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The Role of School Social Workers Preventing Female Genital Mutilation (FGM) in Germany

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Abstract

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Female Genital Mutilation (FGM) is a common traditional practice especially in some African countries and parts of Asia. However, due to high numbers of migration it is practised all over the world, also in Germany. Nevertheless, the common knowledge among the German society about the phenomena is low, even among professionals working with young girls. This lack of awareness causes many problems among society. In particular for girls that are looking for help. How should school social workers prevent the practice if they are not aware about it? School social workers have an important role since they are in close contact with the girls and should be able to react appropriately. FGM is a harmful and dangerous practice that violates human rights and comes with many long-term health effects for the girls and women. It is a global concern and should not be ignored. Through qualitative individual interviews this research shows what role school social workers in primary schools in Germany play to prevent the practice and if their knowledge is sufficient to provide adequate prevention.

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1. Introduction

This study focusses on the phenomenon of female genital mutilation (FGM) and examines the role of school social workers in the prevention of FGM. Female genital mutilation is a form of violence against girls and women that is explicitly mentioned as a human rights violation in the UN Committee on the Elimination of Discrimination against Women (CEDAW) and is recognised as such by most countries (CEDAW, 1990). Although FGM is recognised worldwide as a human rights violation and the practice is prohibited by law in almost all countries, even in those where it is still practised, girls and women are circumcised in large parts of Africa, some Arab countries, various regions of Asia and the Middle East (Gruber et al., 2005). However, FGM is not exclusively limited to these regions. Developments in recent years show that the number of people immigrating to Germany and other European countries from countries where FGM is practised is steadily increasing, which means that the issue is also becoming increasingly important in Europe (European Institute for Gender Equality (EIGE), 2013).

Germany and other European countries are therefore facing the challenge of protecting and supporting girls and women affected and threatened by FGM. The aim of this research is to gain insight into how school social workers in Germany can protect girls at risk from the procedure and react preventively. This will be illustrated using individual qualitative interviews. So far there has been no study carried out focusing on school social workers in Germany preventing FGM which is why the insights of this research are highly valuable.

However, before we go into the specific research topic of this thesis, we will first examine the debate surrounding the naming of the phenomenon. Various terms are used to describe the procedure, ranging from 'circumcision' to 'female circumcision' to 'female genital mutilation' or 'female genital cutting'. There are also indigenous terms that differ depending on the country and language. The terms often have nothing to do with the intervention or even have positive connotations. For example, the Eritrean term 'mekinschab', which means 'pure' (Asefaw, 2008). This is because the girls are only considered to be 'pure' once the clitoris has been removed. However, the term “female genital mutilation” is still the subject of a controversial debate until today. It was mainly influenced by African activists who are themselves affected by this

practice. Their aim was to draw worldwide attention to the fact that this is a serious and irreversible procedure that is not comparable to male circumcision (Richter & Schnüll, 2015). In the 1990s, this term also became established in the Inter-African Committee (IAC) and at the United Nations (ibid.). Also politically, this term was dominant to emphasise the seriousness of the intervention. However, affected women often reject the term "mutilation" and do not want to be labelled as such. Instead, some affected women identify more strongly with the term "circumcision" or with the fact of "being circumcised". They prefer this more neutral and less judgemental formulation (Barre-Dirie, 2015). Nowadays, the abbreviation FGM_C for “Female Genital Mutilation_Cutting” is commonly used. However, in this work the abbreviation FGM will be used for better readability.

The increasing number of genitally circumcised girls and women who are migrating worldwide means that this is a socially relevant phenomenon that has already been addressed by several organisations in Germany. These organisations try to protect immigrant girls from the procedure and support affected women in dealing with the consequences of it. Nevertheless, the common knowledge among the German society about the phenomena is low, even among professionals working with young girls (Ihring, 2015). This, however, makes it hard to react and prevent the practice. Therefore, this study aims to find out how much school social workers at primary schools in Germany know about FGM and what role they play in preventing it.

The overall research objective of this study is to highlight the situation of FGM in Germany, including aspects of case numbers, current policies, and existing prevention measures. The general research question is thus “to find out how the widespread misbelief of FGM non-existence in Germany affects the girl’s safety.” Therefore, a focus was put on school social workers with the aim to find out how they handle FGM cases and how much they know about it? Is there an adequate knowledge or a need for improvement? School social workers have an important role since they are in particularly close contact with the girls and should notice the signs and become active at the first suspicion of FGM to prevent it. This study was only conducted on primary school social workers since this is the age where the girls mostly get cut. Primary schools in Germany range from grade one to four and the children are between six to ten years old. The study was limited to one city in Germany, Freiburg, for better comparability of the data. Through a qualitative study with individual interviews with a semi-structured format, it was aimed to get a deep insight into the perspective of school social workers to find out how much school social workers know about FGM, how often they come across cases, how

they react and deal with it when they come across FGM and how they would react if they ever came across a FGM situation.

The research is based on different theoretical perspectives, which not only play an important role in the analysis of the interviews, but also in understanding the phenomenon in its many aspects. An essential part of this work is therefore the presentation of different theoretical perspectives that are important in the context of FGM. Part of the theoretical framework is the debate about 'culture', which in the context of FGM, is generally regarded as an argument to justify the practice. Therefore, attention will be drawn towards cultural relativism and its criticism, as well as the ACT framework, social norms around the practice and FGM perceived as a social problem.

Structure of the work:

This work is structured in three main sections: *theoretical framework*, *methodology* and *analysis and results*.

The *first chapter* of the theoretical framework deals with the phenomenon of FGM. In addition to the definition of the procedure, the focus is on its medical and psychological consequences as well as the human rights violations and reasons to carry it out.
Following this, the *second chapter* is about theories connected to FGM to get a better understanding for the practice and its continuation. This includes a definition of culture, cultural relativism, the ACT framework and a discussion about FGM as a social problem.
The *third chapter* is about the FGM situation in Germany and highlights the case numbers, the legal situation as well as the existing prevention measures and emphasises the area of change. It continues with the *fourth chapter* about school social work in Germany.

The next section presents the methodological approach and research design of the study conducted as part of this thesis. This includes the qualitative interview methods, how the interviews were conducted and how they were analysed.

The next section is about the analysis and results which are presented by using a category system. The results get interpreted and discussed in connection to the theories. This is followed by a suggestion of workshop ideas to train school social workers to prevent FGM.
The conclusion forms the end of this thesis.

2. Facts about Female Genital Mutilation

2.1. Definition and Prevalence

Female Genital Mutilation (FGM) includes the partial or total removal of external female genitals or other injury of the genital parts without medical reason. It is mostly carried out between infancy up until the age of 15 (WHO, 2024). The WHO (2024) estimates that there are 200 million girls and women alive worldwide which went through FGM. Every year there are about 3 million girls at risk of undergoing this practice. This number only includes the 30 countries where FGM is practiced the most, therefore the actual number is most likely to be much higher.

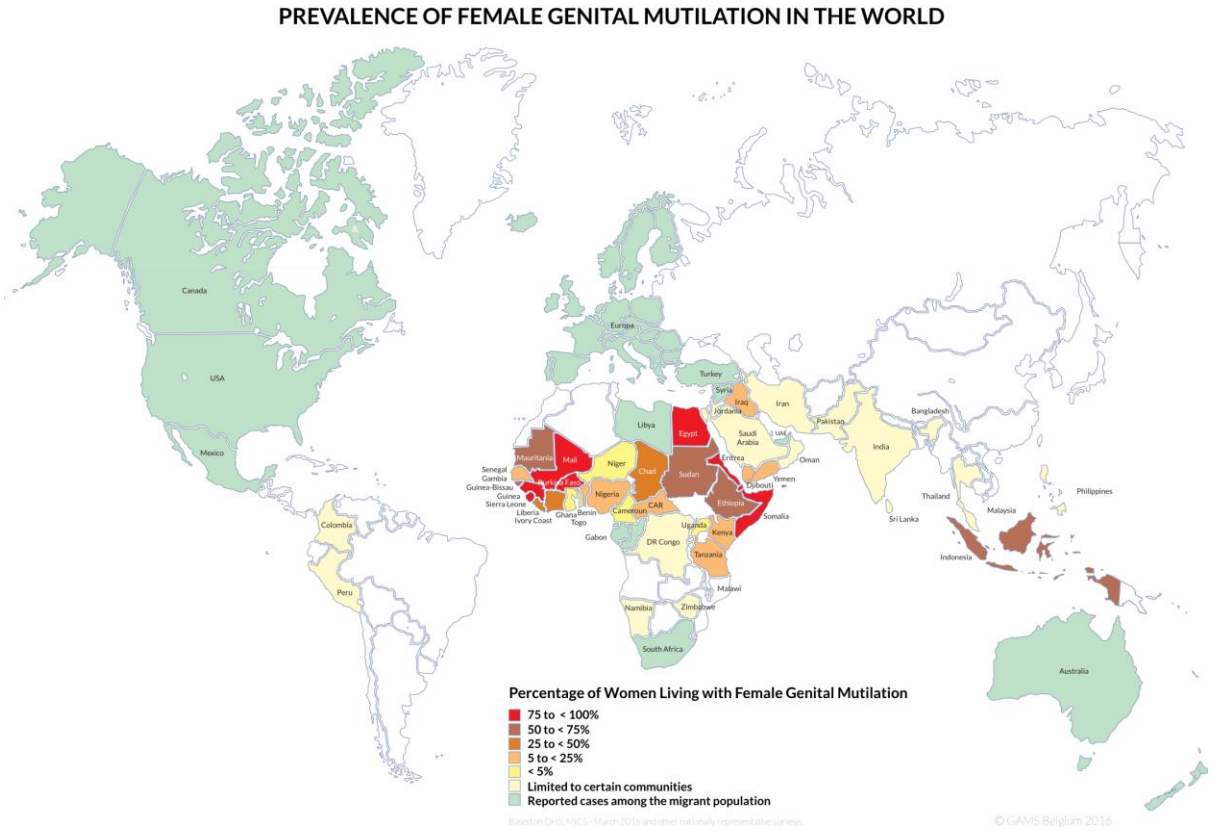

Figure 1: Prevelance of FGM

Retrieved from: Strategies Concertees MGF, 2017, FGM Prevalence map, 2017 - Stratégies concertées de lutte contre les mutilations génitales féminines (strategiesconcertees-mgf.be). Last accessed at 12.01.2024.

2.2. Historical Background

FGM is a very old practice that probably originated in ancient Egypt (Hulverscheidt, 2015). In addition to wall paintings, there are also antique writings that indicate that circumcision of the

female genital area was practiced in Egypt. However, it remains unclear which parts of the genital area were circumcised and whether this was only carried out on women from certain population groups (ibid.).

In the Middle Ages, Arab medicine gained importance alongside that of the West, and circumcision of the clitoris was regarded as a necessary surgical procedure if it showed abnormal growth (ibid.). In Europe a medical system developed gradually that regarded circumcision of the female genitalia as a necessary intervention. FGM reached its peak in the second half of the 19th to the middle of the 20th century. This period was characterized by the idea that masturbation was a sick phenomenon that had to be treated (Ihring, 2015). Numerous reasons were found to medically justify the removal of the clitoris. In addition to masturbation, "lesbian tendencies", female mental states such as hypersexuality, hysteria and nervousness as well as epilepsy, catatonia, melancholia, and kleptomania were also cited as justifications for the removal of the clitoris (Lightfoot-Klein, 2003). This measure was based on the view that the female sex drive was localized in the sexual organs themselves (Hulverscheidt, 2015). These ideas persisted into the 20th century. For example, the Catholic Church recommended cauterization or amputation of the clitoris against the evil of lesbianism until 1940 (Lightfoot-Klein, 2003). Looking back in history, FGM is by no means a rare phenomenon or one that only affects a particular population group or class. The surgical intervention on the genitals is a worldwide phenomenon that has been practiced for thousands of years. Due to increasing migration, FGM is also becoming progressively widespread in Germany (EIGE, 2013).

2.3. Types of FGM

The WHO (2024) differentiates between four different types of FGM:

- *Type 1* is the partial or total removal of the external part of the clitoris and/or the prepuce (the skin surrounding the clitoris).

- *Type 2* describes the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).

- *Type 3* is also known as infibulation, and it is the most severe type of FGM whereby the vaginal opening gets narrowed and sealed. The seal is formed by cutting and

repositioning the labia minora/labia majora. This can be done either with or without removal of the clitoris and it only leaves a small hole for urinating.

- Lastly *type 4* includes all other harmful procedures to the female genitals for non-medical purposes, e.g., pricking, piercing, incising, scraping, and cauterizing the genital area. FGM is mostly carried out by circumcisers and traditional practitioners.

2.4. Consequences of FGM

The female genital is an organ that is extremely rich in nerves and well supplied with blood. As the procedure is usually performed without anaesthesia, the girls and women suffer enormous pain during the procedure and can suffer from severe blood loss. This high blood loss can lead to shock or anaemia and, in the worst case even to death (Bauer et al., 2015; WHO, 2024). Furthermore, it affects women's general well-being such as their physical, mental, and sexual health long term. The possibility for a further need of surgeries and medical attention is high, especially during childbirth.

As circumcision is often carried out by non-medically trained circumcisers, surrounding organs are often also injured, such as the anal muscles and/or the urethra, which can also lead to incontinence (Bundesärztekammer, 2016). If the girls or women put up a strong fight, this can also lead to broken bones, dislocated shoulder joints and/or tongue bites. As the procedure often takes place under unhygienic conditions, infections such as sepsis, gangrene, tetanus, hepatitis, or HIV can also occur (Gruber et al., 2005; Bundesärztekammer, 2016).

Chronic and long-term consequences of FGM can include the following: Infections of the urinary organs such as chronic urinary tract infections, pelvic and kidney infections, and vaginal, uterine, and fallopian tube infections. Infibulated women suffer more frequently from chronic consequences than women who have been circumcised in a less invasive way (Toubia, 1994). Another consequence that mainly affects infibulated girls and women is the so-called hematocolops. The remaining vaginal opening is not large enough to ensure adequate drainage of menstrual blood and urine, which leads to swelling of the abdomen. This can extend to the uterus and fallopian tubes and cause infections, which can also lead to infertility (Gruber et al., 2005; Bundesärztekammer, 2016). Other consequences include severe menstrual cramps, abscess formation on the scar, strong growth of scar tissue (keloid formation), which leads to narrowing of the urinary tract or vagina and to pain during sexual intercourse and urinary

retention (ibid.). Another frequent complication is the so-called fistula formation, which can occur due to chronic infections.

Infibulated women have not only had their clitoris circumcised but have also been stitched up after the procedure. This creates a very small opening through which vaginal intercourse is not easily possible (Gruber et al., 2005).Nevertheless, it should not be generally assumed that infibulated women have an unfulfilled sex life, as sexual sensation and sexual pleasure can also be experienced in other ways and neither a complete clitoris nor vaginal intercourse are fundamentally necessary for this (Ihring, 2015).

The mutilation can also have serious consequences for the birth of a child. The rigid scar tissue is not flexible enough to yield to stretching during the birth process. This can lead to delays or even a standstill in the birth process, which can have fatal consequences for both the mother and the new-born (Bauer et al., 2015). This is consistent with the WHO (2024) which assumes that FGM, especially infibulation, is associated with increased maternal and infant mortality.

Psychological characteristics after circumcision are expressed, among other things, in the fact that the girls withdraw emotionally, become quieter and more introverted (Lightfoot-Klein, 2003). Also, panic attacks (for example at the sight of objects that remind them of the day of their circumcision), depression and anxiety disorders occur (Bauer et al., 2015). The procedure can also cause a lack of self-confidence and self-esteem, psychosomatic consequences, sexual disorders, and aggression (Lightfoot-Klein, 2003; Bauer et al., 2015). Circumcision of girls is to be classified as a 'post-traumatic stress disorder', which can have acute psychological consequences such as restlessness, insomnia, anxiety, nightmares, and panic (Baasher, 1979 in Behrendt, 2004). The German Medical Association also speaks of a serious indelible physical and psychological trauma which can manifest itself, for instance, in the girls' loss of trust in their caregivers (Bundesärztekammer, 2016). Many women not only try to suppress their circumcision but split it off from their consciousness so that they can no longer remember the procedure (Boldt et al., 2013). However, the girls are expected to endure the pain by their family and social environment, only then are they considered courageous, strong, and valuable (Lightfoot-Klein, 2003). The same argument is used when it comes to bearing the long-term consequences.

Graf (2013) emphasizes in her study that not all the mentioned consequences occur in all women, but that the extent also depends on the severity of FGM. Furthermore, she addresses social effects and notes that girls of school age often stand out after FGM due to strong social withdrawal and concentration difficulties, which can lead to academic problems.

2.5. Human Rights Violation

FGM is clearly a violation against human rights. It violates a person's rights to health, security, and physical integrity, as well as the right to be free from torture and cruel, inhuman, or degrading treatment and the right to life, in cases where the procedure results in death (WHO, 2024). It also reflects "deep-rooted inequality between the sexes", and thus supports an extreme form of discrimination against girls and women (WHO, 2024). The following box (EIGE, 2013, p. 33) gives a good overview of all human rights violated by FGM.

Box 3.1. Human rights violated by FGM

The right to life
- Art. 3 of the Universal Declaration of Human Rights
- Art. 6 of the International Covenant on Civil and Political Rights

Human dignity
- Art. 22 of the Universal Declaration of Human Rights

The right to be free from discrimination (on the basis of sex)
- Art. 2 of the Universal Declaration of Human Rights
- Art. 2 of the International Covenant on Economic, Social and Cultural Rights
- Art. 2 and 26 of the International Covenant on Civil and Political Rights
- All Articles of the Convention on the Elimination of all Forms of Discrimination against Women

Equality between men and women
- Art. 3 of the International Covenant on Economic, Social and Cultural Rights
- Art. 3 of the International Covenant on Civil and Political Rights
- All Articles of the Convention on the Elimination of all Forms of Discrimination against Women

The right of the child
- Art. 2, 3, 6, 19, 24 and 37 of the Convention on the Rights of the Child

The right to the highest attainable standard of health
- Art. 25 of the Universal Declaration of Human Rights
- Art. 12 of the International Covenant on Economic, Social and Cultural Rights
- Art. 12 of the Convention on the Elimination of all Forms of Discrimination against Women

The right to be free from torture, cruel, inhuman and degrading treatment or punishment
- Art. 5 of the Universal Declaration of Human Rights
- Art. 7 of the International Covenant on Civil and Political Rights
- All Articles of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

Figure 2: Human rights violated by FGM

Over the last years, FGM has become increasingly important in international politics and human rights policy. The commitment of many activists and political actors worldwide finally led to the practice being recognized in the 1990s both in the CEDAW and in the African Charter on Human Rights (in the Additional Protocol to Article 5, CEDAW 1990) as well as in the UN

Convention on the Rights of the Child (Article 24, paragraph 3, UN Convention on the Rights of the Child 1989) as a violation of human rights from which girls and women must be protected (UN Women Deutschland, 2024; UN, 2013).

2.6. Reasons for the Continuation of FGM

There are different reasons why FGM is still performed. Most of them are linked to sociocultural factors within families and communities. For example, in areas where FGM is a social norm, families often feel the social pressure and the fear of rejection by the community if they do not carry out the practice. It is also considered as preparing the girl for adulthood and marriage. FGM increases marriageability and ensures premarital virginity as well as marital fidelity (WHO, 2024). Girls that went through FGM fulfil cultural beauty ideals and are seen as clean and beautiful. Therefore, FGM is seen as a necessity in a girl's life. In some areas the practice is also connected to religious beliefs even though no religion requires it (WHO, 2024). FGM is mostly seen as a cultural tradition and that is how its continuance gets justified.

Society instrumentalizes FGM by assuming that female genitalia are defective and that women would therefore remain subject to their sexual urges (Ihring, 2015). This leads to FGM being socially constructed as a necessary intervention for girls. Circumcised and sutured genitalia are seen as 'normal' and linked to social norms, while the genitalia of an uncircumcised woman are assigned negative attributes such as 'unclean' or 'sexually licentious' (Engel & Schuster, 2007). Furthermore, the procedure gets presented as a sign of purification to girls who are still uncircumcised and without it, they would get considered 'dirty' or defective. The infibulation scar is seen as a symbol of this 'purity' and is internalized by the girls as a desirable norm (Ihring, 2015). Through the procedure, women's sexual behaviour is influenced by viewing the female body as a passive medium that has cultural meanings (Butler, 2012). The practice of FGM reflects a socially established idea of 'normal' genitalia, which increases the pressure on individual members to conform and to move from a supposedly 'deviant' to ‘normal’ genitalia (Preiß, 2010). Norms, which are to be understood as socially negotiated rules, are, like society itself, shaped by power and domination relations and are subject to normalization processes (Engel & Schuster, 2007). Among other things, these processes also regulate the idea of a 'normal' genitalia.

FGM is a practice that is mainly carried out by older women, although many of them suffer from it themselves. This highlights the dilemma of women who are caught between social

exclusion and the violation of their integrity (Nestlinger et al., 2017). The fact that women carry this burden of FGM could be due to the widespread cultural dynamic whereby women are generally given unspoken responsibility for the success of marriage and family as well as the welfare of children. Thus, women are also given the task of passing on practices that originally came from patriarchal ideas and are intended to mark a woman as her husband's property. This dynamic makes FGM appear to be a purely women's issue on the surface and contributes to the fact that the social interests of men and women with their hidden interests continue to serve and influence each other. The study by Nestlinger et al. (2017) shows that both genders see the main responsibility for the practice of FGM lying with the other gender. A change of attitude towards FGM therefore requires a complete reorientation and redefinition of the relationship networks in marriage, family, and society. This, however, requires time, patience and understanding.

Another reason for the continuation of FGM could be that women, due to a lack of education, have a need for security and care, which are traditionally provided by men in most societies. This means that partnerships and marriages are often based on dependency structures, submission, and obedience. The unequal access of men and women to education leads to discrimination against women within families. Education plays an important role as it enables people to question values and norms and rethink them if necessary (Nestlinger et al., 2017).
Furthermore, Barre-Dirie, (2015) mentions that not all affected women consider themselves to be neither 'victims' nor 'mutilated'. She also points out that in this context FGM is usually considered a separate offense, but it is not considered that circumcised women must struggle with further problems in addition to FGM (Barre-Dirie, 2015).

3. Theoretical frameworks related to FGM

3.1. Definition of Culture

For understanding the phenomena of FGM it is important to define culture before. There are many definitions of culture. In the following part only a few perspectives from some sociologists will be described, such as Emile Durkheim, Robert Wuthnow and Gary Alan Fine. Nevertheless, what is certain, is the attachment of culture to social structures and vice versa (Turner, 2014). Meaning when defining culture, it is always necessary to look at the society as well. Durkheim, for example, perceived society as "held together by commitments of individuals to a common cultural core" (Turner, 2014, p. 165). Members of a population share meaning about cultural symbols which have the power to regulate the actions of individuals (Turner, 2014). In this understanding "culture was built from language and carried a populations' history, traditions, and lore, while also codifying these into values, beliefs and ideologies, norms, and laws that direct actions and interactions among social units" (Turner, 2014, p. 165). Another important aspect of culture are emotions, through which culture gets moralized. It comes with a sense of obligation upon individuals, leading to feelings of guilt and shame when cultural norms were violated (Turner, 2014).

Robert Wuthnow's Theory of cultural meanings studies the observable communications between interacting individuals and thus provides insight into understanding culture (Turner, 2014). Rituals are one of those observable interactions and individual as well as collective rituals "express deeply held meanings, but at the same time, they affirm particular cultural structures" (Turner, 2014, p. 169). The performance of rituals serves different functions such as reinforcing collective values, dramatizing certain relations, denoting key positions, embellishing certain messages, and highlighting activities (Turner, 2014). The practice of FGM can also be seen as one of those rituals. It expresses collective values and demonstrates individuals' moral responsibility for such values. Thus, rituals in general operate to sustain the moral order. For the existence of a moral order, production and reproduction is necessary (Turner, 2014). The moral order is structured around three main components: (1) the development of cultural codes, (2) the enactment of rituals, and (3) the allocation of resources to create and maintain these cultural codes and rituals (Turner, 2014).

