on FGM cases

Is there a national register centralising all FGM cases?

Code	• **No**

- Law of 18th of June, 2018:
  - Hospitals in Belgium record medical acts in a mandatory registration system, but this only applies to admitted patients (not outpatients).
  - This data is entered by doctors in the patient file; data is standardised using WHO's International Classification of Diseases (ICD) system. In practice, the type of FGM is not often recorded and cases of FGM are underreported.
- Regional entities such as Kind en Gezin in Flanders, the Office of Birth and Childhood (ONE) in Wallonia, school doctors, etc. are those likely to come in contact with at-risk girls. Nevertheless, there is no unified national preventive medical registry for children or adults in Belgium affected or at risk of FGM. Such a registry would be crucial for children between 0 and 18 to avoid loss of information between different consultations.

DATA: FGM asylum requests/cases

Is there a data collection system put in place to record asylum cases requested and/or granted on grounds of FGM?

Code	• No

- The Office of the Commissioner General for Refugees and Stateless Persons (CGRS) collects annual data on the number of asylum cases examined and cases where international protection was granted. However, the published data only distinguishes the nationality involved in each case and not the grounds of the application, such as FGM.

- However, at the request of GAMS Belgium, an overview of the number of applications and grants based on FGM was compiled in 2019. This overview is available upon request.

5. MILESTONES & GOOD PRACTICES:

Milestones

Are there any milestones in ending FGM in the country that may have not been covered in the above sections?

Code	• Yes

- 2008–2009: Creation of Concerted Strategies for fighting female genital mutilation (SC-MGF: Les Stratégies Concertées de lutte contre les mutilations génitales féminines) on the initiative of civil society (GAMS Belgium), which brings together over 40 stakeholders. A participatory analysis of the situation led to the drafting of recommendations that were included in the first National Action Plan on Violence at the federal level.

- 2010–2014: First NAP on violence, including FGM, forced marriages and honour-related violence.
- 2014: Opening of two multidisciplinary care centres for women living with FGM.
- 2017: Creation of a national roadmap to identify and support women who have undergone FGM or girls at risk within the framework of international protection.

Good practices

Code	• Yes

Concerted Strategies for fighting female genital mutilation (*SC-MGF: Les Stratégies Concertées de lutte contre les mutilations génitales féminines*)

The Concerted Strategies for fighting female genital mutilation is a network involving actors from various sectors working with individuals affected by FGM in Belgium (healthcare professionals, politicians, target groups, organisations in the field).

SC-MGF was set up in 2008 when key stakeholders working in the field recognised a need to coordinate in their actions on FGM. The cross-sectoral consultation process aims to improve the quality of prevention and support for women affected by FGM. In addition, the network strives to gain recognition for the work of the organisations working with political and administrative authorities.

Together, the structures and individuals who are members of the network discuss and reflect (during workshops or network days) on their practices in relation to FGM; exchange ideas and thoughts on how to create a common reference framework for analysis and action; and, ultimately, conduct a situational analysis and set up operating plans.
Numerous methodological and thematic workshops have been organised since the network was set up.

Manual on the reporting code for female genital mutilation

In 2018, the Medical Association and Zuhal Demir, the former Secretary of State for Equal Opportunities, launched a manual on reporting female genital mutilation. Health professionals can use the tool to provide high-quality and ethical support to girls and women affected by FGM.

The manual sets out guidance when providing care, including the importance of establishing a climate of trust that takes into account the cultural dimension of the communities affected by FGM, and even the legal ban on FGM, which is not always understood by the general public.

Détectomètre

The Détectomètre is a tool for professionals that establishes a referral protocol; it identifies actions to protect girls and requires professionals to ensure follow-up of girls who have already undergone FGM and any siblings who may be at risk; the process should ideally happen in dialogue with the parents and the child

CODING SYSTEM

- Green (Yes)
- Blue (Yes, but it is partially/not covered by the health insurance)
- Orange (Yes, but it is partially/not covered)
- Purple (subnational level)
- Red (No)
- Grey (No information)