In Fine's (2012, p. 8) understanding of culture, groups are in the center and their shared culture or what he calls "idioculture", consists of "a system of knowledge, beliefs, behaviors, and

customs shared by members of an interacting group to which members can refer and that serves as a basis for further interaction." Groups play a crucial role in socializing individuals into communal standards, thereby establishing an essential mechanism for social control. Through monitoring and sanctioning conformity to these communal standards, groups reinforce social norms (Turner, 2014). Groups serve as a platform for the establishment and potential change of cultural standards. Within groups, ideologies are cultivated, and frameworks for change are constructed. Importantly, groups serve as the focal point for initiating small-scale efforts toward change, known as micro mobilizations (Fine, 2012). When these initiatives extend beyond individual groups to encompass larger networks and organizations, they can develop into more significant mobilizations for change at the meso- and macro-levels. Therefore, change originates from the capacity of a group's unique cultural dynamics (idioculture) to foster commitments to cultural ideologies, which can turn into broader movements for change (Fine, 2012). Groups serve as arenas where meaning and the interpretation of symbolic objects are constructed, appropriated, and shared. Looking at the FGM practice and its cultural root, it would mean a change is only possible when it comes from within the group. Because within these group settings, culture is actively generated.

To sum it up, "Culture is all the systems of symbols carrying meanings that have been produced by individual and collective actors in a population" (Turner, 2014, p. 194). This includes a multitude of components such as texts, folklore, traditions, technologies, and repositories of knowledge, which can be stored in individuals' minds or within social structures of collective entities. However, the most important aspects of culture are those regularly employed by individuals across micro-, meso-, and macro-level social frameworks (Turner, 2014). Culture develops through ritualized acts, for example the practice of FGM and it functions both as a justification for established systems and structures and as a tool for questioning ideologies and the hierarchies associated with them (Turner, 2014). The stronger the positive emotions evoked during ritual acts, the deeper the commitments to the moral principles inherent in a symbolic system (Turner, 2014). Therefore, culture serves to justify established systems and structures, yet it also functions as a tool for questioning prevailing ideologies and the social hierarchies that these ideologies support.

3.2. Cultural Relativism and FGM

Cultural relativism is a theory that suggests that an individual's beliefs, values, and practices should be understood and judged within the context of their own culture, rather than being evaluated against the standards of another culture (Rezaee Ahan, 2012). This theory emphasizes the idea that different cultures have their own unique perspectives and norms, and that there is no universal standard for what is right or wrong, moral, or immoral.

Rachels (1986, p. 14 f.) mentions certain principles regarding cultural relativism:

- "Different societies have different moral codes.
- There is no objective standard that can be used to judge one societal code better than another.
- The moral code of our own society has no special status; it is merely one among many
- There is no "universal truth" in ethics; that is, there are no moral truths that hold for all peoples at all times.
- The moral code of a society determines what is right within that society; that is, if the moral code of a society says that certain action is right, then that action is right, at least within that society.
- It is mere arrogance for us to try to judge the conduct of other peoples. We should adopt an attitude of tolerance toward the practices of other cultures."

However, the theory of cultural relativism also faces some criticism because if the theory was valid, we would be limited to assessing the morality of actions only based on the norms of our own society since "if the moral code of a society says that a certain action is right, then that action is right, at least within that society" (Rachels, 1986, p. 15). Meaning we cannot judge anything outside of our own culture. For the practice of FGM this means that outsiders cannot criticise it because in the culture where it gets practised it is the right thing to do. Therefore, one can only understand the reasons behind the practice by considering the perspective of those who participate in it (Rezaee Ahan, 2012). Cultural relativism posits that understanding and evaluating cultural practices and beliefs requires considering the context and values of the specific culture in question, rather than applying a universal standard. It emphasizes tolerance, respect, and recognition of the diversity of human cultures. Nevertheless, this position can also create problems because from an extreme cultural relativism point of view it means there is

“no superior, international, or universal morality” and that the moral and ethical rules of all cultures deserve the same respect (Rezaee Ahan, 2012, p. 3).

Another point of criticism towards cultural relativism is that the world would not experience moral progress. Rachels (1986, p. 18) defines progress as “replacing a way of doing things with a better way”. However, the theory of cultural relativism claims that the existing morals are right and sees no need for a change.

Nevertheless, even though the practice of FGM is bond to a cultural context and it is hard to understand for an outsider why it gets continued there should be some considerations of common humanity in all cultures. Human rights serve as guidelines for that, as they are seen as “inalienable (nations cannot bridge or terminate them) and international (larger than and superior to individual nations and cultures)” and human rights activists are challenging many of the principles of cultural relativism nowadays (Rezaee Ahan, 2012, p. 4).

3.3. The ACT Framework and Social Norms around FGM

Norms serve as guidelines for behaviour within a society, outlining what is considered acceptable or appropriate (Turner, 2014). Individuals not only adhere to norms through their actions but also engage in discussions about them, defining what norms entail and discussing the consequences of violating them. According to Turner (2014) norms are not static but are rather subject to negotiation and interpretation as individuals collectively determine which expectations are appropriate within a group context. Through ongoing dialogue and negotiation, individuals establish and refine the norms that govern their interactions and behaviours, reflecting the dynamic nature of social norms within a community.

Social norms regarding FGM are shaped by the convergence of behaviours, beliefs, and expectations (Sood & Ramaiya, 2022). This also includes moral norms which regarding FGM are driven by conscience rather than social expectations. However, Sood & Ramaiya (2022) state that any effort of changing social norms around FGM should specifically consider gender norms. Gender norms refer to “informal rules and shared social expectations that distinguish expected behaviour on the basis of gender” (Sood & Ramaiya, 2022). Gender norms affect all domains of the social-ecological model. On the individual level these norms show as negative gender role attitudes toward girls and women, at the community level it appears as restrictions on mobility and educational opportunities, and through restrictions such as the age of marriage,

emphasis on virginity, and sexual control at the societal level. When understanding FGM from a social norms perspective it is important to mention that when enough people carry out FGM, it becomes habitual. Therefore, it requires a critical amount of people to change their point of view to end the practice, for example through allowing their children to marry uncircumcised women.

The ACT framework developed by Sood & Ramaiya (2022) is based on the understanding that norms influence thoughts and behaviours and vice versa which means if social norms are to change, then thought and behaviour change may follow as well as the other way round. Therefore, social norms serve as the intermediary link between individuals' knowledge, feelings within their social networks, and their social support on one side, and social and behavioural change on the other (Sood & Ramaiya, 2022).

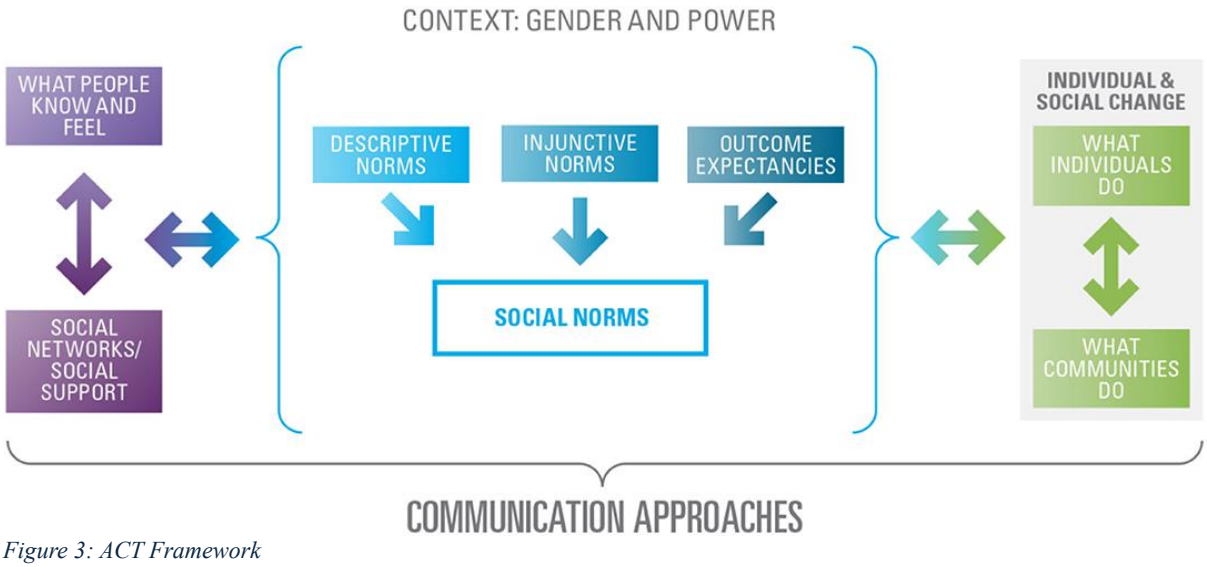

Figure 3: ACT Framework

Retrieved from: https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2021.747823/full

This model integrates a social-ecological approach by placing individual-level factors such as knowledge, attitudes, and practices within the larger environmental context, while also considering various levels of influence. Further, it recognizes that individuals' knowledge and emotions are influenced by, and in turn influence, their social networks, and the level of social support they give and receive (Sood & Ramaiya, 2022). Individual, and social transformations result from the interplay between individual actions and community behaviours. The model also shows how gender and power dynamics influence the FGM practice. This leads to the conclusion that to end FGM a change at both the individual and societal level is necessary.

3.4. Migration and FGM as a Social Problem

3.4.1. What are Social Problems?

Social problems are undesirable and/or harmful conditions that negatively affect many people as well as the society at large. They can threaten society's harmony, stability, safety and/or freedom and thus must be changed (Jamrozik & Nocella, 1998). Jamrozik and Nocella (1998) mention three aspects for categorizing conditions into social problems: The first one is the **social reason**. Which means a certain condition must have social reasons to be considered a social problem. Furthermore, they mention the **negative impacts.** Meaning a social problem should have a negative impact on the society by threatening its safety, freedom, or any other values. Lastly there are **social solutions.** A social problem should be a condition that can be ended by social solutions (Jamrozik & Nocella, 1998). Because social problems are created by society, they can thus be solved by the society through changing the structural arrangements (Jamrozik & Nocella, 1998). Rodriguez et al. (2017) emphasise that to solve social problems it is not enough to just change the behaviour, but instead it requires a constant focus on politics and policies. This counts especially for major social problems like poverty or homelessness. However, even when social problems get addressed by a society, it can take many years before they become fully solved. Social problems can either exist in just one specific society, or they can affect multiple societies worldwide.

What people perceive as social problems is often subjective and varies among different groups of people. Sometimes it is difficult to define whether a problem can be qualified to be a social problem in the society. This is because what can be perceived as a social problem by a certain group of people may not be a social problem in another group of people in the society. This is also how different social problems between the national and international level appear. Nevertheless, some conditions are considered as social problems by all people in the society. These among others include issues like poverty, malnutrition, unemployment, homelessness, and violence.

3.4.2. Migration as a Social Problem

Migration is relevant at the national and international level, and it affects children and youth in the same way as adults when they leave their home country. Over the past years migration was always seen as a problem by the German society. In 2015 it hit its peak with 76% of Germans mentioning it as the most important problem in the country (Statista, 2023).

Migration can be defined as a process through which people move from one country or locality to another (Samers & Collyer, 2017). Migration has always been a global phenomenon. According to the World Migration Report 2020 by the International Organization for Migration (IOM), there were 272 million international migrants in 2019, this is equal to 3,5% of the world population. However, there has been a big increase over the last years (IOM, 2019). Reasons for migrating are different. Some move in search for favourable job opportunities, some to study or join family members and others move to escape conflict, terrorism, human rights violations or because of natural disasters and environmental factors (UN, 2024). It needs to be differentiated if people move because of necessity or out of choice (UN, 2024).

Over the years migration resulted in mixed reactions. According to Pattison (2022) migrant numbers are often used to construct immigration as a social problem. "[T]he state plays a key role in defining problem populations and constructing which social problems are to be perceived as legitimate" (Pattison, 2022, p. 277). For many European countries the increase of migration has led to an economic crisis, the destabilization of society, a higher crime rate and many other problems which caused a deterioration in the overall situation in the European Union (Shasheva, 2020).

Nevertheless, migration can have a positive effect since it creates possibilities that can lead to a more productive work environment and greater economic stability in the host country (Pattison, 2022). This counts mostly for labour migrants, since professionals with a wide range of knowledge and skills move to another country and contribute to its economy. On the other hand, migration can also create challenges. The competition for job opportunities between people from the country and migrants can trigger hate and racial discrimination (Pattison, 2022). Some people might feel that migrants take away jobs that otherwise would be given to them. This can have a negative impact on the society if it is not handled carefully. The state and media play an important part in constructing racialized interpretations of social problems (Pattison, 2022). Other than the host country, labour migration is also perceived as a social problem in the country where people migrate from. One of the main reasons is because the country loses it qualified workers.

Migration causes an increase in population in the host country which affects the country in different ways. For example, the government must allocate funds to public sectors to improve public service to all citizens regardless of their race, religion, or country of origin. However,

the increase in population could affect the quality of services especially in the education and/or health sector (Pattison, 2022).

Migration itself is a process and not directly a social problem. It just describes people moving from one country to another due to various reasons. However, it creates challenges among the society, some of which are social problems, such as employment issues, housing, adequate services but it also creates racism. Another problem that is spread by migration and now practiced all over the world is FGM.

3.4.3. FGM as a Social Problem

FGM is a harmful practice for girls and women. Even though it only affects the female population and not the whole society it can still be considered a social problem. To define FGM as a social problem it helps to take another look at the definition of social problems by Jamrozik and Nocella (1998). Social problems are undesirable and/or harmful conditions that negatively affect many people as well as the society at large. This is the case with FGM. The three aspects Jamrozik and Nocella (1998) mentioned for categorizing conditions into social problems are also fulfilled. FGM has a **social reason**, which is the cultural belief of having to cut a girl to fulfil its beauty ideal and get her accepted by the society. FGM certainly has **negative impacts** for the girls through threatening their safety, health and violating their human rights as well as having lifelong negative impacts. Lastly, Jamrozik and Nocella mention **social solutions** to solve social problems. For FGM this means changing the mindset of the people. Solving FGM is not that easy because of the deeply rooted cultural beliefs. Many people do not see the harms for their girls, only the necessity of the practice. Nevertheless, through awareness campaigns, offering peaceful alternatives for girls to "become" a woman, and policies that make the practice illegal and to follow up on it might bring a change.

In most countries where FGM is practiced, there are laws prohibiting the practice (Kalthegener, 2015). In some countries, circumcision is regarded as physical assault or severe bodily harm, as there is no separate section of the law. However, it has been shown that laws alone do not necessarily protect girls from circumcision. This is because the implementation of these laws is sometimes difficult, both due to a lack of knowledge within the population about the legal regulations and due to disregard for them (ibid.). Furthermore, laws alone do not automatically lead to people questioning the practice. In addition to legal regulations, measures are needed to bring a change in awareness among people and to protect girls from circumcision in the future (Barre-Dirie, 2015).

The population in practicing countries sees FGM as an identity-preserving and necessary part of female development. In contrast, representatives of state bodies and non-governmental organizations view circumcision primarily as an unnecessary medical intervention that harms not only the female population, but also the development of the country (Kuring, 2007). According to Kuring (2007), a rise of awareness is taking place at both national and international level. National organizations primarily point out the medical consequences, while the work of the United Nations focuses on the human rights perspective (ibid.).

The practice of FGM is a social problem on the national level but because of international migration FGM is now a global concern. But what is also problematic in countries where FGM is not practised is the lack of awareness about the topic. All groups interacting with migrant children should know about it to interact appropriately whenever it is needed. This is especially true for social workers, teachers, and doctors etc.

3.4.4. Consequences for FGM through Migration

As well as many people that leave their home country, circumcised women also experience both positive and negative changes when moving to Germany (Ihring, 2015). Encounters with gynaecologists or midwives are among the negative experiences. This is because the women then realize that, as circumcised women, they no longer correspond to the social norm. They can even feel a negative attitude towards the procedure, which previously had a positive connotation for them (ibid.). Female circumcision is closely linked to female identity and is suddenly not only questioned, but also negatively evaluated. This can lead to a loss of identity (Strenge, 2013). What has still been positively internalized as an expression of femininity in the home country can be perceived as a loss of femininity and identity after migration.

According to Büchner (2004), affected girls and women often find themselves in a conflict, as the procedure is perceived as part of their identity, which they grew up with in their home country and which was taught to them as a positive practice. On the other hand, they experience the public debate taking place in Germany, in which FGM is discussed as a gross violation of human rights and serious discrimination against women (ibid.). However, according to Büchner (2004) these girls and women are not only left alone with this conflict, but also with the consequences of the circumcision of their genitals. The counselling situation for these girls

and women is still in the beginning stages in Germany. The girls and women themselves usually do not know where to turn to and where they can get competent advice (ibid.).

In Strenge's (2013) study, it becomes clear that migration to a country that rejects FGM can contribute to renewed traumatization. Strenge (2013) therefore emphasizes not only the importance of psychological support for circumcised women, but also the necessity of developing transcultural concepts for culturally sensitive medical, psychiatric, and psychotherapeutic care for affected women to prevent further traumatization or re-traumatization (Feldmann, 2012 in: Strenge, 2013). To prevent (re-)traumatization in the future, it is essential to educate professionals about how to deal with circumcised women. This does not only mean that they should be aware of certain physical or psychological consequences, but also that professionals must treat the women with respect and empathy. It is particularly important not to evaluate the procedure as an expression of backwardness and not to degrade affected women or confront them with a lecturing attitude (Ihring, 2015). Instead, special attention should be taken to conduct conversations in a non-judgmental and equal manner. This is also highly important for school social workers when they deal with a FGM situation and are in contact with the girl's family.

In addition to the specific challenges that circumcised women may face in a country that rejects FGM, it is important to point out that migration must generally be seen as a psychologically stressful process that can have an impact over several generations (Reinprecht & Weiss, 2012). On the one hand, migrants experience alienation from their society of origin and at the same time encounter resistance in the host society (ibid.). Accordingly, the already psychologically stressful process of migration for circumcised women is made even more difficult by the negative attitude towards FGM in the host societies. Nevertheless, circumcised women are mostly left on their own to deal with the psychological consequences in Germany. Ihring's study (2015) makes it clear that there are far too few qualified specialists to provide circumcised women with appropriate support. The general knowledge about FGM and its consequences is insufficient. This applies to the medical field as well as to the psychological and therapeutic field. The growing number of genitally circumcised women in Europe requires an appropriate approach (Ihring, 2015). Professional groups who may encounter circumcised women or girls at risk of circumcision during their work play an important role. This also includes school social workers.

The intervention of FGM is not only presented as an essential part of female identity, but also as an integral part of 'culture' (Ihring, 2015). In societies where FGM is practiced, this practice is considered a norm that is currently not discussed but continued unquestioned. However, when women migrate from these societies to countries where FGM is not practiced, the opportunity arises for the first time to talk about this issue and to question the procedure (Ihring, 2015). So, in addition to the negative experiences mentioned above, migration also makes it possible to critically examine FGM. Only in the country of immigration will the women have the opportunity to discuss the procedure and its consequences and thus initiate a process of reflection (Ihring, 2015). Ihring (2015) describes this as a central moment in the process of change. Migration to a country that rejects FGM therefore also offers the opportunity to promote the end of it. Ihring's study (2015) shows that many migrant families have decided against the circumcision of their daughters, which would probably have turned out differently in their home country. Furthermore, the qualitative study by Ihring (2015) shows that men in particular reject the procedure more strongly than women. This is presumably because men do not associate the procedure with their identity and the rejection can therefore be detached from their own person. Therefore, migration also influences men regarding their attitude towards FGM and in countries that reject FGM they often change their attitudes about the practice fast.

4. FGM in Germany

4.1. Case Numbers

The estimated number of girls and women in Germany is 103 947 and another 17 721 girls are at risk of undergoing the practice every year (Terre des Femmes, 2022). The following table from Terre des Femmes (2022) shows an estimation of how many girls and women with migration background live in Germany, which countries they are from and how high the potential number of girls at risk of undergoing FGM is.

Table 1: Estimation of unreported cases of FGM in Germany in 2022 (Terre des Femmes, 2022)

Nationality	Prevalence in the country of origin	Women aged 18 and above registered in Germany (at 31.12.2021)	Girls below 18 registered in Germany (at 31.12.2021)		Potentially affected women (1st generation)	Potentially affected girls (1st generation)	Girls below 18 potentially at risk (2nd generation)	
		1st generation	1st generation	2nd generation			Minimum scenario (a=0.9)	Maximum scenario (a=0.1)
Egypt	87%	9990	3790	1380	8691	3297	120	1081
Ethiopia	65%	7455	2725	2075	4846	1771	135	1214
Benin	9%	785	285	195	71	26	2	16
Burkina Faso	76%	550	170	105	418	129	8	72
Cote d'Ivoire	37%	2095	695	495	775	257	18	165
Djibouti	94%	70	20	10	66	19	1	8
Eritrea	83%	17990	9890	7020	14932	8209	583	5244
Gambia	73%	1775	630	365	1296	460	27	240
Ghana	2%	15060	4930	3340	301	99	7	60
Guinea	95%	3500	1490	980	3325	1416	93	838
Guinea-Bissau	52%	285	120	65	148	62	3	30
Indonesia	49%	12810	475	230	6303	234	11	102
Iraq	7%	72110	43895	14740	5048	3073	103	929
Yemen	19%	2175	1000	350	413	190	7	60
Cameroon	1%	10585	1990	1400	106	20	1	13
Kenya	21%	7690	990	565	1615	208	12	107
Liberia	32%	270	85	55	86	27	2	16
Malaysia	99%	3215	150	55	3192	149	5	49
Mali	89%	390	160	80	347	142	7	64
Mauritania	67%	160	40	15	107	27	1	9
Niger	2%	200	70	50	4	1	0	1
Nigeria	20%	20915	13440	9265	4183	2688	185	1668
Oman	96%	175	15	0	167	14	0	0
Senegal	25%	1475	300	160	369	75	4	36
Sierra Leone	83%	955	445	295	793	369	24	220
Somalia	99%	12535	8275	5330	12410	8192	528	4749
Sudan	87%	1885	925	320	1640	805	28	251
Tanzania	10%	980	145	70	98	15	1	6
Togo	3%	4405	780	560	132	23	2	15
Chad	34%	100	65	30	34	22	1	9
Central African Republic	22%	50	10	5	11	2	0	1
TOTAL		**212635**	**98000**	**49605**	**71926**	**32021**	**1919**	**17271**

4.2. Legal Situation against FGM in Germany

In 2013, a law was passed that makes FGM punishable in Germany (§ 226a of the German Criminal Code (StGB)). Since 2015, FGM committed abroad has also been punishable if either the perpetrator or the victim was a German citizen at the time of the crime (§ 5 (9a) StGB). The consent of the victim to FGM has no justifying effect because the act is contrary to public morals (§ 228 StGB). Individuals who mutilate or attempt to mutilate the external genitalia of a female person risk a prison sentence of up to 15 years (Deutscher Bundestag, 2021). This penalty also applies if the act is committed abroad. The parents of the affected girl, whether in Germany or abroad, who subject their child to genital mutilation or incite it, are also liable to prosecution. If FGM is attempted or carried out, state institutions can temporarily or permanently remove the daughter from the family and the parents can lose custody. In addition, parents who do not have German citizenship may also lose their right to live in Germany temporarily or permanently if they are prosecuted (Behörde für Arbeit, 2021). Girls should be able to grow up in a safe environment, protected from any form of abuse and violation. It is the responsibility of the state to ensure that violations of these children's and women's rights are punished (Behörde für Arbeit, 2021).

Nevertheless, the implementation of legal regulations is proving itself difficult in Germany as well as in the rest of Europe (Ihring, 2015). Although many European countries have banned the practice by law, suspected cases are rarely investigated and criminal consequences are rarely drawn, which also applies to Germany (Leye, 2008). According to Ihring (2015), it appears that people are aware of the legal ban on FGM in Germany and that the legal situation can also contribute to the protection of girls at risk. Nevertheless, for those who want to have their daughters circumcised, it is easy to circumvent the legal regulation. Procedures performed outside of Germany are difficult to get registered and controlled by German authorities (Ihring, 2015). Affected girls living in Germany are sometimes flown to their home countries during the summer vacations to be circumcised there (so-called vacation circumcision) (Deutscher Bundestag, 2021). There are also reports that FGM is carried out in Europe, apparently also in Germany. However, there is no reliable information on the extent to which FGM is practised in Germany. Since 1996 indications that FGM has also been or is being carried out in Germany are increasing (Deutscher Bundestag, 2021; Graf, 2013). Germany's police crime statistics (PKS) recorded four offenses in 2018, one of which was an attempt, with a total of five victims. In 2019 they recorded one offense. These crimes were domestic incidents, as foreign crimes

are not included in these statistics (Deutscher Bundestag, 2021). Further, a survey of gynaecologists published in 2005 about the situation of circumcised girls and women in Germany shows that a total of 48 gynaecologists (9.7 %) stated that they had heard of circumcisions being performed in Germany (Berufsverband der Frauenärzte et al., 2005).

In 2021 the German government introduces the “letter of protection” against FGM (Bundesministerium der Justiz, 2023). It provides information about the punishability of FGM and about the possible loss of residence status. It is primarily intended to help protect girls from FGM during vacation periods in their countries of origin and can be carried in the passport. Further, it can help families to counteract social and family pressure in their countries of origin. The main target group consists of girls at risk and their families. The letter of protection also serves to raise general awareness. In addition, it also offers emergency numbers as well as contact details for advice services. It is available in a German version as well as in many other languages (Bundesministerium der Justiz, 2023).

Furthermore, new immigrants should already be provided with information about FGM and its legal situation in Germany when they receive asylum advice. These talks could not only be used to offer information about legal regulations of FGM and medical care. They could also be used to inform people that the threat of FGM is recognized as a reason for seeking asylum (Nestlinger et al., 2017). This might be crucial for any uncircumcised girls in foreign countries.

Every report of suspected FGM must be investigated by the youth welfare office in Germany. The youth welfare office in Germany can take drastic measures and can decide to take a child into care if a child is in danger. Thus, they play an important part in ensuring the girls safety regarding FGM (Boldt et al., 2013). In a case of FGM the youth welfare office usually involves the parents if this does not compromise the protection of the girl. As in any other case, it is important to treat the parents with respect and appreciation but always considering human rights and the protection of the girl's physical integrity (Boldt et al., 2013). It is important to explicitly explain the legal situation to them. Nevertheless, it must be ensured that families from certain countries of origin are not placed under "general suspicion" (Boldt et al., 2013). Each case should be considered and assessed individually. FGM is characterized as a special topic in German child and victim protection by the following features (Boldt et al., 2013):

• The topic is subject to strong taboo.

• FGM can occur as an isolated situation of endangerment, without further evidence of violence or abuse within the family.

• There are usually no direct, clear indications of impending FGM.

• The endangerment always comes from individuals within the closer family/social circle of the girls/young women.

• Parents, given their cultural traditions, lack awareness of wrongdoing. However, they usually know very well that the practice - at least in Germany, and often also in the countries of origin - is legally prohibited and sanctioned.

• Female circumcisers are exclusively female and practice in the countries of origin, but also in Europe - access to this system remains very hidden from local government agencies.

• Politics and human rights organizations actively advocate for prevention/abolition of genital mutilation, sometimes report individual cases, and show interest in case management.

Boldt et al. (2013) mention indicators of a potential threat of FGM. This includes the following: If the genital mutilation of the mother and/or a sister is known and a trip to the country of origin is planned a circumcision is likely to take place. As well as if the family is strongly oriented towards traditional role models and customs and is strongly integrated into their community but less integrated into the host society. Also, if the family expresses a positive attitude towards FGM or downplays the issue. As a last indicator, Boldt et al. (2013) mention that if a girl expresses the wish or her consent to be circumcised to become a full member of her community/ethnic group the probability of a circumcision is high.

Boldt et al. (2013) also state strong indications that FGM has already been carried out. This includes age-atypical health impairments, pain and/or conspicuous infections in the genital area of the girl. Also, if the girl shows a clear change in behaviour after a trip, e.g. she changes her previous attitude and turns to traditional role models and customs. Another indicator is when the parents prevent their daughter from receiving medical and psychosocial care to mitigate the serious consequences of FGM.

Both planned and already performed FGM represent a duty of action for the youth welfare office in Germany. Planned FGM requires immediate action in the context of child protection

in accordance with §8a SGB VIII (Boldt et al., 2013). If FGM has already taken place, the task of the youth welfare office is to support the affected girls and young adults in reducing the health and psychosocial consequences. If necessary, also in accompanying them through criminal proceedings against their own parents and in asserting claims in accordance with the Victims Compensation Act. To protect the girl, it is usually necessary to involve the family court. However, if this is not enough to protect the girl it may be necessary to take the girl into custody. Nevertheless, a removal from the family should only be considered in cases of acute danger (Boldt et al., 2013).

4.3. Existing Prevention Measures in Germany

In the fight against FGM, the German government has been working together with German non-governmental organizations in the "Integra" network since 2000. On the initiative of the Federal Ministry for Economic Cooperation and Development, they are currently discussing how the cooperation between the various actors in Germany can be improved beyond the level of the Integra network (BMFSFJ, 2012). Integra consists of 33 organizations committed to end FGM in Germany and around the world (Integra, 2024). Various governmental and non-governmental organizations in Germany are collaborating to help raise awareness, provide information, clarification, and advice. Some of these organizations are acting on national, statewide, or regional levels (Deutscher Bundestag, 2018). The common aim is to achieve a sustainable breakthrough in the fight against FGM among migrant women living in Germany.

Nestlinger et al. (2017, p. 77) emphasize the importance of the establishment of following preventive measures:

- Learning from each other: Using organizations that have already been doing effective awareness raising on FGM for many years as role models for other migrant organizations and communities.
- Connecting NGOs/migrant organizations with municipal/state authorities (such as health authorities) to facilitate access to these contact points for those affected.
- Hiring and training staff from within the respective communities.
- Organizing awareness-raising campaigns aimed specifically at men.
- Using the influence of social and religious authorities to reach families better and educate them about FGM.

- Provide counselling for couples to promote awareness of equal relationship structures and responsibilities.
- Integration of FGM issues into state training courses and degree programs, especially in medical, educational, and legal professions.
- Training of employees from youth welfare offices in dealing with girls at risk of FGM.
- Anti-discrimination training for employees and authorities.
- Long-term financial support for projects to abolish FGM.
- Supplementing and/or replacing voluntary work with state involvement.
- Cooperation at EU level to make FGM more difficult in other EU countries.

Nevertheless, there is still a long way to go in Germany to establish all these preventive measures.

4.4. Need to Change

FGM is a complex social problem that is not easily solved because of the deep cultural belief. One thing that has to be done are awareness campaigns, for girls and women, as well as for the parents but also for professionals including school social workers. Often the girls do not know much about the practice themselves. As girls are usually circumcised before they reach puberty, they cannot be expected to contact the youth welfare office on their own to seek protection and support. That a girl itself seeks help is unusual and the procedure often gets reported via third parties, e.g. school, relatives and acquaintances of the family or work colleagues (Boldt et al., 2013). However, when a girl seeks help because her circumcision is planned in near future, the social worker or whoever the girl contacted for help should take the matter seriously and should be informed enough about the topic to be able to intervene appropriately.

Leye (2008) considers that the best way to keep the girls safe is through training medical, legal, and educational professionals in dealing with the issue and to show them how to react in an emergency as part of this training. She sees this as an approach that could protect girls at risk in the long term, as laws alone cannot achieve this. Ihring (2015) also emphasizes the importance of including the topic in the curricula of pedagogy students and educators, as they are also in contact with children and adolescents and their families, depending on their field of work. Knowledge about FGM and how to proceed in suspected cases can contribute to the protection of girls at risk. It is important to develop training courses for the same professional groups to familiarize them with the topic. Within these training courses, it is also crucial to

train the participants in dealing with affected women and their families (Ihring, 2015). This also applies to school social workers.

It is important to decide on an individual basis what kind of support those who are affected need. Some women may initially need comprehensive, non-judgmental information about possible consequences, while others may need specific medical and/or psychological support. In addition to communicating the medical and psychological consequences of the procedure, special attention should be paid to the attitude towards the women and men affected during the training and education courses. Participants should be taught that conversations on this topic should be free of judgment and that they should treat the interviewees as equals (Ihring, 2015). The conversations should primarily serve to understand the position of those affected, rather than convincing them that their position is wrong. In addition, it should be avoided that those affected, and their environment feel exposed to a feeling of inferiority or feel compelled to justify their norms (Ihring, 2015). A problematizing attitude towards the practice or seeing women as pitiable 'victims' could trigger justification pressure or rejection from those affected (Ihring, 2015).

To ensure that circumcised women accept the information provided and question the necessity of the procedure, an open and respectful approach is crucial. Threats and prohibitions are counterproductive; instead, it is important to explain to women why circumcision is negative for them and their daughters (Ihring, 2015). It should also be kept in mind that changing social norms takes time. For the work against FGM, this means that it is a phenomenon that cannot be ended quickly. Exerting pressure or bans alone will not lead to a reflective process in the population.

People from countries practicing FGM are often unaware of the negative consequences the procedure can have (Asefaw, 2008; Behrendt, 2010). The main task of awareness raising campaigns should therefore be to explain the consequences of FGM to those affected. This requires open and repeated discussions to make the possible negative consequences of the procedure clear. Awareness raising and educational work on the consequences of FGM should not be limited to affected women and girls but should also include their entire social environment - including the male members (Ihring, 2015). It is important to have recurring discussions (if necessary, in gender-homogeneous groups) about the negative effects and long-

term consequences of the procedure, but also to emphasize that there is no religious obligation (Ihring, 2015).

In addition, it would be important to regularly evaluate the existing counselling services offered by existing institutions, both nationally and internationally, and to adapt them to the needs of girls and women at risk and those who have been circumcised (Ihring, 2015). Based on these evaluations, the individual institutions could learn from each other and work together to develop sustainable approaches. These should not only reach the affected and threatened girls and women, but also the male family members and help to protect threatened girls from the procedure in the future (Ihring, 2015). However, all of this can only work if those affected and their families are treated with respect, openness and on an equal footing.

5. School Social Work in Germany

School is the learning and living environment for children and adolescents and plays an important role in their lives (Kooperationsverbund Schulsozialarbeit, 2015). Both the school and its school social workers face the challenge of shaping their actions in a way that allows students, as well as their families, to participate in society (SGB VIII, 2021). The goal is to increase the opportunities of all children and thereby make society fairer (Brenner, 2010). The German state, which has declared itself responsible for education in the Basic Law, considers one of its most important tasks to be a just education system. The aim of education policy in Germany is the creation, maintenance, structure, and control of a publicly controlled and financed education system and the assurance and enabling of the right to education for all members of society (Mack, 2015). This means that the German state's education system is equally provided for all people, theoretically granting everyone a claim to equal starting opportunities in life. However, as it has been known since the results of the qualitative study by Gomolla and Radtke (2009) which addresses institutional discrimination, the German education system does not provide equal opportunities; furthermore, it perpetuates injustice.

Already in the 1970s, these deficiencies were discovered, and attempts were made to counteract them by employing social pedagogues in schools. Over time this developed into its own field of action, school social work. School social work in Germany has a development history of over 50 years (Polivtseva, 2023). Today, school social work represents the most intensive form of collaboration between youth welfare and schools (Speck, 2014). With the implementation of school social work into the German education system, policymakers aim to address the problem of educational inequality. This can be inferred from the legal mandate (SGB VIII) for the field of school social work. Additionally, school social work has taken on the role of an advocate for social justice by committing to ensuring the provisions of the UN Convention on the Rights of the Child of 1989 (Baier, 2011).

Through the Child and Youth Welfare Act (SGB VIII), the expansion of school social work was significantly initiated in the 1990s. The German reunification in 1989 also led to a substantial expansion of school social work (Polivtseva, 2023). This was because an increasing number of the German federal states demanded and promoted the collaboration between schools and youth welfare on a legislative level (Rademacker, 2011).

Meanwhile, there is a demand for a comprehensive concept for education, upbringing, and care, involving the participation of family, school, and youth welfare. Thus, the understanding of education in Germany has evolved into a fusion of informal and formal education, education within institutions, and education within diverse contexts (Bundesministerium für Familie, 2005). Since this time, school social work has been defined as an independent offer of youth welfare, in which social pedagogical professionals are continuously active at the school site on an agreed basis, collaborating with teachers, and incorporating youth welfare-specific goals, methods, working principles, as well as offers and services into the school (Olk & Speck, 2009).

School social work is understood as an offer of youth welfare, where social pedagogical professionals are continuously active at the school site, collaborating with teachers on an agreed and equal basis to promote young people in their individual, social, educational, and vocational development, to contribute to avoiding and reducing educational disadvantages, to advise and support legal guardians and teachers in education and child and youth protection, and to contribute to a student-friendly environment (Speck, 2006).

5.1. Legal Organization of School Social Work

The legal framework governing the cooperation between schools and school social work is based on the school laws of each federal state and may therefore vary across Germany (Füssel & Münder, 2005). Nevertheless, the Children and Youth Welfare Act serves as the basis for school social work and the main guiding paragraphs applied by school social work are §§ 1, 11, 13, 80, and 81 SGB VIII/KJHG.

The legal foundations, methods, and action concepts guide school social workers to align their work according to the principles of comprehensiveness and of relevance to the real world and thus support young people in developing their intellectual, cultural, practical, personal, and social skills, considering their individual impairments and diverse living environments (Pötter, 2018). The goal of this social work is to maintain or create positive living conditions for children, adolescents as well as their families. Through the professional design of their social pedagogical services and appropriately selected methods and action concepts, they promote the potential of children and adolescents, who should thus grow into responsible and socially capable individuals (SGB VIII, 2024).

School social work perceives children and adolescents not only as individuals but also as part of a familial context with parents and other adult caregivers (Pötter, 2018). The legal foundations of school social work (§ 1 SGB VIII) set out the natural right and duty of parents to care for and raise their children. It also mentions that monitoring this duty is also one of the state's obligations (SGB VIII, 2024). This legal regulation encompasses services and other tasks in favour of young people and families (§ 2 SGB VIII). Additionally, it enables school social work to advise and support parents and other legal guardians in parenting (§ 1 SGB VIII) and to provide special assistance to them in vulnerable living and residential areas (§ 80 SGB VIII). Section 14 SGB VIII is also worth mentioning because it refers to preventative and integrative support for children and young people, as well as parents and guardians. Through the advisory, informative, and participatory actions of school social work, parents become participants in individual services and parenting partners (Pötter, 2018). Important external partners of school social work include, for example, the youth welfare office with its specialized services, special education services, addiction support facilities, the police, etc. (Bolay et al., 2004).

5.2. Principles of School Social Work

The organization of school social work is based on certain principles and guidelines, which have their origins in the principles and guidelines of youth welfare.

Table 2: Principles as well as general and specific action principles of school social work (Speck, 2014, p. 92)

Principles	- Preventive orientation, - Social-pedagogical service orientation, - Diversity of content, methods, and work forms, - Collaboration and coordination among providers regarding services, - Voluntariness of recipients in accessing services, - Right to express preferences and make choices for beneficiaries, - Involvement of children and adolescents in decision-making, - Protection of privacy and social data, - Priority of parental rights, - Protective duty of youth welfare and the state in cases of child endangerment, - Proactive action.

General action principles	- Prevention, - Decentralization/Regionalization, - Everyday life orientation, - Integration-Normalization, - Participation, - Assistance and control.
Specific action principles	- Presence at the school location, - Independent youth welfare services, - Student-oriented, advocacy-based action, - Low-threshold and preventive orientation, - Participation-oriented and flexible planning and implementation of services, - Voluntary collaboration and utilization of services by recipients, - Holistic consideration of the life situations and circumstances of the recipients, - Coordinated cooperation with school and non-school partners, - Confidentiality of conversation content and data.

The principles listed above are included in the Child and Youth Welfare Act, and they apply to school social work to the same extent as to child and youth welfare (Speck, 2014). The six principles of action are now considered to be the guiding principles of youth welfare, and in the following, the principles of prevention and the principle of assistance and control are explained in more detail, as these two principles are the most relevant for this research.

Principle of prevention:

School social work has a preventative mission, which in practice means working to create positive living conditions for children and young people at school. This includes the creation of spaces and counselling services for all pupils, as well as the provision of preventative help and networking structures. Furthermore, school social workers should make it easier for children and young people to cope with challenging life situations both inside and outside of school (Speck, 2014).

Principle of Assistance and Control:

This principle is indispensable for school social work in Germany because according to the Child and Youth Welfare Act (§ 8a), both youth welfare personnel and school social staff are

obligated to treat each case individually to assess whether there is a risk of endangerment to the child's well-being. If this is the case, it is urgently necessary to plead with the custodians to seek help. If the need for help is not met, the next step is to inform the youth welfare office. It is essential that school social workers can work autonomously and thus exercise their control function so that the help is used in a needs-oriented and competent manner. Further, it is essential to reflect on one's own actions with the help of collegial advice and supervision (Speck, 2014).

5.3. Core Services and Methods of School Social Work

Table 3: Core services of school social work (Speck, 2014, p. 83 f.)

Core services of school social work
- Counselling and support for individual students (e.g., individual assistance, counselling sessions for social, academic, personal, and career-related issues, individual support, fixed consultation hours), - Social-pedagogical group work (e.g., career-oriented programs, adventure-based activities, social skills training, extracurricular projects, open support services), - Open discussion, contact, and leisure activities (e.g., student clubs, open student meeting places, leisure activities), - Participation in classroom projects and school committees (e.g., faculty meetings, class councils, school program development), - Collaboration with and counselling for teachers and parents/guardians (e.g., counselling sessions for teachers, teacher training sessions, parent meetings, participation in parent evenings, home visits), and - Collaboration and networking with the community (e.g., cooperation with the youth welfare office, labour administration, other governmental agencies, and independent youth welfare organizations, establishing support structures, and integrating individuals, businesses, and institutions from the community).

These services are to be seen as mandatory tasks or as a minimum offer of school social work (Speck, 2014). They must of course be supplemented and expanded depending on the type of school and individual school requirements. The provision of these services is a prerequisite for the successful implementation of the work of school social workers and it should allow social workers to focus on pupils who have special needs for support and assistance to develop individual help and support services for them (Olk & Speck, 2015).

Nevertheless, according to Burkhard Müller (2004), there are no specific methods of school social work. The methods of school social work are adopted from the overarching discipline of social work and adapted to the requirements and clientele of the school setting (Speck, 2014).

Table 4: Methods of school social work (Galuske, 2013, p. 164 ff.)

Direct individual case and primary group-focused methods with direct intervention reference	Individual case assistance, social-pedagogical and client-centred counselling, multiperspective case work, case management, mediation, reconstructive social work, family therapy.
Direct secondary group and community-oriented methods with direct intervention reference	Social group work, community work, social network work, adventure education, theme-centred interaction, empowerment.
Indirect intervention-related methods	Supervision, self-evaluation.
Structure- and organization-related methods	Social management, youth welfare planning.

Here, a distinction is made between directly and indirectly intervention-oriented methods, as well as structure- and organization-oriented methods. Both directly intervention-oriented methods focus on more targeted and verifiable intervention between school social workers and clients, either regarding individual cases or a primary group, or regarding group work and social space. Indirect methods are to be used for reflection and optimization of one's own actions, while structure- and organization-oriented methods are available for the modalities of school social work (Galuske, 2013)

6. Research Methodology

In social science research it is necessary to take conscious decisions to pursue scientific questions empirically. This means the most suitable methods for the appropriate research question and subject area should be chosen (Baur & Blasius, 2022). Therefore, the methods of data collection and analysis, the sample and thematic aspects should be appropriate for the empirical study and oriented towards the object of research (Helferrich, 2011). For the sake of transparency and comprehensibility, the decisions made, and procedures chosen for the research in this thesis are set out and justified below. The presentation, interpretation and summary of the results are elaborated in detail in chapter 7.

6.1. Qualitative Design

For this master's thesis, qualitative social research was conducted through individual interviews with school social workers. The choice of this research approach and the methods was made regarding the object of research and the target group (Helferrich, 2011). In contrast to quantitative research, qualitative research is not about measuring or defining proportions, but about identifying causal relationships and reconstructing meaning (Kühn & Koschel, 2018). Qualitative social research therefore - unlike quantitative research - does not presuppose a theory that is tested in a standardized procedure but is open to insights gained in the process (Kruse, 2015). This approach allows unexpected relevant results by focusing less on the researcher and more on the persons in the centre of the study to get a deep insight into their perspectives.

6.2. Individual Interviews as Data Collection Method

A common method in qualitative social research on FGM-related issues is, for example, the interview which can be structured or flexible to varying degrees. The intermediate form of the semi-structured interview uses a guideline with possibility to adjust the formulation and sequence as well as asking follow-up questions (Hopf, 2007). This format was chosen on purpose for this research because the sequence of questions during the interview does not have to be strictly followed which creates spontaneity and flexibility for both people involved (Bryman, 2012; Helferrich, 2011).

An interview guide was drawn up in advance (see Appendix II). This guideline contains predetermined questions on the topic of FGM, which were answered freely by the school social workers. There were minor variations on the chosen words during the interviews, depending on the interviewee responses but all questions were asked in every interview. The questions started with testing the school social workers general knowledge about FGM before going into their specific school situation and their individual experiences. After introducing the topic, it continued with some easy questions which were followed by the more sensitive and essential questions. The sequencing was done like this so that first it was possible to build up some trust and the interviewee could relax before coming to the relevant questions. In general, this guideline included both open and close-ended questions. Open-ended questions were chosen because as Bernard (1995 in Webster and Alphonce, 2019) mentions, those questions can arouse responses which are "meaningful and culturally salient to participants [and] sometimes unanticipated by the researcher" (Webster & Alphonce, 2019, p. 126). Therefore, such information is "rich and explanatory in nature" (Webster and Alphonce, 2019, p. 126). Close-ended questions on the other side are easier to compare with other results.

6.3. Sample Collection

It is necessary to select a suitable sample before conducting the research. Qualitative research, however, works with small samples and therefore only aims to make statements for a limited area of validity (Helferrich, 2011). For the empirical study in this thesis, a total of six school social workers from four different primary schools in Freiburg were chosen. Among the schools were the Anne-Frank primary school, Pestalozzi school, Vigelius primary school and the Reinhold-Schneider school. The Vigelius and Reinhold-Schneider school both had two school social workers which were all participants in this study. One reason for the decision to conduct the research with school social workers was the interest to find out more about their knowledge and their role in the prevention of FGM. Primary schools were chosen because this is the age at which girls are usually circumcised. The selected schools come from a similar context this improves the comparability of the data. All primary school are located in the same city, Freiburg, in Germany, where many children have a migration background. Freiburg has roughly 236 000 inhabitants and a migration rate of 25% (Stadt Freiburg im Breisgau, 2023, 2024). All schools were in different districts of Freiburg to get an insight into the situation throughout the whole city. To choose the schools, the first step was to check out their webpages and it became clear at which schools the school social work played an important role. A first

contact of those social workers via mail took place with an enquiry for an interview. In total 20 school social workers were contacted; however, the response rate was not high and only six of them were willing to conduct an interview. These six serve as an exemplary sample however, this sample is not representative, so no generalizable conclusions can be drawn from it. Nevertheless, it is possible to speculate based on this study what role school social workers play in preventing FGM.

6.4. Data Collection

The six interviews took place on different days in September and October 2023, each in the school social worker's own room. The verbal material must be recorded and edited before the analysis. Therefore, the interviews with the school social workers were recorded with a cell phone and then transcribed. Although transcribing for a qualitative evaluation procedure is time-consuming, it enables precise and detailed data (Moser, 2022). The transcripts of the interviews form the starting point for the analysis and interpretation of the results. According to Gläser & Laudel (2009) there are no recognized rules for transcriptions. As the focus of this study was to be on the content level of the statements, a simplified transcription was chosen for better readability, in which the linguistic expressions were smoothed out, grammatical errors and dialects got corrected and the use of para-linguistic means was avoided. All interviews can be read in detail in Appendix III. In principle, Flick (2012) recommends only transcribing as much and as accurately as the question requires. The transcription was done by hand. The interviews were carried out in German and after the final transcription was made, they got translated into English by the researcher (Mayra Blum). A video recording, which allows meaningful non-verbal parts to be considered in addition to verbal ones (Andresen & Seddig, 2020), was deliberately not used, as no additional insights were expected, and the interviewees could have felt insecure and inhibited.

During individual interviews it is important that the interviewees feel comfortable in the chosen environment. The atmosphere should be characterized by acceptance and the relationship between those present should be positive (Schultheis & Hiebl, 2016). Creating a pleasant and familiar atmosphere during interviews is very important and can be achieved, for example, through a respectful approach, appropriate eye contact, attentive listening without interruptions and patience during pauses (Schultheis & Hiebl, 2016). In addition, care was taken to reduce the power imbalance between the researcher and interviewees by sitting in a familiar

atmosphere and allowing the interviewees to ask questions themselves at any time. Fortunately, the power imbalance between researcher and interviewees was not too big since most of the interviewees were older than the researcher and felt comfortable in the role of the interviewee. During the interviews most of them seemed motivated, talkative, and relaxed which resulted in meaningful answers.

The shortest interview lasted about 10 minutes and the longest around 25 minutes. Before the data collection is carried out, it is ethically necessary to obtain a declaration of consent from the participants, which explains the purpose of the research, planned data processing and deletion, the possibility of non-participation without disadvantages and of discontinuing the study, and introduces the researcher (Helferrich, 2011). The important aspect of transparency is provided by this precise information of all those involved (Mack & Tampe-Mai, 2012). Before collecting data, information was given to the participants about the research process and their privacy and anonymity. Oral consent to participate was given before starting the interviews.

From an ethical point of view, it should be noted that all personal information in the transcripts and the evaluation must be anonymized, and the recordings deleted after completion of the research (Helferrich, 2011). Names mentioned in interviews or other information that allow clear conclusions about persons etc. are replaced in the results, e.g. by other names or paraphrasing (Wöhrer, 2018). The names of teachers, children, etc. were anonymized by replacing them with short forms, e.g. the first letter of the first name. The abbreviation “M” stands for me as the interviewer and “I” for the interviewee.

6.5. Analysis Process

The aim of the analysis is to reduce the complex data material in a meaningful way. To analyse the data collected from the transcription of the interviews (Appendix III) the qualitative content analysis according Mayring (2022) was followed. This method enables an interpretation of the linguistic material based on a systematic, theory-driven, and structured approach and was chosen to analyse the transcribed speech data in this thesis (ibid.). This involves an analysis of content-relevant aspects in a predominantly interpretative, qualitative manner using a category system (ibid.). Qualitative content analysis works with techniques that are systematic, intersubjectively reviewable, but at the same time appropriate to the complexity, the richness of meaning, the need for interpretation of linguistic material (ibid.). Using the rule- and theory-based evaluation procedure, large amounts of linguistic material can be meaningfully reduced

and conclusions on relevant aspects can be drawn. The application of rules serves to make the analysis comprehensible and repeatable, while the category system allows the results to be compared (ibid.). The inductive category formation by Mayring (2022) is used to form the categories to obtain a result that is as objective and unrestricted as possible. This approach aims to derive categories from the material itself instead of using predetermined categories. Meaning, the categories are not determined before the start of the analysis but develop while the material is being analysed.

Therefore, the first step was a thorough review of the material. During this review, relevant text passages were identified and coded. These codes were then assigned to similar categories in terms of content. In the further course of the analysis, these preliminary categories were further refined and summarized to identify overarching themes or patterns. This process of category formation is iterative with the categories being repeatedly reviewed, adjusted, and refined to ensure that they adequately and completely represent the material (Mayring, 2022).

The advantage of this inductive approach is its flexibility and that it allows the categories to emerge directly from the material without being constrained by prior assumptions or hypotheses (ibid.). This allows new and unexpected insights to be gained that might have been overlooked in a deductive approach.

6.6. Limitations and Challenges of the Study

Most important for quality of qualitative research is the reflective process, i.e. the transparent and comprehensible documentation and justification of the methodological approach as well as a rule-based analysis (Kühn & Koschel, 2018). After the methodological procedure for comprehensibility and transparency has already been laid out in the previous subchapters and the decisions were justified, the methodology will now be critically reflected upon.

There is criticism of qualitative research that refers, among other things, to the classic quality criteria of objectivity, validity, and reliability, which must be met in quantitative research. Pohlmann (2022) however, points out that the quality of qualitative studies is measured by its own standards and should not be compared with quantitative research. Reliability in the sense of the repeatability of the results cannot be achieved in qualitative research, as the course of interviews always depends on the context. Similarly, a high standardization for the control of interfering variables for validity can only be implemented in quantitative methods (Flick, 2022). Furthermore, qualitative methods cannot be objective, as the researcher influences the

results through their involvement. One problem with qualitative research is that the person conducting the research can never be completely neutral and objective, but rather tends to argue from a specific perspective, overlook certain aspects and bring their own biases into the research process (Baur & Blasius, 2022). In qualitative research, the criterion of objectivity is replaced by that of intersubjective comprehensibility and that of validity remains to the extent that the chosen method must be appropriate for the object of research (Diaz-Bone & Weischer, 2015).

Furthermore, one limitation of qualitative research is due to the small sample size, which does not allow the findings to be generalized (Zwick & Schröter, 2012). This also occurred during this study due to the low response rate of school social workers. Therefore, this study is not representative and only gives a small insight into the actual situation. Nevertheless, instead of statistical representativeness, qualitative methods are more about determining a range of perspectives and identifying correlations as well as typical patterns (Kühn & Koschel, 2018).

Another challenge during this study was to hold back prior assumptions and attitudes during the interviews, e.g. when it was not possible to respond to statements made by the interviewees with clarifying comments. At the same time this prior knowledge of theoretical backgrounds and social structures formed a basis for understanding and analysing certain statements in context. Furthermore, the interview guide was a helpful orientation but could have been a bit more detailed in some places and should have contained more questions, especially in relation to the implementation of FGM prevention in schools.

7. Analysis and Results

The theoretical background highlighted the FGM situation in Germany and the challenges that come with it. It was shown that FGM is a relevant problem in Germany, however only a few professionals know about the situation. The conducted interviews were aimed to find out more about what role school social workers at primary schools in Germany play to prevent the practice.

7.1. Presentation of the Results

Six primary school social workers from different schools in Freiburg got interviewed. Among them were three male and three female school social workers. For analysing the interviews, categories, and subcategories based on Mayring (2022) (Chapter 6.5.) were created. The complete table including the proving statements can be found in Appendix IV. For a better understanding of the analysis categories and subcategories are listed below. The analysis is structured following the seven categories while the according subcategories are analysed in each part.

Categories	***Subcategories***
Knowledge of FGM	Background Knowledge
	Knowledge through studies
Awareness and Education	Perception in Germany
	Lack of education and training on FGM
Migration Background of School Children	Percentage and Diversity
Interaction in School Social Work	Contact with FGM cases in school
	Reactions in case of a FGM threat
	Collaborations with parents and other external stakeholders
Preventive Measures and Protection of Children	Role of school projects in raising awareness

Cultural Sensitivity and Ethical Considerations	Ethics and child welfare in intercultural contexts
Challenges and Perception of Change	Difficulties in identifying and intervening in FGM cases

7.2. Interpretation of the Results

Guiding Questions: What role do school social workers play in preventing FGM in Germany? Is their knowledge sufficient to prevent the practice?

7.2.1. Category "Knowledge of FGM"

Before conducting the interviews, the topic was not revealed to the interviewees. This was done on purpose because it was aimed to find out if anyone knew what the abbreviation FGM stands for and to see the interviewees' reaction when they heard the topic. Through the face-to-face setting of the interviews, it was possible to interpret non-verbal cues through observing body language, facial expression, and eye contact. All the interview partners seemed surprised, and some even said that they did not expect such a topic at all. However, none of them had ever heard of the abbreviation FGM. This might be because it is an English abbreviation, nevertheless it still gets used in Germany and it is the most common way to call the practice all over the world.

> *"I've heard about it in the media, that it still happens in parts of Africa or that it's done to young girls, but yeah, my knowledge about it is relatively limited (Interview 3)."*

When they got asked for their knowledge about FGM the answers were quite mixed. Some knew a lot about the topic and some not really. Only one out of six school social workers had FGM as a topic during studying, and he studied social work like most of the others. Only one school social worker did not study social work and focused on early child and social pedagogy, and some did inclusive education in their masters'. The other interviewees knew about FGM from the media, newspapers, or the book "desert flower". It was noticeable that the female social workers knew more about FGM than the male ones. The reason for that might be because the topic is closer to them as women, and they can relate more to the phenomena than men. Overall, the interviewed school social workers have heard about the phenomena of FGM, but their knowledge is not particularly deep.

7.2.2. Category “Awareness and Education”

When asked about their opinion on if it is a problem in Germany most of them said they believe it is a problem and said it probably also happens in Germany because of the high number of migrants but all the interviewees were unaware about the actual FGM situation in Germany.

> *“I can imagine it might occur in Germany, but it's not a central issue here. But of course it is also something that is difficult to gain insight into if it is not covered by the media (Interview 5).”*

> *“I think so, because many people come here from African countries, and while it's completely taboo in Germany, it probably still happens behind closed doors. There isn't much education about it, just a clear "no, it's not okay." So, I think it could be underestimated, like with many cultural or traditional practices (Interview 6).”*

These two comments describe the contact with FGM in Germany well. As mentioned by the school social workers it is not a “central issue” just a clear “taboo”. However, it is hard to know the reality since it gets silenced by the media and thus can be underestimated. Graf (2013) agrees with this, and she also mentions that FGM happens between closed doors, and it is sometimes hard to uncover it. Chapter 3.3. showed that migration is a global social problem and FGM is a consequence that comes with it and thus is also a frequent social problem in Germany. Nevertheless, the question remains of why is there not more education and awareness-raising among the whole society? Awareness-raising should include migration communities to educate them about the risks and long-term health complications connected to FGM, but it should also include professionals as well as the general public. For these groups it is important to know about FGM and that it happens in Germany. Only through knowledge will it be possible to prevent the practice and create a change.

The elements of not knowing and not recognising a circumcision are the crucial parts of this research because they show the importance and the need for more awareness-raising. One school social worker commented it like this:

> *“Would we even think about it as a possibility? Because we really don't know about it, we're not sensitized to it (Interview 6).”*

This statement is quite accurate because it highlights the dilemma of having no knowledge about the topic and the importance of awareness-raising for the school social workers to be able to react appropriately and prevent the practice. Only with knowledge comes the ability to provide prevention. If professionals including school social workers would be aware of the topic they could deal with it adequately. For example, they would be able to notice the signs

and if they have a suspicion about a circumcision, they could confront the girl and maybe she would cooperate and open-up more.

However, none of the school social workers said that their knowledge is enough to sufficiently help the girls and all of them would like professional training, workshops etc. to learn more about it.

> *"My knowledge isn't particularly deep... I... So if the case were here at the school, I probably wouldn't even notice it, so it's actually not sufficient (Interview 5)."*

Some also said it would be good to already learn something about FGM during their studies so that the social workers have at least heard about the topic, know that it is also happening in Germany and have some basic knowledge. From these results we can conclude that the awareness and knowledge of the school social workers is not sufficient to prevent the practice.

7.2.3. Category "Migration Background of School Children"

The migration rate of children enrolled in the interviewed primary schools was between 30% up to 70%. However, this number also includes the second generation of migration. The difference is based on their locations. Even though only primary schools in Freiburg, Germany, got interviewed, it was noticeable that the schools in the city centre had a much higher rate of children with migration background compared to the suburban schools. In most of the schools the countries where these children have a connection to are quite diverse, ranging from European countries like Italy and Poland, to Turkey, Syria, China but also many African countries.

> *"It's quite diverse here, we don't really have something where you can say, oh, there are a lot from Turkey or Yugoslavia. But at one point, there were 40 languages spoken here (Interview 3)."*

Only one school social worker said that most children from her school have a connection to Arabic and African countries; the others often could not name all countries because of the high migration rate and only gave an estimation. Nevertheless, at every school there are children enrolled that have a connection to countries with a high prevalence of FGM. So, theoretically it could occur at any of those schools.

7.2.4. Category “Interaction in School Social Work”

All interviewees have been working as a school social worker since several years but still when they were asked about their personal experiences with FGM during their work, only one replied that he encountered one situation with it. However, it was not himself who noticed it, it was a teacher who approached him about a girl that showed behavioural change.

> *“I know there was once a teacher who had a bad feeling when the child went to Africa to visit family, where she was worried, but then the concern wasn't confirmed (Interview 3).”*

Therefore, the teacher contacted the school social worker, shared her doubts, and asked for advice before they approached the girl together. The girl, however, claimed this was not true and when she returned to Germany it did not happen. Unfortunately, this case was already some years ago and the interviewee did not remember all the details. Nevertheless, the question remains whether they would have found out at all if it had happened or whether the girl would have kept quiet either way. During one interview this topic of a privacy-trust issue came up, and this school social worker mentioned that at his school the children are very open and share many things so he believes they would also share their fear of getting cut or anything else related to FGM.

> *“Our children are quite open, so they probably would. But maybe it's like with cases of sexual abuse, where statistically you have 3 children per class sitting in front of you, but often you don't know (Interview 4).”*

However, another school social worker from a different school commented it quite contradicting:

> *“The children have learned very well not to say certain things and to keep it within the family (Interview 5).”*

According to this statement it is a challenge that might occur, and this school social worker is even doubting that the girls would share anything related to FGM since it is such a private and culturally related issue. But this exactly highlights the importance of awareness and knowledge about FGM by professionals so that school social workers have it on their mind and can react appropriately.

The question about how the school social workers will handle a case of FGM if it happens was one of the most important of this research because through this, it was possible to see how the interviewees would approach a case of FGM theoretically. The first step of all of them would be to address the topic, talk to the girl, assess her needs, and offer counselling and support.

> *"I would first address it, and then also make sure to build trust and see how much the girl tells me about it, whether she wants to be advised, what the girl's goal is. Then I would consult with my colleagues because it's a topic I haven't encountered yet, to see how we would proceed. And because it's also prohibited in Germany, it would be something where I feel like I have to react and do something (Interview 2)."*

Some school social workers would also work together with a colleague, but all six school social workers would additionally contact an expert to have a further back-up and a person by their side who has more experience with FGM. They all said that they would need this kind of support during an FGM case because they do not feel like their knowledge and experience would be enough to properly handle the situation.

> *"I would seek help from other specialized agencies that have experience with it, actually, because I'm definitely not an expert on it (Interview 1)."*

This acknowledgment shows the lack of knowledge and awareness which leads to a dilemma for the school social workers when encountering a situation with FGM. Since FGM is such a complex topic and a form of child endangerment the school social workers do not want to do anything wrong because otherwise it could have fatal consequences for the girl. Therefore, some school social workers would also directly involve the youth welfare office since it is a situation of child endangerment. Keeping all children safe is a must and acting by any suspicion of child endangerment is needed. This can also mean involving the youth welfare office which in Germany also has the power to take a child out of the family to keep them safe. Furthermore, the school social workers would also involve the family and talk with the parents of the girl. All school social workers highlighted the importance of approaching the family of the girl and talking with the parents. This is because FGM can only be changed through a change of mindset and attitudes.

> *"It's always important to involve the parents, because if we don't talk to them and educate them about the risks, other girls in the family might undergo the same thing behind closed doors (Interview 6)."*

This is how the school social workers' reaction would be before a girl got cut. In a case where a girl approaches the school social worker after her circumcision due to mental or health problems most of the school social workers would approach this situation differently. The first step would again be talking with the girl, finding out her problems and getting into contact with the family.

> *"See how the girl is doing, what she says, what the child's emotional state is like, whether it has any traumas from it. I think it's more about accompanying now, making sure the child is well supported and accompanied. And otherwise, you have to see if there are other children in the family who might also be affected (Interview 4)."*

Nevertheless, depending on what problems the girl has, contacting professionals like a doctor or therapist is essential so that the further health of the girl is secured.

> *"You have to see if other professionals are better suited than the school social workers (Interview 4)."*

7.2.5. Category "Preventive Measures and Protection of Children"

During the interviews the school social workers also spoke about how they could actively prevent the practice themselves and a big importance was drawn towards awareness-raising and empowerment of the girls through carrying out school projects. One school social worker gave detailed examples:

> *"To prevent it, you'd have to be able to address it with the children, and that's kind of in the realm of sex education, maybe, and that only comes later, in fourth grade. At most, there's a project called "My Body Belongs to Me" by the theatre pedagogical workshop in Osnabrück, and they do it for 3rd and 4th graders, it's a preventive measure, it's also about sexual abuse or assaults in general, and for 1st/2nd graders, there's the "No Bin," which is about saying no when you feel like it (Interview 6)."*

Her ideas included the educational theatre project called "My Body Belongs to Me" which is suited for the older children in grade three and four. This theatre project gets carried out all over Germany and the aim is to get the students to actively shape their own life through making them self-confident, active, and independent (Theaterpädagogische Werkstatt, 2024b). The main topic of this project is about sexual abuse and assaults, but FGM could be easily included into it. For the younger students in grade one and two, the school social worker suggested the use of the "No Bin" for realising their feelings, needs and their own voice and connect this with the topic of FGM (Theaterpädagogische Werkstatt, 2024a). Empowering students through theatre is an effective way (Cahill, 2002). Theatre projects can provide different benefits to empower girls in the fight against FGM. First, it raises awareness, not only among the girls but also among the whole community through performing the play. Also, by performing scenes that show the consequences of FGM theatre plays can help to promote understanding and empathy among the audience. Furthermore, theatre can evoke emotions and make people identify with the stories of the characters (Cahill, 2002). So, through performing plays that show the reality of FGM young girls, and their communities can be emotionally touched.

Furthermore, theatre projects can encourage girls to raise their voice and stand up against FGM. By participating in the production of a play, they can gain self-confidence and feel empowered to stand up for their rights. Through projects like this it would be possible to empower the

young girls and educate them about the practice and their own rights, which in the long run would hopefully lead to a change in practising FGM.

7.2.6. Category "Cultural Sensitivity and Ethical Considerations"

Nevertheless, it is important to approach the topic in a culturally sensitive way. This counts the same when working with the girls as well as with the parents. One school social worker commented it like this:

> *"I think it's important to approach it sensitively and not just impose German values, but rather have a dialogue, educate, and inform the parents about the health risks (Interview 6)."*

This also brings us back to the theory of cultural relativism (Chapter 3.1.) which says that an individual's beliefs, values, and practices should be understood and judged within the context of their own culture, rather than being evaluated against the standards of another culture. Meaning when handling a FGM case it is important to have the theory of cultural relativism in mind and to understand that every culture has its own characteristics and not just to judge the parents and/or the girl for wanting to carry out FGM. This can also be supported by Ihring (2015) who emphasized the importance of a culturally sensitive approach when dealing with FGM cases. Otherwise, the involved persons will just shut down and there will be no dialogue. However, a dialogue is the most important method when preventing FGM because only through this it is possible to change the norms around FGM. The importance of norms was also shown in the ACT framework by Sood & Ramaiya (2022) (Chapter 3.2.) which claims that norms influence thoughts and behaviour and vice versa.

7.2.7. Category "Challenges and Perception of Change"

Still, there are challenges for school social workers when intervening in a FGM case. One of them is cultural sensitivity. School social workers must be sensitive to cultural differences and traditions surrounding FGM. It can be difficult to respond appropriately without judging cultural practices, parents, or the community. This also includes not to impose German values and stay neutral and objective.

> *"I find it difficult, I have to keep my personal opinion to myself, or remain objective on the topic (Interview 4)."*

This, however, is important to be able to establish a respectful relationship with the persons involved and create a room for an open dialogue.

Other challenges have already been mentioned, for example the difficulty of reaching the children and the privacy-trust issue. Furthermore, the lack of awareness and knowledge about FGM is a major difficulty and can lead to challenges.

> *"It's such a taboo topic that we don't really delve into, assuming it doesn't happen here anymore (Interview 6)."*

School social workers are not sufficiently informed about FGM to respond appropriately. A certain level of education and training is required to recognize the signs and symptoms of FGM and to provide appropriate support. Most interviewees said the topic should be more in the open because it would then automatically get more discussed and would be on people's mind. So, the general message that can be drawn from all interviews is the need for more awareness-raising.

> *"I just need more information, so that you have a bit more background and maybe also what to look out for, I mean, like with other trainings, like on sexual abuse, knowing what to look out for, what are the signs, and which countries are most affected, so that you're just a bit more vigilant (Interview 3)."*

For school social workers this could for example be done through including the topic into special training workshops or during studies.

School social workers must also be aware of the legal and ethical framework. This may include protecting the girl's privacy, complying with child protection laws, and maintaining confidentiality. The protection of the girls is a priority. This may mean that protective measures must be taken to protect the girl from further harm which can also mean involving the youth welfare office or even the police.

> *"I would contact a specialist first if I suspect something like this. And I would just seek support, what I need to do. So, if I felt the child might be taken away tomorrow, I would first turn to the police as well (Interview 5)."*

It may also be difficult to find adequate support and resources for the affected girl and her family. For that, school social workers may need to work with other professionals to ensure that the girl has access to medical care, counselling, and other support services.

> *"My hope would be to connect with organizations like "Südwind" or the "Women and Girls' Health Center" for advice before such a conversation with parents, to know what to look out for and what conditions we can or cannot impose (Interview 6)."*

Cooperation with parents and community can also be difficult, especially if they defend or support the practice of FGM.

> *"Usually, we mainly deal with mothers and less often with fathers, so you also have to consider, if there's only a father left, then it might be important, depending on the culture again, to have a team that deals with it, or maybe just the woman (Interview 4)."*

School social workers need to find ways to maintain open communication with the parents while considering the girl's needs.

Overall, managing a case of FGM in a school requires a high level of sensitivity, knowledge, coordination, and commitment by school social workers to ensure that the girl receives appropriate support and protection. The most important area to change is awareness-raising.

8. Discussion

To start this discussion, we will answer the guiding questions for this analysis: “What role do school social workers play in preventing FGM in Germany? Is their knowledge sufficient to prevent the practice?”. The results of the interviews showed that school social workers have an important role in preventing FGM. This starts first of all with being able to notice the signs, to react and approach the girl as well as her family. Also, they can take action to prevent the practice in the long-run, for example through offering empowerment and awareness-raising campaigns for the girls through theatre projects. Additionally, a culturally sensitive dialogue can educate the parents. However, this analysis showed that the knowledge of the school social workers is not sufficient to prevent FGM, which answers the second guiding question. They have heard about the phenomena but do not know enough about it, especially not about the actual FGM situation in Germany. Even the school social workers themselves admitted their lack of knowledge and the need to contact a further expert when dealing with FGM.

This leads us to the need for change. The most important area to change is awareness-raising, not only for school social workers but also among other professionals that work with young girls and women. However, it is also important to raise the awareness during the public, because once this topic is out in the open it will automatically get more discussed and thus will be more on people’s mind. Education and knowledge are the key to everything, once the families and girls themselves are educated about the practice they might change their mind about it. Additionally, if professionals are educated about FGM they can watch out for the signs and react appropriately. This is necessary to prevent the practice, but knowledge is also needed to treat a girl properly after her circumcision. These two different situations require different approaches, but both can be changed through raising awareness about the phenomena of FGM and all its consequences.

All school social workers mentioned that they would want a special training on FGM to be able to react appropriately in case they ever encounter such a situation during their work. Such a training should include background information and facts about FGM. The prevalence needs to be shown and explained that through migration FGM became a global phenomenon. Further importance should be placed on explaining reasons why the practice gets carried out, here it needs to be emphasised that it is a culturally sensitive topic and thus needs to get approached in a culturally sensitive way. When dealing with FGM it is not the right way to judge the girl and/or the family immediately for wanting to carry out FGM instead it needs to be an open

dialogue with equal respect where both sides should be able to share their reasons and feelings. Such a culturally sensitive approach could for example be practiced through short roleplays during this training session. So, that the school social workers already can try out some of the practical tips and advice.

The training session should also include signs how to notice FGM. However, signs of an upcoming FGM may depend on cultural practices and social norms as well as the girl itself. Still, one sign could be behavioural change. The girl may show signs of anxiety, withdrawal, or sudden changes in behaviour. Also, if there is a planned absence from school or planned trip to their home country it could mean FGM is planned to get carried out. Especially if the girl mentions a ceremony, it is likely that it is a ceremony involving the cutting of the female genital parts. To prevent the practice, it is crucial to look out for signs like this and because it might sometimes be hard to notice them it is even more important to be aware of the topic and know about it. If professionals would not be educated about the phenomenon it is probably impossible to prevent FGM because no one would consider it as a possibility. After a circumcision the signs might be different behavioural change is still common as well as signs of physical discomfort. The girls might feel discomfort when walking, sitting, or urinating which may indicate that harmful practices have already been carried out.

Furthermore, at this training session the school social workers should also be given an action plan which clearly states what is the best way to react depending on the situation, since there is a difference between reacting before the threat of a circumcision or dealing with the girls afterwards. If the school social workers happen to deal with the girl after a circumcision it must be ensured that her needs are met, maybe she needs more therapeutical or medical support. However, before a circumcision it is first needed to ensure the girl's safety. If necessary, this could also mean involving the youth welfare office or police since it is a case of child endangerment. However, in any of these situations it is necessary to involve the family of the girl and talk with the parents.

Coming back to the overall research question: "To find out if the widespread misbelief of FGM non-existence in Germany affects the girls safety?" This question is difficult to answer since this study only has the insight of six school social workers. But carrying out these interviews it was noticeable that their knowledge is not enough and should be improved. So, I claim that the lack of information about FGM can affect the girls safety. It could therefore be interesting

to do a further quantitative study, maybe also including a wider area not only focused on one city to get a real picture of how often school social workers get in contact with FGM.

9. Conclusion

All in all, we can see that school social workers do not know much about FGM, and that they also do not experience cases of FGM a lot. Nevertheless, it could happen and to prevent FGM it is essential to know about FGM and not look away. This applies to school social workers, as well as teachers or any other professional working with young girls. Only with awareness and knowledge it is possible to notice the signs and react. Therefore, we can conclude that school social workers have an important role in preventing FGM but to be able to prevent the practice it is first necessary to increase the overall awareness about the topic in Germany.

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Appendix I: Non-Plagiarism Declaration

The master thesis titled: The Role of School Social Workers Preventing Female Genital Mutilation (FGM) in Germany

Submitted to the Erasmus Mundus Master's Programme in Social Work with Child and Youth:

- Has not been submitted to any other Institute/University/College
- Contains proper references and citations for other scholarly work
- Contains proper citation and references from my own prior scholarly work
- Has listed all citations in a list of references.

I am aware that violation of this code of conduct is regarded as an attempt to plagiarize and will result in a failing grade in the programme.

Date: 21.05.2024

Signature: 

Name: Mayra Blum

Appendix II: Interview Questions in German and English

German Interview Questions:

- Wissen Sie wofür FGM steht?
- Was wissen Sie darüber?
- Ist es Ihrer Meinung nach ein Problem in Deutschland?
- Haben Sie während ihrem Studium etwas über das Thema gelernt?
- Wo und was haben Sie studiert?
- Wie viele Kinder an Ihrer Schule haben einen Migrationshintergrund?
- Kennen Sie die Länder zu denen die Kinder eine Verbindung haben?
- Hatten Sie während ihrer Arbeit als SchulsozialarbeiterIn schon einmal Kontakt zu FGM?
- Wenn ja, wie sind Sie damit umgegangen?
  Details: Wie alt war das Mädchen? Wie haben Sie es gemerkt?
- Wenn nein, wie würden Sie damit umgehen?
- An wen würden Sie sich wenden?
- Ist ihrer Meinung nach ihr Wissen über FGM ausreichend um die Mädchen schützen zu können?
- Wenn nicht, was sollte sich Ihrer Meinung nach ändern?

Translated Questions into English:

- *Do you know what FGM means?*
- *What do you know about it?*
- *Do you think it is a problem in Germany?*
- *Did you learn something about it during your studies?*
- *Where and what did you study?*
- *How many children with migration background are enrolled in your school?*
- *Do you know the countries where these children have a connection to?*
- *Did you ever had any encounters with FGM during your work as a school social worker?*
- *If yes, how did you handle the case(s)?*
  Further details: How old was the girl? How did you notice it?
- *If not, how would you handle the case(s)?*
- *In your opinion, do you think your knowledge about FGM is enough to sufficiently help the girls?*
- *If not, what should change?*

Appendix III: Interviews in German and English

The original interview in German is first before it is followed by the translated English version. "M" stands for myself "Mayra" and "I" for the "Interviewee."

Interview 1, Reinhold-Schneider School:

M: Also meine erste Frage ist direkt eigentlich schon so der Start und das ist auch das Thema meiner Masterarbeit. Wissen Sie, wofür FGM steht?

I: FGM? Nein.

M: Ist eine englische Abkürzung, muss man noch dazu sagen.

I: Keine Ahnung.

M: Nicht schlimm, alles gut. Wie gesagt, es ist eine englische Abkürzung und es steht für „Female Genital Mutilation", also „weibliche Genitalverstümmelung". Und das ist so das Überthema meiner Masterarbeit und ich beschäftige mich eben damit wie es so konkret in Deutschland aussieht die Situation und dann damit, inwiefern Schularbeiter*innen damit in Kontakt kommen, was sie darüber wissen usw., genau.

I: Okay, ach spannend, okay, das ist jetzt eine ganz andere Richtung.

M: Ja, genau, ist es. Was wissen Sie über weibliche Genitalverstümmelung?

I: So allgemein?

M: Genau, ganz allgemein einfach. Haben Sie davon schon einmal gehört? Fangen wir so an.

I: Ja klar, ich habe da auch eine Reportage drüber gesehen, ehm aber jetzt wirklich ein tiefes Wissen darüber habe ich jetzt ehrlich gesagt nicht.

M: Und glauben Sie es ist ein Problem in Deutschland?

I: Das ist eine gute Frage… Also tatsächlich kann ich mir schon vorstellen, dass es ein Problem in Deutschland ist, aber jetzt nichts, was ich akut jemals mitgekriegt habe, also jetzt weder auf meiner Arbeit noch sonst irgendwie im Umfeld oder so was. Also mit Sicherheit ist es ein Problem, aber ja.

M: Haben Sie in Ihrem Studium was darüber gelernt?

I: Nein gar nicht, das war überhaupt kein Thema meines Studiums.

M: Haben Sie Soziale Arbeit studiert?

I: Ja. Also ich habe Bachelor Soziale Arbeit und Master Heilpädagogik.

M: Ah schön, ja. In meinem kam es nämlich tatsächlich auch gar nicht vor. Ja deswegen wollte ich einfach mal so wissen, ob es bei anderen Thema war oder nicht.

I: Nee, also ich müsste jetzt nochmal ein bisschen überlegen, mein Studium ist schon ein bisschen her, aber das ist ja auch wirklich ein Thema, was so ein bisschen bewegt, was ja wirklich was krasses ist, von daher wäre es mir glaube ich in Erinnerung geblieben, wäre das irgendwie ein Thema gewesen.

M: Dann so ein bisschen zu Ihrer Schulsituation, wie viele Kinder haben denn hier Migrationshintergrund, also nur schätzungsweise ungefähr?

I: Mhh, das müsste ich wirklich schätzen. 15-20%, also relativ wenig.

M: Und das ist dann nur erste Generation, oder auch zweite, dritte, oder kommen sie selber noch aus den Ländern? Wie ist die Definition da?

I: Ja das ist auch eine gute Frage, also ich würde sagen… Ah nee, wobei wenn auch zweite, dritte Generation, dann sind es vielleicht doch mehr. Dann sagen wir so 30-35%, mit allen gemeinsam, aber das ist wirklich nur ganz grob so geschätzt.

M: Jaja, das reicht. Wissen Sie ungefähr die Länder, zu denen die Kinder eine Verbindung haben? Also auch wenn sie jetzt hier geboren sind.

I: Also sehr viele unten. Soll ich die jetzt alle aufzählen? Das kann ich gar nicht

M: Nene.

I: Also schon so, bei den meisten weiß man schon, zu welchen Ländern sie eine Verbindung haben.

M: Und sind das eher afrikanische Länder oder eher europäische…?

I: Alles, also das ist tatsächlich total gemischt.

M: Ja schön, international. Sie haben es glaube ich vorhin schon gesagt, also während Ihrer Arbeit als Schulsozialarbeiterin hatten Sie noch keinen Kontakt dazu?

I: Nee, gar nicht, das ist wirklich noch nie aufgetaucht das Thema, weder von Elternseite noch von Kindern. Deshalb ist es so gefühlt, also man weiß so vom Hören Sagen, aber es ist so gefühlt weit weg von hier schon jetzt.

M: Okay ja. Rein theoretisch, wenn so ein Fall auftreten würde und sich ein Mädchen an Sie wenden würde, wie würden Sie damit umgehen?

I: Da würde ich mir Hilfe holen von anderen Fachstellen, die damit schon Erfahrung haben, tatsächlich, weil ich da absolut nicht Fachfrau dafür bin.

M: Okay, ja das wäre jetzt auch meine nächste Frage gewesen, ob Sie der Meinung sind, Ihr Wissen wäre ausreichend, um die Mädchen zu schützen?

I: Nee. Also ich könnte sie natürlich so primär schützen, aber ich müsste schon, dadurch dass ich mich thematisch nicht damit auskenne, müsste ich schon gucken, an wen kann man sich da in Freiburg überhaupt wenden, und müsste mich da schon so ein bisschen durchwurschteln.

M: Und was müsste sich Ihrer Meinung nach ändern, damit Sie jetzt mehr so das Gefühl hätten, ich könnte die Mädchen schützen?

I: Also Wissen. Ich fände es erst einmal schon gut zu wissen, inwieweit ist das überhaupt verbreitet in Deutschland. Und dann auch eine Öffentlichkeit schaffen, an wen kann man sich dann wenden, gibt es irgendwelche Beratungsstellen? Also überhaupt das Thema mal präsent zu machen, weil es ist ja absolut überhaupt gar nicht so. Deshalb fände ich es auch spannend so nachher von dir überhaupt zu wissen, ob es da irgendwie eine Zahl gibt, wie viele Mädchen da betroffen sind in Deutschland und ja, das wäre so glaube ich der erste Schritt.

M: Ja genau, das war so glaube ich der ausschlaggebende Punkt, warum ich so gedacht habe, komm, ich mache meine Masterarbeit darüber, weil ich auch so gedacht habe, gefühlt wissen ganz wenige Leute darüber und es ist schon ein Thema. Also es gibt schätzungsweise 104,000 betroffene Mädchen und Frauen.

I: Oh wow. Und das wird dann auch in Deutschland durchgeführt oder gehen die dann nach Afrika, darf ich das so fragen?

M: Es sind viele afrikanische Länder, aber auch asiatische Länder, also es ist… und natürlich durch die Migration ist es mittlerweile ein Problem überall auf der Welt, aber oft werden sie tatsächlich in ihr Heimatland zurückgeschickt. Also in Deutschland wird es nur sehr selten durchgeführt, oft werden sie dann in den Sommerferien zurückgeschickt.

I: Okay. Ja ich habe auch eben diese Reportage, die ist auch relativ bekannt, und ich konnte die auch gar nicht zu Ende gucken, weil ich es wirklich einfach so grausam fand. Und wenn man sich so vorstellt, dass das halt wirklich passiert, das ist ja schon… Nee, also finde ich wichtig, also alle Missstände, auf die aufmerksam gemacht wird, finde ich gut.

M: Ja sehe ich auch so. Tatsächlich wäre das auch schon alles gewesen.

Interview 1, translated into English:

M: So my first question is already right at the start and it's also the topic of my master's thesis. Do you know what FGM stands for?

I: FGM? No.

M: It's an English abbreviation, I should mention.

I: No idea.

M: No problem, all good. Like I said, it's an English abbreviation, and it stands for "Female Genital Mutilation." And that's the overall theme of my master's thesis and I'm looking at the

specific situation in Germany and the extent to which school workers come into contact with it, what they know about it, etc., exactly.

I: Okay, oh exciting, okay, that's a completely different direction now.

M: Yes, exactly, it is. What do you know about female genital mutilation?

I: Generally?

M: Yes, just generally. Have you ever heard of it? Let's start there.

I: Yeah, sure, I've seen a documentary about it, but honestly, I don't have deep knowledge about it.

M: And do you think it's a problem in Germany?

I: That's a good question… Actually, I can imagine that it's a problem in Germany, but it's nothing I've ever encountered directly, neither at work nor in my surroundings or anything like that. So, it's definitely a problem, but yeah.

M: Did you learn anything about it during your studies?

I: No, not at all, it wasn't a topic in my studies at all.

M: Did you study Social Work?

I: Yes. So, I have a bachelor's in Social Work and a master's in Special Education.

M: Ah, nice, yes. Actually, it wasn't covered at all in mine either. Yeah, that's why I just wanted to know if it was a topic elsewhere or not.

I: No, I'd have to think back a bit, it's been a while since I studied, but that's really a moving topic, which is really extreme, so I think I would have remembered if it had been a topic.

M: Okay, moving on to your school situation, approximately how many children here have a migration background?

I: Hmm, I'd really have to estimate. Around 15-20%, so relatively few.

M: And is that just first generation, or also second, third, or do they themselves come from those countries? How do you define it?

I: Yeah, that's also a good question, so I would say... Oh, but if it also includes second, third generation, then maybe it's more. Let's say around 30-35%, with everyone together, but that's really just a very rough estimate.

M: Yeah, that's enough. Do you roughly know the countries to which the children have a connection to, even if they were born here?

I: Well, there are many. Should I list them all? I can't do that.

M: No, no need.

I: But well, for most of them, you already know which countries they have a connection to.

M: And are they mostly African countries or more European...?

I: Everything, actually, it's really mixed.

M: Yeah, nice, international. I think you mentioned it earlier, during your work as a school social worker, you haven't had any contact with it yet?

I: No, not at all, the topic has never come up, neither from parents nor from children. So, it feels like you hear about it, but it feels very distant from here.

M: Okay, yeah. Purely theoretically, if such a case were to arise and a girl were to approach you, how would you handle it?

I: I would seek help from other specialized agencies that have experience with it, actually, because I'm definitely not an expert on it.

M: Okay, yeah, that would have been my next question, whether you think your knowledge would be sufficient to protect the girls?

I: No. So, I could certainly provide primary protection, but because I'm not familiar with the topic, I would have to see who you can turn to in Freiburg, and I would have to navigate through that.

M: And in your opinion, what would need to change for you to feel like you could protect the girls more?

I: Well, knowledge. Firstly, it would be good to know to what extent it is even prevalent in Germany. And then also to create awareness, who can you turn to, are there any counseling centers? So, just to make the topic known because it really isn't at all. So, I would find it interesting to know later from you if there are any statistics on how many girls are affected by it in Germany, and yeah, that would be, I think, the first step.

M: Yeah, exactly, that was actually the decisive point why I thought, okay, I'll do my master's thesis on it because I also thought, very few people seem to know about it, and it's an improtant issue. So, there are roughly 104,000 affected girls and women.

I: Oh wow. And is it carried out in Germany or do they go back to Africa, can I ask that?

M: Many are from African countries, but also Asian countries, so it's... and of course, due to migration, it's now a problem everywhere in the world, but they are often actually sent back to their home country. So, in Germany, it's very rarely carried out; they are often sent back during the summer holidays.

I: Okay. Yeah, I've also seen this documentary, it's quite well-known, and I couldn't even finish watching it because I found it really so gruesome. And if you imagine that it actually happens, that's already... No, I think it's important, so I appreciate any attention drawn to all these injustices.

M: Yeah, I agree. Actually, that would have been everything.

Interview 2, Reinhold-Schneider School (2nd School Social Worker):

M: Wissen Sie wofür FGM steht?

I: Nein.

M: Okay, also das ist eine englische Abkürzung. Aber das ist gar nicht schlimm. Also es steht für „Female Genital Mutilation“, also „weibliche Genitalverstümmelung“.

I: Okay.

M: Ja das ist so mein Masterarbeitsthema, und dann eben auch, inwiefern Schulsozialarbeiter*innen damit jetzt in Kontakt kommen, was sie darüber wissen, …

I: Ohje, ich glaube da weiß ich nicht viel.

M: Alles gut, dann ist das auch okay. Aber haben sie es schon mal gehört, also weibliche Genitalverstümmelung?

I: Ja durch die Medien habe ich das schon mal gehört.

M: Und was wissen Sie so darüber, also ganz grob?

I: Also ich weiß jetzt nicht mehr genau, anatomisch was da alles verstümmelt wird. Es ist glaube ich im jungen Alter, ist es Grundschule oder noch später?

M: Mh, es kann beides sein, also es wird schon ganz früh gemacht, und geht aber dann doch auch hoch, bis sie 16 sind oder so, aber teilweise werden sie auch mit 3 beschnitten, ja.

I: Ich weiß nur noch, dass es dann wahnsinnig schmerzhaft ist, nachher Sexualverkehr zu haben, und dass die Frauen ihr Leben lang drunter leiden.

M: Ja, das stimmt. Glauben Sie, dass es ein Problem in Deutschland ist?

I: Ich glaube unter Umständen gibt es das hier schon auch. Aber ich dachte es ist nicht erlaubt, oder?

M: Nein, ist es nicht, also es ist total verboten, eigentlich in den meisten Ländern der Welt, aber es wird trotzdem noch sehr praktiziert.

I: Und dass die dann in ihr Heimatland fliegen und es dort machen und dann wieder zurückkommen.

M: Genau, meistens werden sie, fliegen sie wirklich nach Hause. Ja in Deutschland wird es eher weniger durchgeführt, aber es gibt halt trotzdem einige Fälle. Haben Sie denn in Ihrem Studium drüber gelernt?

I: Nee.

M: Haben Sie Soziale Arbeit studiert?

I: Ich habe an der PH Pädagogik studiert.

M: Ahja, schön. In meinem Studium kam es nämlich auch nicht vor, deswegen. Wie viele Kinder haben an Ihrer Schule Migrationshintergrund, so ein bisschen geschätzt?

I: Ich weiß nicht, vielleicht so 40% oder so, aber in der 2. Generation merkt man es ja oft auch gar nicht mehr.

M: Also wäre das dann jetzt nur die 1. Generation oder auch die 2. mit?

I: Nee schon auch die, denen man es ansieht, wo man es an der Hautfarbe sehen kann.

M: Okay, und dann die Herkunftsländer, oder die, zu denen die Kinder eine Verbindung haben, sind das dann mehr europäische Länder, oder auch afrikanische, asiatische, …?

I: Nee also ich glaube das sind eher jetzt arabische, afrikanische, asiatische, also wo man es auch so ein bisschen an der Hautfarbe erkennen kann. Die europäischen Länder, da weiß ich es ja oft gar nicht, also wenn ich es nicht an der Sprache höre, dann weiß ich es ja oft gar nicht.

M: Okay. Und während Ihrer Arbeit als Schulsozialarbeiterin, hatten Sie da schon Kontakt zu dem Thema?

I: Ich hatte damit noch gar keinen Kontakt.

M: Und rein theoretisch, wenn jetzt so ein Fall auftreten würde, wie würden Sie damit umgehen?

I: Wenn ich das erfahren würde von einem Mädchen?

M: Ja, also wenn sich das Mädchen jetzt an Sie wenden würde.

I: Dann würde ich erst mal (unv.) ansprechen, und dann auch schauen, dass ich natürlich Vertrauen aufbaue, und schauen, wie viel mir das Mädchen davon erzählt, was es davon erzählt, ob es beraten werden möchte, was das Ziel des Mädchens ist. Dann würde ich mich beraten mit meinen Kolleginnen, weil das so ein Thema ist, das ich noch gar nicht hatte, wie wir da weiter damit umgehen. Und weil es ja auch in Deutschland verboten ist, wäre das schon was, wo ich irgendwie das Gefühl hätte, da muss ich irgendwie reagieren und was machen.

M: Wäre das jetzt in einem Fall, wenn das Mädchen Angst hat, beschnitten zu werden oder …?

I: Nein, wenn es schon passiert ist. Wenn es Angst hat, beschnitten zu werden, aber dann ähnlich, dann muss auch reagiert werden, da würde ich mir auch irgendwie die Meinung von einer zweiten Fachkraft auf jeden Fall einholen. Wahrscheinlich sogar vom Jugendamt, weil da geht es ja dann auch um Kindeswohlgefährdung.

M: Ja. Und Ihrer Meinung nach, ist das Wissen über FGM ausreichend, um die Mädchen schützen zu können?

I: Nein, ich habe da ganz wenig Wissen. Dadurch dass es bis jetzt noch nicht aufgetaucht ist, musste ich es ja auch noch nicht wissen. Wenn es aufkäme, würde ich mich ja dann auch informieren, um entsprechend auch reagieren zu können.

M: Was müsste sich ändern, damit Sie eher das Gefühl haben, mein Wissen reicht aus?

I: Ja man könnte es natürlich mal bei einer Weiterbildung haben oder im Studium, dass es wenigstens mal so ein bisschen erwähnt wird, fände ich schon gut. Ich glaube man kann nicht alle Themen immer gelernt haben und wissen. Ich glaube das grundsätzliche Vorgehen ist ja wichtig, dass man weiß, wie man trotzdem mit so einem Kind reden kann. Aber ich fände es schon spannend, wenn es in einem Seminar mal Thema wäre und man dazu was erfährt.

M: Ja genau, dass die Menschen das so ein bisschen im Blickfeld haben. Das wäre tatsächlich auch schon alles gewesen.

I: Okay, gerne.

Interview 2, translated into English:

M: Do you know what FGM stands for?

I: No.

M: Okay, so that's an English abbreviation. But that's not a problem. So, it stands for "Female Genital Mutilation."

I: Okay.

M: Yeah, that's the topic of my master's thesis, and also, to what extent school social workers come into contact with it, what they know about it...

I: Oh dear, I don't think I know much about it.

M: It's okay, then that's fine. But have you ever heard of female genital mutilation?

I: Yes, I've heard about it through the media.

M: And what do you know about it, just roughly?

I: Well, I don't remember exactly what gets mutilated anatomically. Is it done at a young age, like primary school or later?

M: Hmm, it can be both, so it's done quite early, but it also goes up until they're 16 or so, but sometimes they're cut at 3, yes.

I: I just remember that it's incredibly painful to have sexual intercourse afterwards, and that women suffer from it their whole lives.

M: Yes, that's true. Do you think it's a problem in Germany?

I: Under certain circumstances, I think it might be here too. But I thought it was illegal, right?

M: Yes,it is, so it's totally banned, actually in all countries worldwide, but it's still widely practiced.

I: And then they fly back to their home country and do it there and then come back.

M: Exactly, they usually fly back home. Yes, in Germany, it's less common, but there are still some cases. Did you learn about it during your studies?

I: No.

M: Did you study Social Work?

I: I studied pedagogy at the PH.

M: Ah, I see, nice. Actually, it wasn't covered in my studies either, that's why. How many children at your school have a migration background, just roughly?

I: I don't know, maybe around 40% or so, but in the second generation, you often can't tell anymore.

M: So, would that be just the first generation now or also the second?

I: No, it includes those you can tell, those where you can see it in their skin color.

M: Okay, and then the countries of origin, or those to which the children have a connection, are they more European countries or also African, Asian, ...?

I: No, I think they're more Arabic, African, Asian, where you can also see it a bit in their skin color. The European countries, I often don't know, unless I hear it in their language, then I often don't know.

M: Okay. And during your work as a school social worker, have you had any contact with the topic?

I: I haven't had any contact with it yet.

M: And theoretically, if such a case were to arise, how would you handle it?

I: If I were to find out about it from a girl?

M: Yes, if the girl were to approach you.

I: Then I would first address it, and then also make sure to build trust and see how much the girl tells me about it, whether she wants to be advised, what the girl's goal is. Then I would consult with my colleagues because it's a topic I haven't encountered yet, to see how we would proceed. And because it's also prohibited in Germany, it would be something where I feel like I have to react and do something.

M: Would that be in a case where the girl is afraid of being circumcised or ...?

I: No, if it has already happened. If she's afraid of being circumcised, but then similar, action would also need to be taken; I would definitely seek the opinion of a second professional. Probably even from a child protection agency because it involves child endangerment.

M: Yes. And in your opinion, is the knowledge about FGM sufficient to protect the girls?

I: No, I have very little knowledge about it. Since it hasn't come up yet, I haven't needed to know about it. If it were to come up, I would inform myself to be able to react accordingly.

M: What would need to change for you to feel like your knowledge is sufficient?

I: Well, it could be included in further training or in my studies, just mentioned at least a bit, I would find that helpful. I don't think you can always learn and know about all topics. I think the basic approach is important, knowing how to talk to such a child anyway. But I would find it interesting if it were a topic in a seminar and we learned something about it.

M: Yes, exactly, so that have people have it a bit on their radar. That would actually have been everything.

I: Okay, sure.

Interview 3, Anne Frank School:

M: Wissen Sie wofür FGM steht, also das ist eine englische Abkürzung?

I: Nein, sagt mir jetzt so direkt nichts.

M: Wie gesagt, es ist Englisch und steht für „Female Genital Mutilation“, also quasi für weibliche Genitalverstümmelung. Und das ist mein Masterarbeitsthema. Wissen Sie etwas über weibliche Genitalverstümmelung?

I: Also das hat man halt in den Medien schon gehört, dass das halt in Afrika zum Teil noch passiert oder dass das halt bei jungen Mädchen gemacht wird, aber ja, das ist relativ wenig Wissen dazu würde ich sagen.

M: Ist FGM Ihrer Meinung nach denn ein Problem in Deutschland?

I: Also ich kann das schlecht einschätzen. Ich habe das schon gehört, dass das auch in, also ich weiß nicht, ob es auch in Deutschland passiert, aber dass die Mädchen nach Afrika, in ihr Heimatland praktisch gebracht wurden, damit das dann dort durchgeführt wird sozusagen und insofern dann schon, ja.

M: Mhm ja, tatsächlich gibt es in Deutschland noch ca. 104,000 betroffene Mädchen und jedes Jahr ca. 18,000, die das Risiko haben, ja deswegen, genau. Haben Sie in Ihrem Studium etwas über FGM gelernt?

I: Nein, gar nicht, also das ist fast 30 Jahre her, aber ich bin mir relativ sicher, dass das da gar kein Thema war.

M: Haben Sie Soziale Arbeit studiert?

I: Ja, ich habe Soziale Arbeit an der FH hier studiert.

M: Mhm ja, ich habe nämlich das Gefühl, dass das Thema hier ziemlich totgeschwiegen wird, auch im Studium, aber eigentlich ist es schon noch irgendwo, gerade für die Sozialarbeit ein

wichtiges Thema, dass man etwas darüber gehört hat. Dann noch etwas zu Ihrer Schule, wie viele Kinder haben etwa einen Migrationshintergrund, können Sie das einschätzen?

I: Also ja das ist 60-70%, also aber wenn man das so nimmt, dass ein Elternteil mindestens nicht aus Deutschland kommt. Also je nachdem, dass merkt man den Kindern vielleicht manchmal gar nicht an, aber dass einfach der Hintergrund der Familie, dürften so 60-70% sein.

M: Okay. Und wissen Sie so grob, was sind so die Länder, wo die Kinder so ihre Verbindung zu haben?

I: Mhm, das ist hier sehr breit gefächert, wir haben gar nicht so etwas, dass man jetzt sagen kann, es sind jetzt ganz viele aus der Türkei oder Jugoslawien. Aber es wurde mal hier aufgenommen, da waren es 40 Sprachen, die man hier spricht. Also klar ist es so die klassischen Gastarbeiter-Länder, türkisch, italienisch, aber wir haben auch einiges so Nordafrika, Tunesien, durch die Flüchtlingswelle 2015, dann syrische Familien, Afghanistan, jetzt Ukraine sind auf jeden Fall einige, sonst auch einiges russischsprachig, ehemaliges Jugoslawien, wir haben z.B. auch die Studentensiedlung im Wohnheim, wo die Eltern hier zum Doktormachen sind, das sind dann auch Philippinen oder Indonesien dabei. Also man kann jetzt nicht sagen so eine große Gruppe…

M: Also so ganz international, gemischt. Genau, meine nächste Frage wäre eigentlich, ob Sie in Ihrer Zeit als Schulsozialarbeiter schon einmal Kontakt zu FGM hatten, aber …

I: Nee, also konkret gar nicht, also ich bin schon 10 Jahre hier. Ich weiß, dass einmal eine Lehrerin ein schlechtes Gefühl hatte, wo das Kind eben nach Afrika zur Familie gegangen ist, wo sie sich Sorgen gemacht hat, wo sich aber dann die Befürchtung nicht bestätigt hat, also es war tatsächlich …

M: Und wie ist sie damit dann umgegangen, hat sie dann mit dem Mädchen gesprochen oder …?

I: Das ist tatsächlich schon so lange her, also ich glaube, dass sie sowohl mit den Mädchen als auch mit den Eltern nochmal Kontakt hatte.

M: Und wissen Sie, ob am Ende dann eine Beschneidung stattgefunden hat?

I: Nee, eben nicht, also das hat sich dann zum Glück aufgelöst.

M: Wenn so ein Fall auftreten würde, wie würden Sie damit umgehen?

I: Ehm, also es ist erst einmal die Frage, wie man mit dem Kind umgeht. Also ich glaube da würden wir uns als erstes eine Beratung holen und ich denke, dass das auf jeden Fall auch eine Meldung, ganz sicher auch beim Jugendamt geben. Und sonst braucht es da glaube ich einfach eine Beratung und Unterstützung.

M: Ja, wie man auch mit der Familie umgeht.

I: Ja genau.

M: Würden Sie sagen, dass Ihrer Meinung nach Ihr Wissen zu FGM ausreichend ist, um die Mädchen angemessen schützen zu können? Jetzt gerade für so einen Fall, dass Sie irgendwie ein schlechtes Gefühl haben oder so.

I: Nee würde ich nicht sagen, dass das ausreichend ist. Also so, ja, gut ein bisschen mehr Information …

M: Also was müsste sich dann ändern, können Sie das sagen?

I: Ja also im Prinzip fehlen mir einfach Informationen, so dass man ein bisschen mehr Hintergrund hat und vielleicht auch, worauf man achten kann, also dass man … also wie es halt andere Schulungen gibt, wie zu sexuellem Missbrauch, dass man halt weiß, worauf man achten, was sind denn Anzeichen auch, und welche Länder betrifft es vor allem, also dass man einfach ein bisschen wachsamer dann ist.

M: Ja, sehe ich genauso, könnte man schon noch viel machen. Also tatsächlich ist das auch schon alles, also war wirklich nur kurz.

Interview 3, translated into English:

M: Do you know what FGM stands for, it's an English abbreviation?

I: No, doesn't ring a bell.

M: As I mentioned, it's English and stands for "Female Genital Mutilation," essentially female genital mutilation. And that's the topic of my master's thesis. Do you know anything about female genital mutilation?

I: Well, I've heard about it in the media, that it still happens in parts of Africa or that it's done to young girls, but yeah, my knowledge about it is relatively limited.

M: In your opinion, is FGM a problem in Germany?

I: Well, I can't really assess that. I've heard that it happens in, well, I'm not sure if it also happens in Germany, but that the girls were practically taken to Africa, to their home country, so that it can be carried out there, so to speak, and in that sense, yes.

M: Hmm, yes, actually, there are still about 104,000 affected girls in Germany and around 18,000 at risk each year, so yeah, exactly. Did you learn anything about FGM during your studies?

I: No, not at all, that's almost 30 years ago, but I'm pretty sure it wasn't a topic back then.

M: Did you study Social Work?

I: Yes, I studied Social Work at the FH here.

M: Hmm, yeah, I actually have the feeling that this topic is pretty much silenced here, even in studies, but actually, it's still an important topic, especially for social work, that you've heard

something about it. Moving on to something else about your school, can you estimate how many children have a migration background?

I: Well, that's around 60-70%, so, if you consider that at least one parent isn't from Germany. So, depending on that, you might not always notice with the children, but in terms of the family background, it's probably around 60-70%.

M: Okay. And roughly, what are the countries where the children have connections to?

I: Hmm, it's quite diverse here, we don't really have something where you can say, oh, there are a lot from Turkey or Yugoslavia. But at one point, there were 40 languages spoken here. So, of course, there are the classic guest worker countries, Turkish, Italian, but we also have some from North Africa, Tunisia, due to the refugee wave in 2015, then Syrian families, Afghanistan, now Ukraine, there are definitely some, and also quite a bit of Russian-speaking, former Yugoslavia, for example, we also have the student settlement in the dormitories, where the parents are here to do their doctorate, so there are also Philippines or Indonesia included. So, you can't really say it's dominated by one group…

M: So, quite international, mixed. Exactly, my next question was actually, if you've ever had any contact with FGM during your time as a school social worker, but…

I: No, actually not at all, I've been here for 10 years. I know there was once a teacher who had a bad feeling when the child went to Africa to visit family, where she was worried, but then the concern wasn't confirmed, so it was actually…

M: And how did she deal with that, did she talk to the girl or…?

I: It's actually been so long ago, I think she had contact with both the girl and the parents again.

M: And do you know if in the end, there was circumcision?

I: No, actually not, so thankfully it resolved itself.

M: If such a case were to arise, how would you handle it?

I: Um, well, the first question is how to handle the child. So, I believe we would first seek counseling, and I think it would definitely also be reported to the youth welfare office. And otherwise, I think it just requires counseling and support.

M: Yes, also how to deal with the family.

I: Yes, exactly.

M: Would you say that, in your opinion, your knowledge of FGM is sufficient to adequately protect the girls? Especially in a case where you have a bad feeling or something.

I: No, I wouldn't say it's sufficient. So, yeah, a bit more information…

M: So, what would need to change, can you say?

I: Yeah, basically I just need more information, so that you have a bit more background and maybe also what to look out for, I mean, like with other trainings, like on sexual abuse, knowing what to look out for, what are the signs, and which countries are most affected, so that you're just a bit more vigilant.

M: Yeah, I see it the same way, there's definitely a lot more that can be done. So yeah, actually, that's all, it was really just brief.

Interview 4, Vigelius School:

M: Dann die erste Frage, gleich mit dem Interviewthema, wissen Sie wofür FGM steht?

I: Nein.

M: Das ist auch eine Abkürzung, eine englische Abkürzung. Es steht für „Female Genital Mutilation“, also „weibliche Genitalverstümmelung“ und das ist so das große Überthema meiner Masterarbeit und ich wollte dann eben gucken, was Schulsozialarbeiter*innen so darüber wissen, ob die damit in Kontakt kommen und genau, so bisschen.

I: Mhm, okay.

M: Meine nächste Frage wäre dann jetzt auch gerade, was wissen Sie über weibliche Genitalverstümmelung?

I: Also es war auch Thema in meinem Studium damals, Soziale Arbeit, also überwiegend natürlich kommt es so viel ich weiß aus dem afrikanischen Kontinent, da ist es noch ziemlich populär in manchen Gegenden, dass da die jungen Mädchen das widerfahren, ja, aber sonst nähere Schnittpunkte habe ich bisher in meiner Arbeit nicht gehabt, deshalb ich kenne es auch nur aus der Theorie.

M: Ah, Sie sind jetzt der Erste, der es tatsächlich auch im Studium behandelt ist, finde ich spannend. Haben Sie Soziale Arbeit studiert?

I: Ja, genau, Soziale Arbeit.

M: Ja okay, das ist gut, dass es irgendwie doch im Studium mal aufkommt, finde ich.

I: Ja kommt auch viel eben in Verbindung mit Kinderschutz, da hatte ich, stimmt, da hatte ich auch nochmal Berührungspunkte. Ich habe auch die Fortbildung gemacht zur insoweit erfahrenen Fachkraft in Kinderschutzfällen und da ist das natürlich auch ein Thema, aber sowohl bei Jungs als auch bei Mädchen.

M: Ahja, das stimmt. Glauben Sie, dass es ein Problem in Deutschland ist?

I: Ich vermute, dass das schon auch hier vorkommt, aber ich glaube eher selten, also im Vergleich.

M: Ja, okay. Und dann so ein bisschen jetzt zu Ihrer Schulsituation, wie viele Kinder haben hier ungefähr einen Migrationshintergrund, was schätzen Sie?

I: Ehm, es ist schwierig, wie man es definiert glaube ich, da fängt es bei mir schon an, ab wann Migrationshintergrund. In der Schule glaube ich werden die zum Beispiel anders geführt als was ich so unter Migrationshintergrund verstehe. Ich glaube in der Schule wird immer geschaut, wenn die Eltern noch direkt einen Migrationshintergrund haben, und sonst fasse ich das noch ein, zwei Generationen weiter. Von dem her, wenn man jetzt so in der Schule-Definition schaut, dass entweder die Kinder noch direkt aus einem anderen Land kommen oder die Eltern und dann hier irgendwie eingebürgert wurden oder die Duldung haben, ich hatte die Zahlen, aber ich weiß sie gerade nicht ganz auswendig. Ich glaube sie lagen so bei 30, ja um die 30%, 30-40, wenn man diese Definition nimmt.

M: Okay, also nur die quasi erste Generation?

I: Erste Generation sozusagen, sonst würde ich es glaube ich noch wesentlich weiter fassen.

M: Und wissen Sie ungefähr die Länder, woher die Kinder, also auch wenn sie hier geboren sind, wo sie eine Verbindung zu haben?

I: Ehm, viele aus den Ostblockstaaten, einige auch aus Afrika, wenige jetzt aus Russland noch, wir hatten auch schon das ein oder andere Kind China oder Japan, aber das ist sehr selten hier. Und sonst europäisch natürlich ganz viel, also Italien jetzt gerade oder Spanien ganz viele, Frankreich weniger, aber auch ein bisschen, ja.

M: Also eigentlich schön bunt gemischt, international.

I: Ja, ja.

M: Und das hatten Sie glaube ich vorher schon gesagt, also während Ihrer Arbeit als Schulsozialarbeiter hatten Sie noch keinen Kontakt?

I: Nee.

M: Wie lange arbeiten Sie schon als Schulsozialarbeiter?

I: 8 Jahre.

M: Und was würden Sie machen, wenn jetzt so ein Fall rein theoretisch auftreten würde, wie würden Sie damit umgehen?

I: Ehm, ja ich glaube, also je nachdem, wenn es schon passiert ist oder noch passieren wird, hätte ich glaube ich verschiedene Herangehensweisen.

M: Mhm, ja wir können mal beide Optionen durchgehen.

I: Okay. Wenn es schon passiert wäre, würde ich erst mal, wahrscheinlich würde das über das Kind auch dann zu Thema kommen, anders glaube ich eher nicht, da würde ich auf jeden Fall versuchen, da haben wir das Glück hier, dass ich eine Kollegin noch habe, dass ich die mit ins Boot nehme oder vielleicht sogar komplett abgebe an sie, weil ich es glaube ich einfach angenehmer finde für das Mädchen dann auch, und wenn das dann auch zum Thema wird.

Meistens haben wir primär mit Müttern zu tun und eher seltener mit Vätern, da muss man auch so ein bisschen schauen, wenn es jetzt nur noch einen Vater gäbe, dann wäre es glaube ich auch wichtig, je nachdem aus welcher Kultur jetzt wieder, dass da vielleicht eher ein Team jetzt ist, wo das sich annimmt, und sonst vielleicht eher die Frau. Dann geht man ins Gespräch und würde primär erst mal schauen, wie es dem Mädchen geht, was es so erzählt, wie die Gefühlswelt von dem Kind aussieht, ob es irgendwelche Traumata davon hat. Da geht es glaube ich mehr dann darum, jetzt zu begleiten, zu schauen, dass man das Kind gut auffängt und begleitet. Und sonst muss man gucken, ob noch andere Kinder da in der Familie vielleicht sind, ob das Thema werden könnte, genau. Und der andere Fall, da würde ich glaube ich auch gut in Gespräche gehen. Ich würde auch nochmal gut prüfen auch mit einer insoweit erfahrenen Fachkraft und schaue nochmal im Kinderschutzbereich nach, weil ich sortiere das eher als eine Kindeswohlgefährdung ein, selbst wenn das kulturell bedingt sein mag oder religiös oder sonst wie. Aber es ist genauso ein heikles Thema, wie bei Jungs, die beschnitten werden, da muss man einfach sehr vorsichtig und sehr sensibel an das Thema rangehen. Aber ich glaube man muss es trotzdem sehr ansprechen und thematisieren und miteinander gucken, was es auch für Folgen haben kann. Vielleicht auch nochmal die ein oder andere Studien oder Erfahrungswerte hinzuziehen, genau.

M: Ja, das stimmt auf jeden Fall. Würden Sie sagen, dass Ihr Wissen über das Thema ausreicht, um die Mädchen angemessen schützen zu können, wenn so etwas jetzt auftreten würde?

I: Ich glaube in so einem Thema, da würde ich auf jeden Fall nochmal intensiver einsteigen, wenn das aufploppt, um nochmal einfach sicherer in dem ganzen Thema zu sein. Zu begleiten erst mal ja, aber wahrscheinlich, also wenn es schon passiert ist, je nachdem wie das Kind auch, wann es passiert ist und wie sich das Kind fühlt, muss man schauen, ob da einfach andere Profis besser geeignet sind als die Schulsozialarbeiter. Ob das in den therapeutischen Kontext eher passt, was es dazu braucht. Ja deshalb, ich glaube grundsätzlich reicht das Wissen wahrscheinlich nie richtig aus und ich glaube da braucht es auch ein Team, nicht nur eine Person wahrscheinlich. Aber es kommt sehr viel drauf an, ob es noch passiert, ob es schon passiert ist, wie das Kind, wie die Familie zu dem Thema eingestellt ist, wie die Familie mit dem Thema umgeht, wie die das Ganze begleiten, aufarbeiten usw., ich glaube da muss man systemischer rangehen an die Sache.

M: Ja, das stimmt. Meine letzte Frage wäre dann auch schon, was sich ändern sollte, damit man sagen kann irgendwie, ja ich fühle mich kompetent genug, ich könnte das irgendwie gut handhaben?

I: Ja ich glaube ich fühle mich schon kompetent genug, weil wir haben an der Schule viel mit Kindeswohl auch zu tun und da haben wir die diversesten Situationen schon gehabt. Ins Gespräch zu gehen, finde ich nicht die Schwierigkeit für mich, es wäre eher, es braucht dann einfach gute Begleitung und ein gutes Team. Ich glaube, wenn dann wäre es eher Thema, was es vielleicht ein bisschen mehr bräuchte, das auch so ein bisschen in die Öffentlichkeit mehr zu rücken oder einen besseren Umgang allgemein zu dem Thema auch zu haben, weil es doch zumindest wie es ich weiß auch sehr kontrovers diskutiert wird, wie die Beschneidung auch im jüdischen Kontext oder so, dass da einfach Religion und das Recht der Religion und die

Ausübung der Religion und da spielt sehr viel mit ein. Und ich finde es schwer, da muss ich meine persönliche Meinung einfach auch gut für mich haben, also zurückhalten oder objektiv bleiben in dem Thema, ja. Und ich glaube eher ich muss mich dann immer gut jeweils darauf vorbereiten, einstellen.

M: Ja, das stimmt. Das wäre auch schon alles gewesen.

I: Okay, vielen Dank.

Interview 4, translated into English:

M: Then the first question, straight to the interview topic, do you know what FGM stands for?

I: No.

M: That's also an abbreviation, an English abbreviation. It stands for "Female Genital Mutilation," and that's the overarching theme of my master's thesis. I wanted to see what school social workers know about it, whether they come into contact with it, and so on.

I: Mhm, okay.

M: My next question would be, what do you know about female genital mutilation?

I: Well, it was also a topic in my studies back then, social work. Mostly, as far as I know, it happens a lot on the African continent, where it's still quite prevalent in some areas, happening to young girls. But otherwise, I haven't had much direct interaction with it in my work so far. So, I only know about it from theory.

M: Ah, you're actually the first one who encountered it in their studies, which I find interesting. Did you study social work?

I: Yes, exactly, social work.

M: Well, that's good that it comes up somehow during studies, I think.

I: Yes, it's also often linked to child protection, I had, indeed, some encounters with it. I also did further training to become a qualified expert in child protection cases, and it's certainly a topic there, both for boys and girls.

M: Ah, I see. Do you believe it's a problem in Germany?

I: I suspect that it does happen here too, but I think it's relatively rare, compared to other places.

M: Yes, okay. Moving a bit to your school situation, roughly how many children here have a migration background, what would you estimate?

I: Um, it's difficult, I think, to define it, what constitutes a migration background. In the school, I believe it is categorized differently than what I understand as a migration background. I think the school usually looks at whether the parents directly have a migration background, and otherwise, I would extend it by another one or two generations. So, if we look at it from the school's definition, it would either be children who have directly come from another country or

whose parents did and then got naturalized here or have tolerated status. I had the numbers, but I can't remember them off the top of my head. I think they were around 30%, yes, around 30-40%, if you take this definition.

M: Okay, so only the first generation, then?

I: Yes, the first generation, so to speak. Otherwise, I would probably extend it much further.

M: And roughly, do you know the countries where the children, even if they were born here, have a connection to?

I: Um, many are from Eastern European countries, some from Africa, fewer from Russia now, we've also had a few children from China or Japan, but that's very rare here. And otherwise, a lot are European, so Italy right now, or Spain, quite a few, France less, but still some, yes.

M: So, it's quite a mixed, international group.

I: Yes, exactly.

M: And as you mentioned before, during your work as a school social worker, you haven't had any contact yet?

I: No.

M: How long have you been working as a school social worker?

I: 8 years.

M: And what would you do if such a case theoretically arose, how would you deal with it?

I: Um, yes, I think, depending on whether it has already happened or will happen, I would probably have different approaches.

M: Mhm, yes, we can go through both options.

I: Okay. If it had already happened, I would probably, well, it would likely come up through the child, I don't think there's another way, so I would definitely try to involve my colleague here, we're lucky to have one, or maybe even completely hand it over to her, because I think it would be more comfortable for the girl, and if it becomes a topic. Usually, we primarily deal with mothers and less often with fathers, so you also have to consider, if there's only a father left, then it might be important, depending on the culture again, to have a team that deals with it, or maybe just the woman. Then, you start the conversation and would primarily see how the girl is doing, what she says, what the child's emotional state is like, whether it has any traumas from it. I think it's more about accompanying now, making sure the child is well supported and accompanied. And otherwise, you have to see if there are other children in the family who might also be affected, exactly. And in the other case, I think I would also engage in conversations. I would also thoroughly assess it with a qualified expert and look into child protection again because I would categorize it as endangering the welfare of the child, even if it may be culturally or religiously motivated. But it's just as sensitive a topic as when boys are circumcised, you simply have to approach the subject very carefully and sensitively. But I think you still have to address it and discuss it and see together what the consequences could be. Maybe also bring in some studies or experiences, exactly.

M: Yes, that's definitely true. What I'm also wondering is whether the children would even come to someone for help and ask for it, or how and if one would even notice.

I: Yes, although our children are quite open, so they probably would. But maybe it's like with cases of sexual abuse, where statistically you have 3 children per class sitting in front of you, but often you don't know.

M: Oh, that many.

I: Yes, but you have to relativize that a bit, because it also includes cases like being groped on the street, a suggestive comment, catcalling, and so on.

M: Hmm, okay. Do you think your knowledge about female genital mutilation is sufficient to adequately protect the girls if something like this were to happen?

I: I think in such a topic, I would definitely delve deeper if it pops up, to be more confident in the whole topic. To accompany, yes, but probably, if it has already happened, depending on when it happened and how the child feels, you have to see if other professionals are better suited than the school social workers. Whether it fits more into a therapeutic context, what it requires. So, I believe fundamentally, the knowledge probably never fully suffices, and I think it requires a team, not just one person probably. But it depends a lot on whether it's still happening, whether it's already happened, how the child, how the family views the issue, how they handle it, how they accompany it, process it, etc., I think you have to approach it systemically.

M: Yes, that's true. My last question would then be, what should change so that one can say somehow, yes, I feel competent enough, I could handle this well?

I: Yes, I think I already feel competent enough because we deal a lot with child welfare at the school, and we've had the most diverse situations. Starting a conversation, I don't find it difficult for myself, it's more that it just needs good support and a good team. I think, if anything, it might need a bit more attention in the public eye or a better general approach to the topic because, as far as I know, it's also highly controversially debated, like circumcision in the Jewish context or so, where religion, the rights of religion, and the practice of religion play a significant role. And I find it difficult, I have to keep my personal opinion to myself, or remain objective on the topic, yes. And I think, rather, I always have to prepare well for each case.

M: Yes, that's true. That would be all.

I: Okay, thank you very much.

Interview 5, Pestalozzi School:

M: Also die erste Frage wäre mal, wissen Sie wofür FGM steht? Es ist eine englische Abkürzung muss man dazu sagen.

I: Nein, kenne ich nicht.

M: Okay, das steht für „Female Genital Mutilation“, also übersetzt „weibliche Genitalverstümmelung“, und das ist mein Masterarbeitsthema, und dann eben inwiefern die Schulsozialarbeiter*innen damit in Kontakt kommen, also ob überhaupt und wenn ja, wie.

I: Okay, soll ich dazu jetzt was sagen?

M: Ja Sie können gerne mal sagen, was Sie über weibliche Genitalverstümmelung so wissen, einfach so bisschen Brainstorming?

I: Also dienstlich so auf der Arbeit hatte ich keinen Kontakt bisher dazu, das ist mir einfach nicht begegnet. Ich will nicht sagen, dass es das nicht hier gibt. Und ansonsten ist das Thema mir natürlich irgendwie durch Medien begegnet, ich habe auch mal dieses eine Buch von Dorie, dieses Model da aus Großbritannien …

M: Ja, Waris Dirie, „Wüstenblume“.

I: Genau, gelesen. Das ist eigentlich meine größte Information, die ich da habe, weil die ja relativ ausführlich auch beschreibt, was da passiert ist, ihr angetan wurde. Und ich weiß am Rande, dass es da Aufklärungsprogramme gibt, dass es immer noch Traditionen gibt, die das aufrechterhalten wollen. Was da jetzt stärker ist, in welche Richtung das weltweit geht, weiß ich nicht. Ich wünsche mir einfach sehr viel Selbstbewusstsein von Frauen dazu, dass sie rauskommen und sagen, meine Töchter sollen das nicht erleben. Ich glaube, das ist der beste Weg.

M: Ja, ja. Ist es Ihrer Meinung nach denn ein Problem in Deutschland?

I: Ich kann mir vorstellen, dass es am Rande auch in Deutschland vorkommt, aber dass das kein zentrales Thema jetzt hier ist, aber es ist natürlich auch eine Sache, in die man schwer Einblick hat, wenn es nicht von den Medien transportiert wird. Es gibt ja viele Themen, die erst mal lange geheim gehalten werden, erst mal gedeckelt werden.

M: Ja, das stimmt. Und es sind so ca. 104,000 Mädchen in Deutschland, die so etwa betroffen sind, und jedes Jahr ca. 18,000 im Risiko, dass sie beschnitten werden. Also es ist irgendwie schon, es kommt vor, aber ja irgendwie wird das Thema ein bisschen totgeschwiegen, in den Medien und generell überall und das war so der Punkt, ich informiere mich jetzt mal darüber und fange damit mal meine Masterarbeit an.

I: Es sind 104,000 Mädchen oder 104,000 Mädchen und Frauen?

M: Mädchen und Frauen sind das. Und 18,000 jedes Jahr im Risiko. Und dann gibt es ja unterschiedliche Formen, also die meisten werden wieder ins Heimatland zurückgeschickt, weil sie dort beschnitten werden, also es wird selten hier in Deutschland wirklich ausgeführt, sondern eher, werden sie dann ins Heimatland zurückgeschickt wieder. Um so einen groben

Überblick über Ihre Schule mal zu bekommen, wie viele Kinder mit Migrationshintergrund haben Sie hier, nur so ganz grob?

I: Also wir haben knapp 300 Kinder, wir haben, davon haben Migrationshintergrund, das heißt wirklich, dass beide Eltern einen Migrationshintergrund haben, sicherlich 70%.

M: Und wissen Sie ungefähr die Länder, zu denen die Kinder eine Verbindung haben? Also es kann natürlich sein, dass sie hier in Deutschland geboren sind und dann, genau.

I: Vorfahren, ja. Also sehr weit, das ist arabischer Raum mit Schwerpunkt Libanon, aber auch Russland, Ukraine, manchmal auch Rumänien, südeuropäische Länder gibt es auch, aber nicht mehr viele, oder nicht so auffällig, weil die meistens schon dritte Generation sind und die Eltern auch schon ziemlich gutes Deutsch sprechen, das hört man dann oft gar nicht mehr so. Es gibt auch afrikanische Länder, das ist aber ganz vereinzelt, da kommt jemand aus Nigeria, bei manchen weiß ich es auch gar nicht, ich frage das dann nicht nach, ich versuche das …

M: Ja, es ist ja auch nicht so wichtig. Das war jetzt nur, weil die FGM tritt meistens auch bei Kindern mit Migrationshintergrund auf und hauptsächlich ist es natürlich auf Afrika zentriert, teilweise auch Asien, Afrika und Asien wo es hauptsächlich auftritt, deswegen auch die Frage. Die nächste Frage hatten Sie schon ein bisschen beantwortet, ob Sie schon einmal in Ihrer Karriere damit in Kontakt gekommen sind, aber demnach …

I: Nee, gar nicht.

M: Wie lange arbeiten Sie denn schon als Schulsozialarbeiter?

I: 11 Jahre hier.

M: Und während Ihrem Studium, kam es auch nicht auf als Thema?

I: Nee, aber mein Studium ist jetzt 20 Jahre zurück, weiß gar nicht.

M: Haben Sie Soziale Arbeit studiert?

I: Ja.

M: Schön. Und rein hypothetisch, Sie würden mal mit so einem Fall in Kontakt kommen, wie würden Sie damit umgehen?

I: Hmm… ich, also es kommt darauf an, wie ich damit in Kontakt komme. Aber wenn ich mir erst mal so das Gefühl habe, oh, oder wenn ich merke, das Mädchen ist in Not, ich würde wahrscheinlich das Frauen-Mädchen-Gesundheitszentrum kontaktieren.

M: Hier in Freiburg?

I: Ja hier in Freiburg ist das, ja. Also da ist ja dann Kindeswohlgefährdung da, da würde ich eben insofern erst mal eine Fachkraft, die ich dann ansprechen muss bei so einem Verdacht, kontaktieren. Und würde mir da einfach auch Unterstützung holen, was ich tun muss. Also wenn ich das Gefühl hätte, das Kind könnte morgen weggeflogen werden, würde ich mich zuerst auch an die Polizei wenden.

M: Ja, das stimmt. Ist Ihrer Meinung nach Ihr Wissen über FGM ausreichend, um die Mädchen angemessen schützen zu können?

I: Mein Wissen ist nicht besonders tief… Ich… Also wenn der Fall hier ist an der Schule, würde ich es wahrscheinlich nicht mitkriegen, von daher ist es eigentlich nicht ausreichend da. Ich weiß auch nicht, es gibt ja andere Themen, die häufiger vorkommen, Missbrauchsthemen, wo man ganz selten tatsächlich auch etwas mitkriegt, dass ein Mädchen davon was erlebt oder auch Jungs, habe ich noch gar nicht erwähnt. Von daher sieht die, also die Kinder haben sehr sehr gut gelernt, bestimmte Sachen nicht zu sagen und in der Familie zu halten, ob da eine Schulung und mein Wissen da letztendlich hilfreich wäre, das steht auf einem anderen Papier.

M: Ja, ja, das stimmt, das ist eh wieder so individuell, ob sie es überhaupt sagen würden, oder ob die Mädchen sich überhaupt Hilfe holen würden.

I: Ja und holen wollen, das weiß ich auch nicht, ob das zu deren Denken erst mal dazu gehört, jetzt werde ich erhoben und groß und schreibe es auf jeden Fall in die „Wüstenblume".

M: Ja, stimmt, das kommt auf jeden Fall total auf die Ansicht drauf an, auch in welchem Alter sie beschnitten werden so, jetzt eben im Grundschulalter kommt es ja teilweise auch noch vor, ja, da könnte es schon auch sein, dass sie das ein bisschen eher reflektieren und merken, hmm, was genau und wieso. Bei „Wüstenblume" war sie ja glaube ich auch noch jung, so 4 oder 5.

I: Vielleicht auch 6.

M: Ja, ich weiß auch nicht mehr genau. Aber ja, Sie haben total Recht, das ist sehr individuell. Hätten Sie denn Ideen, was man so ändern könnte, dass Schulsozialarbeiter das vielleicht einfach doch mehr auf dem Schirm haben, so dass es, das gibt es, das gibt es auch in Deutschland, das könnte rein theoretisch auftreten hier an der Schule?

I: Mhh, also es gibt natürlich Formen, wo die Schulsozialarbeiter und Schulsozialarbeiterinnen sich komplett treffen, wo auch inhaltliche Themen manchmal reingebracht werden im Plenum, und könnte man auch überlegen, ob das mal ein Schwerpunkt sein könnte, bei so einem Nachmittag oder Vormittag, einfach mal die Information kriegen. Welche Priorität das Thema hat, das weiß ich jetzt nicht, weil ich jetzt echt als sehr schwierig sehe, an die Kinder ranzukommen. Aber das heißt natürlich nicht, dass es weniger wichtig ist.

M: Nee, das sind eigentlich genau meine Gedanken. Ich finde das Thema mega wichtig, aber ich sehe natürlich auch Ihren Punkt, ja wahrscheinlich würde man nicht mit so einem Fall in Kontakt kommen, ja und hm, naja. Tatsächlich wäre das schon alles, also es ist wirklich ein kurzes Interview gewesen.

I: Ja danke, das war super.

Interview 5, translated into English:

M: So, the first question would be, do you know what FGM stands for? It's an English abbreviation, I should mention.

I: No, I'm not familiar with it.

M: Okay, it stands for "Female Genital Mutilation," and that's my master's thesis topic, exploring to what extent school social workers come into contact with it, whether at all and if so, how.

I: Okay, should I say something about that?

M: Yes, feel free to share what you know about female genital mutilation, just some brainstorming.

I: Well, professionally at work, I haven't had any contact with it so far, it just hasn't come up. I'm not saying it doesn't exist here. Otherwise, the topic has come across to me through the media, I've also read that book by Dorie, the model from Britain...

M: Yes, Waris Dirie, "Desert Flower."

I: Exactly, I've read that. That's actually my main source of information because she describes in detail what happened to her. And I'm aware in passing that there are awareness programs, that there are still traditions that want to maintain it. Which direction this is heading globally, I'm not sure. I just wish women would have a lot of confidence to come out and say, "I don't want my daughters to experience this." I believe that's the best approach.

M: Yes, indeed. In your opinion, is it a problem in Germany?

I: I can imagine it might occur in Germany, but it's not a central issue here. But of course it is also something that is difficult to gain insight into if it is not covered by the media. There are many topics that are kept secret for a long time, that are covered up for the time being.

M: Yes, that's true. About 104,000 girls in Germany are affected, and around 18,000 are at risk of being circumcised each year. So, it does happen, but somehow the topic is being hushed up a bit, in the media and generally everywhere, and that was the point, I'm going to inform myself about it and start my master's thesis about it.

I: Is it 104,000 girls or 104,000 girls and women?

M: Girls and women. And 18,000 are at risk every year. And there are different forms, most are sent back to their home countries because they will be circumcised there, so it's rarely carried out here in Germany, they are rather sent back to their home country. Just to get a rough overview of your school, how many children with a migration background do you have here, just roughly?

I: Well, we have almost 300 children, and of those, with a migration background, meaning both parents have a migration background, probably around 70%.

M: And do you roughly know the countries to which the children have a connection? It's possible that they were born here in Germany and then...

I: Ancestors, yes. So, mainly, it's the Arab region with a focus on Lebanon, but also Russia, Ukraine, sometimes Romania, there are also southern European countries, but not many or not as noticeable, because most are already third generation and the parents speak pretty good German, so you often don't notice it anymore. There are also African countries, but very

isolated cases, someone comes from Nigeria, for some, I don't even know, I don't ask about that, I try to...

M: Yes, it's not so important. That was just because FGM mostly occurs in children with a migration background, and it's mainly centered in Africa, sometimes also Asia, Africa and Asia where it mainly occurs, so that's why the question. You already answered the next question a bit, whether you have ever encountered it in your career, but apparently...

I: No, not at all.

M: How long have you been working as a school social worker?

I: 11 years here.

M: During your studies, it also didn't come up as a topic?

I: No, but my studies are 20 years ago, I don't remember.

M: Did you study Social Work?

I: Yes.

M: Great. And purely hypothetically, if you were to come into contact with such a case, how would you handle it?

I: Hmm... Well, it depends on how I come into contact with it. But if I have a feeling, oh, or if I notice the girl is in distress, I would probably contact the Women's and Girls' Health Center.

M: Here in Freiburg?

I: Yes, here in Freiburg, exactly. So, there would be child endangerment, I would contact a specialist first if I suspect something like this. And I would just seek support, what I need to do. So, if I felt the child might be taken away tomorrow, I would first turn to the police as well.

M: Yes, that's true. Do you think your knowledge about FGM is sufficient to adequately protect the girls?

I: My knowledge isn't particularly deep... I... So if the case were here at the school, I probably wouldn't even notice it, so it's actually not sufficient. I also don't know, there are other topics that occur more frequently, abuse issues, where you very rarely actually hear that a girl has experienced something like that, or even boys, I haven't mentioned them yet. So, from that perspective, the children have learned very well not to say certain things and to keep it within the family, whether training and my knowledge would ultimately be helpful, that's another matter.

M: Yes, yes, that's true, it's again very individual whether they would even say anything, or whether the girls would even seek help.

I: Yes, and want to seek help, I also don't know if that's initially part of their thinking, now I'm going to speak up and write it all down in "Desert Flower."

M: Yes, that's true, it totally depends on the perspective, also at what age they are circumcised, now even at primary school age it still occurs, yes, there could already be a bit of reflection

and realization, hmm, what exactly and why. In "Desert Flower" she was still young, around 4 or 5, I think.

I: Maybe even 6.

M: Yes, I'm not sure anymore. But yes, you're absolutely right, it's very individual. Do you have any ideas on what could be changed so that school social workers might have it more on their radar, so that it could theoretically occur here at the school?

I: Mhh, well, there are of course forms where school social workers completely meet, where sometimes even substantive topics are brought up in plenary sessions, and you could consider whether this could be a focus at such an afternoon or morning session, just to get the information. I'm not sure what priority the topic has because I actually see it as very difficult to reach the children. But that doesn't mean it's less important.

M: No, those are actually exactly my thoughts. I think the topic is super important, but I also see your point, yes, probably you wouldn't come into contact with such a case, yes, and well. Actually, that's all.

I: Yes, thank you, it was great.

Interview 6, Vigelius School (2nd School Social Worker):

M: Also meine erste Frage ist eben gerade dann auch das Masterarbeitsthema und ich würde jetzt einfach mal loslegen. Also erst mal so, wissen Sie wofür FGM steht? Ist eine Abkürzung, also auch eine englische Abkürzung muss man dazu sagen.

I: Mhm, nee, habe ich noch nie gehört.

M: Okay. Es steht für „Female Genital Mutilation“, also „weibliche Genitalverstümmelung“ quasi. Genau, das ist so mein generelles Thema und ich würde eben gucken, was Schulsozialarbeiter*innen so darüber wissen, ob sie damit überhaupt in Kontakt kommen und wenn ja, wie sie solche Fälle behandeln würden, so das ist mal mein grobes Thema.

I: Okay, spannend.

M: Und es ist auch gar nicht schlimm, wenn Sie jetzt nicht so viel darüber wissen, also das ist einfach so bisschen für die Masterarbeit.

I: Ja, okay.

M: Genau, also dann, was wissen Sie denn so über weibliche Genitalverstümmelung?

I: Also tatsächlich würde ich jetzt sagen, eher nicht so viel, weil es auch ein Thema ist, mit dem ich bis jetzt so eigentlich nicht in Berührung gekommen bin. Außer ein einziges Mal, weil ich

beim Roten Kreuz im Suchdienst gearbeitet habe. Also wir sind jetzt, mein Kollege und ich, hier auch über das Rote Kreuz angestellt, und der Suchdienst – Internationale Suche und Familienzusammenführung – da hatte ich mal einen Fall, wo ein Junge seine Schwester gesucht hat. Die kam aus einem afrikanischen Land und die ist damals geflohen, weil ihr die Beschneidung, die Genitalverstümmelung drohte, und das war für sie ein Grund zu gehen. Und ich weiß eher so in die Richtung, weil ich viel mit arabischen jungen Frauen auch mal zu tun hatte, dass eher andersherum die Möglichkeit besteht, bei manchen Frauenärzt*innen das Jungfernhäutchen wieder zu reparieren. Also einfach so eher, ich glaube es ist ein sehr krasses Thema, und ich bin es so bisher eher umgangen und habe mich jetzt bisher nicht, also was heißt umgangen, umgangen jetzt vielleicht nicht, habe mich jetzt bisher nicht so damit beschäftigt groß.

M: Ja. Und der eine Fall, wo das Mädchen weggelaufen ist, wie alt war das, wissen Sie das noch?

I: Nee, das weiß ich nicht mehr. Also die war halt so im Teenager-Alter. Ihr Bruder war in einer Wohngruppe dann hier, die wird wahrscheinlich um die 12 oder so etwas wahrscheinlich rum gewesen sein.

M: Okay. Und wissen Sie dann auch wie es weiterging?

I: Die haben sich dann wieder gefunden, über Facebook, nur das weiß ich. Und wo sie dann hingezogen sind oder irgendwo in Europa, weiß ich nicht, aber sie sind beide nicht mehr zurück, das weiß ich.

M: Okay, ja, spannend. Denken Sie, dass FGM oder weibliche Genitalverstümmelung auch ein Problem in Deutschland ist?

I: Mhh, ich denke schon, weil ja viele jetzt auch aus den afrikanischen Ländern auch hier her kommen und da das ja so gesellschaftlich in Deutschland, sage ich jetzt mal, völlig verpönt ist, wird es wahrscheinlich eher in Hintertürchen passieren. Es gibt auch nicht viel Aufklärung dazu, sondern es gibt nur so ein ganz klares Nein, das ist nicht in Ordnung. Also ich glaube, dass man wie immer vielleicht auch dann unterschätzen könnte, dass es halt trotzdem weiterläuft, so wie mit allen kulturellen, traditionellen, wie auch immer Sachen.

M: Ja, das sehe ich genauso, durch Migration ist es halt mittlerweile ein Problem überall auf der Welt und hier wird es ein bisschen …

I: Also ich glaube interessant wäre es Frauenärztinnen zu fragen, weil die wahrscheinlich, oder auch in den Kliniken mit Mehrfachgebärenden, die schon die Kinder haben und jetzt hier Kinder bekommen. Also auf jeden Fall denke ich halt, dass es auch voll das, trotzdem, solche Themen sind ja nicht weg, nur weil sie verboten sind.

M: Haben Sie denn etwas über das Thema in Ihrem Studium gelernt?

I: Gar nichts.

M: Haben Sie Soziale Arbeit studiert?

I: Mhm. Soziale Arbeit im Bachelor und Heilpädagogik im Master. Aber in keinem von beiden Studiengängen irgendwelche Berührungspunkte damit gehabt. Es gibt doch so einen Film, ich weiß nicht mehr wie er heißt, „Wüstenblume“ oder so etwas?

M: Ja.

I: Und ich glaube dadurch hat das Thema schon nochmal großen Bekanntheitsgrad auch erreicht.

M: Mhm, ja das stimmt, das habe ich jetzt doch schon ein paar Mal gehört, auch in Interviews so, dass das wenn dann darüber, ja. Genau und jetzt ein bisschen zu Ihrer Schule, also mit der Schulsituation, wie viele Kinder haben denn hier etwa Migrationshintergrund?

I: Ich weiß nicht wie viel, aber ich glaube auf jeden Fall ein sehr hoher, also ich glaube mindestens 60%? Und das auch komplett gemischt, also wirklich alle Nationalitäten.

M: Ahja, das wäre jetzt gerade meine nächste Frage gewesen, schön, schön international.

I: Ja voll.

M: Ja gut. Dann wäre jetzt meine nächste Frage, aber das hatten wir auch vorhin schon ein bisschen, ob Sie in Ihrer Arbeit schon mal als Schulsozialarbeiterin Kontakt dazu hatten?

I: Nee, nein gar nicht.

M: Wie lange arbeiten Sie hier schon?

I: Mh, ist ein bisschen kompliziert. 2016 habe ich hier angefangen und habe in der Vorbereitungsklasse gearbeitet, hier und an der weiterführenden Schule, an der Gemeinschaftsschule, und war dann 2,5 Jahre weg an einer anderen Schule in Landwasser, aber als Schulsozialarbeiterin, und dann bin ich jetzt seit 2019/20 wieder hier und war jetzt eben in Elternzeit und bin jetzt seit diesem Schuljahr wieder eingestellt. Also insgesamt würde ich sagen 5 Jahre in der Schulsozialarbeit fest unterwegs.

M: Rein theoretisch, wenn jetzt so ein Fall auftreten würde, wie würden Sie damit umgehen?

I: Stellt sich jetzt für mich ein bisschen die Frage, was für ein Fall? Die drohende Beschneidung oder Genitalverstümmelung oder, dass ein Kind mir erzählt, dass das mit ihm passiert ist. Dann wäre für mich die Frage, wo, ob hier oder im Herkunftsland? Betrifft es das Kind oder betrifft es die Mutter? Ist es ein Thema, was, so, deswegen müsste ich wissen, was für ein Fall.

M: Dann gerne mal alle Fälle theoretisch durchgehen, aber jetzt erst mal, wenn jetzt ein Mädchen akut bedroht wird, beschnitten zu werden, und es auf Sie zukommen würde, wie Sie dann damit umgehen würden?

I: Also für mich ist das dann eigentlich ein Fall von 8a, also ein Kindeswohlgefährdungsfall, weil es darum geht, etwas mit dem Körper eines Kindes zu machen, was es nicht möchte, wenn dem so ist, dass es sagt, es hat Angst, es will es nicht. Dann würde ich ins Gespräch mit den Eltern gehen, mich davor aber wahrscheinlich beraten, also man muss ja sowieso eine insoweit erfahrene Fachkraft hinzuziehen, wenn man so ein Gespräch führt oder wenn man da in so

einem Graubereich unterwegs ist, und würde mich mit der insoweit erfahrenen Fachkraft vorher beraten. Aber mich auch informieren, welche Anlaufstellen es in Freiburg gibt, die zu der Thematik Schulungen machen oder Ideen haben oder irgendwas anbieten, z.B. „Südwind“ würde mir jetzt einfallen oder das „Frauen-Mädchen-Gesundheitszentrum“. So die Baustellen, und ich glaube, muss man halt schon sehr gut gucken, weil ich wichtig finde, dass man in so einem Elterngespräch, es geht ja auch um, z.B. wenn es um das Thema Schlagen geht, das ist in anderen Kulturen, sage ich jetzt einfach mal so, noch anders verwurzelt als Erziehungsmaßnahme wie jetzt hier, und dann z.B. nur zu sagen „In Deutschland wird nicht geschlagen, das ist gegen unser Gesetz“ hilft den Eltern nicht viel weiter, weil das sind vielleicht Erziehungsmethoden, die sie selber so erfahren haben, die sie selber so gelernt haben, die einfach z.B. andere Methoden jetzt nicht so vielleicht parat haben oder es ist einfach die wirksamste oder Arbeitsbelastung ist so groß, dass die Zündschnur zu kurz ist und so Sachen. Und ich finde einfach, dass man schauen muss, dass man nicht alles einfach bewertet und dann mit der „Wir sind in Deutschland“-Keule kommt, sondern dass man ins Gespräch geht, präventiv aufklärt usw., wenn das drohen würde, die Eltern auch aufklärt, welche gesundheitlichen Folgen das haben kann, dass man zusammen darüber spricht. Und wenn die Eltern nicht kooperativ sind, würde ich es dem Jugendamt melden tatsächlich. Was ich dabei aber dann spannend finde, würden wir uns im gleichen Fall auch so verhalten, wenn es um eine Beschneidung von Jungen geht? Und das ist so ein Thema, darüber habe ich mal im Sozialarbeitsstudium eine recht große Präsentation vorbereiten müssen, weil es um Kulturen und Interkulturalität in der Sozialen Arbeit ging und welche Rollen wir da einnehmen usw., also auch ein spannendes Thema. Weil wenn wir darüber reden, über Genitalverstümmelung von Mädchen, was natürlich nochmal sagen wir medizinisch oder anatomisch eine andere Bedeutung hat und auch andere Auswirkungen hat körperlich wie eine Beschneidung von Männern oder von Jungen, aber auch da wird etwas weggeschnitten und die Kinder können nichts dagegen tun, es wird über ihren Körper entschieden. Und auch die können Langzeitfolgen haben, Gefühlslosigkeit und Taubheit oder Entzündungen oder weiß ich nicht was, also das ist ja schon auch …

M: Ja das ist schwierig, und auch schwer zu vergleichen, also die weibliche und die männliche Beschneidung.

I: Ja voll, absolut, zwei völlig verschiedene Paar Schuh, aber es geht um die körperliche Unversehrtheit von Kindern, über die sie in solchen Momenten, weil es so im jungen Alter, zumindest bei den Jungs jetzt oft, so passiert, dass es nicht medizinisch initiiert oder notwendig ist. Und bei Mädchen ist es halt einfach ein anderer Hintergrund, und da geht es ja wirklich darum, dass sie keine Freude mehr am Geschlechtsverkehr haben sollen, dass sie nur sozusagen Kinder gebären sollen und nicht dabei irgendwie irgendwas empfinden dürfen, da gibt es ja auch unterschiedliche Formen der Beschneidung. Also so ein bisschen weiß ich da schon darüber.

M: Ja ich wollte gerade sagen.

I: Aber ich darf mich da nicht zu weit aus dem Fenster lehnen, weil ich nicht genug weiß.

M: Mehr als alle anderen, die ich bisher interviewt habe. Und wenn wir jetzt nochmal zurückgehen zu dem anderen Fall, also wenn jetzt ein Mädchen schon beschnitten wurde und dann sich melden würde, so mit „Ich habe Schmerzen“ oder … ?

I: Mhm. Auch da würde ich mit den Eltern oder den Sorgeberechtigten ins Gespräch gehen und dann auch gucken, dass die Eltern auch offen dazu sind, zum Arzt zu gehen. Da wäre natürlich die Frage, wie alt das Kind ist, wenn das Kind jetzt in der 4. Klasse ist und vielleicht schon Blutungen hat, muss man vielleicht nochmal einen anderen Arztbesuch irgendwie machen. Oder wenn es noch ganz klein ist zum Kinderarzt. Aber immer ins Gespräch mit den Eltern, also die immer mit ins Boot holen, weil wenn wir jetzt auch nicht mit denen so hier sprechen und über die Risiken aufklären und nicht präventiv genug arbeiten, dann werden die Geschwister, die anderen Mädchen vielleicht hier in der Hinterkammer dem Ganzen so unterzogen. Ist dann vielleicht auch nicht schlimmer als irgendwo im afrikanischen Hinterland, ist wahrscheinlich auch nicht so das bessere Werkzeug so als hier, aber trotzdem wird es hier ja nicht klinisch sauber oder so vollzogen, weil das geht ja gar nicht.

M: Ja und die Schmerzen sind ja trotzdem da.

I: Eben, ja voll.

M: Oft werden die Mädchen auch zurückgeschickt in ihr Heimatland und dann wird es dort durchgeführt. Würden Sie sagen, dass Ihr Wissen über FGM ausreichend ist, um die Mädchen dann angemessen zu schützen?

I: Nee, weil das einfach so ein Tabuthema ist, mit dem man sich nicht groß beschäftigt, man geht davon aus, hier passiert es nicht mehr. Aber wenn Sie jetzt sagen, die werden dafür sogar zurückgeschickt, dann ist es natürlich auch was, das hier auch Thema ist. Deswegen meine Hoffnung wäre jetzt „Südwind“ oder die anderen, „FMGZ“, keine Ahnung, das wäre jetzt meine einzige Hoffnung, dass man da Kontakte knüpfen kann und sich vorher beraten lassen kann vor so einem Elterngespräch, worauf man achten kann, was man auch an Bedingungen stellen darf oder nicht, ja.

M: Und was sollte sich ändern, damit Sie eher so das Gefühl haben, okay mein Wissen reicht aus, ich kann sie angemessen schützen?

I: Tatsächlich kann ich das gar nicht so einschätzen, ob es hier wirklich so ein großes Thema ist. Wir haben sehr sehr viele afrikanische Familien, aber ob das hier ein Thema ist, weiß ich nicht. Und da müsste man vielleicht mal eine Schulung dazu machen oder weiß ich nicht. Aber ich frage mich dann auch, würden Kinder uns das dann erzählen, würden wir überhaupt darauf kommen, dass es sich um das handelt? Weil wir ja eigentlich davon nichts wissen, also weil wir nicht dafür sensibilisiert sind.

M: Ja aber genau das meinte ich damit, was müsste sich ändern, dass wir zumindest so im Hinterkopf haben, es könnte theoretisch auftreten.

I: Ja dann bräuchte man natürlich, ja würde ich sagen, muss man sensibilisiert werden für das Thema. Gerade auch so im Migrationsbereich gibt es ja schon immer wieder auch Fortbildungen und ich glaube auch, dass die Menschen oder Frauen, die sich mit dem Thema

beschäftigen, sehr dafür brennen, weil das natürlich auch eine persönliche Betroffenheit auslöst und da würde vielleicht auch Uniklinik oder weiß ich nicht was, Ärzt*innen vor Ort mit dem Thema in Berührung kommen, und die sind dann vielleicht auch die Personen, von denen man sagen würde, macht doch bitte mal eine Schulung dafür, wie schätzt ihr das ein, ob das schon bei Kindern im Grundschulalter ein Thema ist. Ich weiß zum Beispiel nicht, in welchem Alter, ich glaube die Altersspanne ist recht groß, oder?

M: Ja, die werden schon im Alter 3-4, aber auch bis 16 so beschnitten, also …

I: Kommt ein bisschen wahrscheinlich auf das Land drauf an.

M: Ja, das ist schon unterschiedlich. Also meistens sind sie schon eher jünger, also dass sie jetzt 16 sind, ist eher selten, also eher so 6-10, also schon Grundschulalter, doch.

I: Und sind die dann, ich weiß nicht, aus welchen Ländern ungefähr, kann man das so sagen?

M: Also die meisten Zahlen sind aus dem östlichen Afrika, westlichen aber dann doch auch, aber Asien hat auch hohe Fallzahlen. Also Somalia die Ecke, aber Westafrika genauso. Und durch Migration eben überall. Also in Deutschland sind es ca. 104,000 Frauen/Mädchen, die beschnitten sind, und ca. 18,000, die jedes Jahr das Risiko haben, beschnitten zu werden. Kann man jetzt viel finden oder auch nicht, aber …

I: Jedes Mädchen ist eins zu viel, sage ich.

M: Genau, sehe ich genauso.

I: Für mich ist irgendwie ein bisschen schwierig, um das verhindern zu können, müsste man es ja auch mit den Kindern thematisieren können, und das ist natürlich schon auch was, was in den Bereich Sexualkunde fällt, vielleicht, und das kommt ja erst später, das kommt ja erst in der vierten Klasse. Man kann höchstens, es gibt ein Projekt, das heißt „Mein Körper gehört mir“ von der theaterpädagogischen Werkstatt Osnabrück, und die machen das für 3. und 4. Klasse, ist quasi ein präventives Angebot, da geht es auch um sexuellen Missbrauch oder Übergriffe generell, und da gibt es für 1./2. Klasse die „Nein-Tonne“, also dass es einfach darum geht, wenn ich ein Nein-Gefühl habe, dass ich es auch sage. Und so versuchen wir schon so auch ab der 1. Klasse, weil eben wir haben viel Thema so Schlagen als Erziehungsmethode, und da versuchen wir eben mit diesem Nein-Gefühl zu arbeiten. Vielleicht würde das in dem Rahmen dann auftauchen.

M: Ja könnte man auf jeden Fall. Tatsächlich waren das auch schon alle meine Fragen.

I: Ja spannend, hat mich tatsächlich auch jetzt nochmal zum Nachdenken gebracht, weil es einfach ein großes Thema ist, was einfach nicht aufkommt.

M: Ja genau das ist mein Punkt.

Interview 6, translated into English:

M: So, my first question is actually related to my master's thesis topic, and I'll just jump right into it. So, first off, do you know what FGM stands for? It's an abbreviation, and it's also in English, I should mention.

I: Mhm, no, I've never heard of it.

M: Okay. It stands for "Female Genital Mutilation". Exactly, that's my general topic, and I'll be looking at what school social workers know about it, whether they come into contact with it at all, and if so, how they would handle such cases. So, that's the rough outline of my topic.

I: Okay, interesting.

M: And it's not a problem if you don't know much about it; it's just for my master's thesis.

I: Alright, got it.

M: Great. So, what do you know about female genital mutilation?

I: Well, actually, I would say not much, because it's a topic I haven't really come across in my work so far. Except for one time, when I worked at the Red Cross in the Tracing Service. So, my colleague and I are employed here through the Red Cross, and in the Tracing Service – International Search and Family Reunification – I had a case where a boy was looking for his sister. She came from an African country and had fled because she was at risk of being circumcised, and that was her reason for leaving. And my knowledge is more along those lines, because I've also worked with young Arab women, and I know that in some cases, the possibility exists to have the hymen reconstructed by some gynaecologists. So, it's a very intense topic, and I've mostly avoided it until now, I mean, I haven't actively avoided it, but I just haven't delved into it much.

M: Yeah. About the case where the girl ran away, do you remember how old she was?

I: No, I don't remember. She was in her teenage years. Her brother was in a group home here, so she was probably around 12 or so.

M: Okay. Do you know what happened after they found each other?

I: They found each other through Facebook, that's all I know. I'm not sure where they moved to or if they're still in Europe, but they didn't go back, that's for sure.

M: Okay, interesting. Do you think that female genital mutilation, is also a problem in Germany?

I: Mhm, I think so, because many people come here from African countries, and while it's completely taboo in Germany, it probably still happens behind closed doors. There isn't much education about it, just a clear "no, it's not okay." So, I think it could be underestimated, like with many cultural or traditional practices.

M: Yeah, I agree. Due to migration, it's become a problem everywhere, and it's somewhat ...

I: I think it would be interesting to ask gynaecologists about it, because they probably, or even in hospitals with women who have already had children and are now having children here. So, I think it's a topic that's not going away just because it's banned.

M: Did you learn anything about the topic during your studies?

I: Not at all.

M: Did you study Social Work?

I: Yes. Social Work for my Bachelor's and Special Education for my Master's. But I didn't come across it in either of those programs. There's a movie, I can't remember the name, "Desert Flower" or something?

M: Yes.

I: I think that's how the topic gained a lot of awareness.

M: Yeah, I've heard that a few times in interviews as well, that if anything, it's through that. Alright, moving on to your school's situation, how many children here have a migrant background?

I: I'm not sure about the exact number, but I think it's quite high, at least 60%? And it's a complete mix, really all nationalities.

M: Ah, that was going to be my next question, nice, nice and international.

I: Yeah, very.

M: Alright, then my next question, which we touched on a bit earlier, is whether you've ever come into contact with it in your work as a school social worker?

I: No, not at all.

M: How long have you been working here?

I: It's a bit complicated. I started here in 2016 and worked in the preparatory class, both here and at the secondary school, the community school, and then I was away for 2.5 years at another school in Landwasser, but as a school social worker, and then I've been back here since 2019/20 and was on parental leave, and now I've been back since this school year. So, I would say I've been working in school social work for about 5 years.

M: Hypothetically, if such a case were to arise, how would you handle it?

I: It depends on the specifics of the case. But if a girl is in immediate danger of being circumcised, then for me, that's a child endangerment case. If the child says she's scared or doesn't want it, I would talk to the parents but probably consult with an experienced professional beforehand. But I'd also inform myself about the support resources available in Freiburg, like "Südwind" or the "Women and Girls' Health Center." I think it's important to approach it sensitively and not just impose German values, but rather have a dialogue, educate, and inform the parents about the health risks. And if the parents are uncooperative, I would report it to child protective services. But it's interesting to think about how we would handle a similar situation involving circumcision of boys. I had to prepare a big presentation on that

topic during my social work studies, about cultures and interculturality in social work, and the roles we play. Because when we talk about female genital mutilation, which has different physical and cultural implications, there's also the issue of male circumcision. Both involve cutting a child's body without their consent.

M: Yeah, that's difficult, and also hard to compare, female and male circumcision.

I: Yes, exactly, they're two completely different things, but they both involve the physical integrity of children being violated, usually at a young age when they can't consent. And both can have long-term consequences, like numbness or infections.

M: Yeah, that's true. If we go back to the other scenario, if a girl has already been circumcised and then comes forward saying "I'm in pain" or something ... ?

I: Mhm. Again, I would talk to the parents or guardians and make sure they're open to taking the child to a doctor. Depending on the child's age, if she's in 4th grade and experiencing bleeding, we might need a different approach. Or if she's very young, maybe a visit to the paediatrician. But it's always important to involve the parents, because if we don't talk to them and educate them about the risks, other girls in the family might undergo the same thing behind closed doors. It might not be any better than in some remote African village, but it's certainly not being done in a clinically clean environment here, because that's just not possible.

M: Yeah, and the pain is still there.

I: Exactly, yeah.

M: Often, girls are sent back to their home country to undergo the procedure there. Would you say that your knowledge of FGM is sufficient to protect the girls adequately?

I: No, because it's such a taboo topic that we don't really delve into, assuming it doesn't happen here anymore. But if you say they're even being sent back for it, then it's definitely a topic here too. So, my hope would be to connect with organizations like "Südwind" or the "Women and Girls' Health Center" for advice before such a conversation with parents, to know what to look out for and what conditions we can or cannot impose.

M: And what needs to change for you to feel like your knowledge is sufficient and you can protect them adequately?

I: Actually, I can't really say what needs to change, whether it's actually a big issue here. We have a lot of African families, but I'm not sure if it's a topic here. Maybe we need to provide some training on it or something. But then I also wonder, would children even tell us about it? Would we even think about it as a possibility? Because we really don't know about it, we're not sensitized to it.

M: Yeah, but that's exactly what I meant, what needs to change so that we at least have it in the back of our minds as a possibility.

I: Yeah, then we would need to be sensitized to the topic. Especially in the context of migration, there are often training sessions, and I think people or women who deal with the topic are very passionate about it, because it can trigger personal experiences. So, maybe local hospitals or doctors who come into contact with the topic could provide some training, and they might be

the ones to assess whether it's already a concern for children in elementary school. I'm not sure what the age range is, by the way.

M: Yeah, they can be as young as 3-4, but also up to 16, so ...

I: It probably depends on the country.

M: Yeah, it varies. They're usually younger, though, so being 16 is rare, usually it's more like 6-10, so elementary school age.

I: And are they from specific countries, roughly speaking?

M: Most of the cases come from Eastern Africa, but there are also significant numbers from Western Africa, and Asia as well. So, Somalia and the surrounding area, but also West Africa. And it's everywhere due to migration. In Germany, there are about 104,000 women and girls who have undergone FGM, and about 18,000 who are at risk of it every year. You can find different numbers, but ...

I: Every girl is one too many, in my opinion.

M: Exactly, I agree.

I: For me, it's a bit difficult, to prevent it, you'd have to be able to address it with the children, and that's kind of in the realm of sex education, maybe, and that only comes later, in fourth grade. At most, there's a project called "My Body Belongs to Me" by the theater pedagogical workshop in Osnabrück, and they do it for 3rd and 4th graders, it's a preventive measure, it's also about sexual abuse or assaults in general, and for 1st/2nd graders, there's the "No Bin," which is about saying no when you feel like it. So, we already try to work on this concept of saying no from first grade, especially since we have a lot of discussions about corporal punishment as a method of discipline. Maybe it would come up in that context.

M: Yeah, definitely a possibility. Actually, those were all my questions.

I: Interesting, it actually made me think again, because it's such a big topic that just doesn't come up.

M: Yeah, that's exactly my point.

Appendix IV: Table with Categories, Subcategories and Statements

Table for analysing the interviews, including categories and subcategories, proving statement and a short summary of those statements.

Category	Subcategory	Statements	Summary of Statements
Knowledge of FGM	Background knowledge	Interview 1: “I've seen a documentary about it, but honestly, I don't have deep knowledge about it.” “I couldn't even finish watching it because I found it really so gruesome. And if you imagine that it actually happens, that's already…” Interview 2: “I've heard about it through the media. I don't remember exactly what gets mutilated anatomically. I just remember that it's incredibly painful to have sexual intercourse afterwards, and that women suffer from it their whole lives.” Interview 3: “I've heard about it in the media, that it still happens in parts of Africa or that it's done to young girls, but yeah, my knowledge about it is relatively limited.” Interview 4: “As far as I know, it happens a lot on the African continent, where it's still quite prevalent in some areas, happening to young girls. But otherwise, I haven't had much direct interaction with it in my work so far. So, I only know about it from theory.” Interview 5: “Otherwise, the topic has come across to me through the media, I've also read that book by Dorie, the model from Britain.(...) That's actually my main source of information because she describes in detail what happened to her. And I'm aware in passing that there are awareness programs, that there are still traditions that want to maintain it. Which direction this is heading globally, I'm not sure. I just wish women would have a lot of confidence to come out and say, "I don't want my daughters to experience this." I believe that's the best approach.”	The interviewed school social workers heard about the phenomena FGM but their knowledge is not particularly deep.

	Knowledge through studies	1: “It wasn't a topic in my studies at all.” 2. “No, it wasn’t part of my studies.” “I have very little knowledge about it. Since it hasn't come up yet, I haven't needed to know about it. If it were to come up, I would inform myself to be able to react accordingly.” 3: “No, not at all, that's almost 30 years ago, but I'm pretty sure it wasn't a topic back then.” 4: “It was also a topic in my studies back then, social work.” “It's also often linked to child protection, I had, indeed, some encounters with it. I also did further training to become a qualified expert in child protection cases, and it's certainly a topic there, both for boys and girls.”	Only one of the six interviewees learned something about FGM during his studies.
Awareness and education	Perception in Germany	1: “I can imagine that it's a problem in Germany, but it's nothing I've ever encountered directly, neither at work nor in my surroundings or anything like that.” 2: “I think it might be here too. But I thought it was illegal, right?” 3: I can't really assess that. I've heard that it happens in, well, I'm not sure if it also happens in Germany, but that the girls were practically taken to Africa, to their home country, so that it can be carried out there, so to speak, and in that sense, yes. 4: “I suspect that it does happen here too, but I think it's relatively rare, compared to other places.” 5: “I can imagine it might occur in Germany, but it's not a central issue here. But of course it is also something that is difficult to gain insight into if it is not covered by the media.” 6: I think so, because many people come here from African countries, and while it's completely taboo in Germany, it probably still happens behind closed doors. There isn't much education about it, just a clear "no, it's not okay." So, I think it could be underestimated, like with many cultural or traditional practices.	The school social workers are all unaware about the actual FGM situation in Germany but believe it could be a problem.

	Lack of education and training on FGM	1: “Firstly, it would be good to know to what extent it is even prevalent in Germany.” 5: “My knowledge isn't particularly deep... I... So if the case were here at the school, I probably wouldn't even notice it, so it's actually not sufficient.” 6: “It's such a taboo topic that we don't really delve into, assuming it doesn't happen here anymore.”	Their awareness and knowledge is not sufficient.
Migration Background of School Children	Percentage and Diversity	1: “If it also includes second, third generation, then maybe it's more. Let's say around 30-35%.” 2: “Maybe around 40% or so, but in the second generation, you often can't tell anymore.” “I think they're more Arabic, African, Asian, where you can also see it a bit in their skin color. The European countries, I often don't know, unless I hear it in their language.” 3: “That's around 60-70%, so, if you consider that at least one parent isn't from Germany.” “It's quite diverse here, we don't really have something where you can say, oh, there are a lot from Turkey or Yugoslavia. But at one point, there were 40 languages spoken here.” 4: “So, if we look at it from the school's definition, it would either be children who have directly come from another country or whose parents did and then got naturalized here or have tolerated status. I had the numbers, but I can't remember them off the top of my head. I think they were around 30%, yes, around 30-40%, if you take this definition.” “Many are from Eastern European countries, some from Africa, fewer from Russia now, we've also had a few children from China or Japan, but that's very rare here. And otherwise, a lot are European, so Italy right now, or Spain, quite a few, France less, but still some, yes. 5: “Those, with a migration background, meaning both parents have a migration background, probably around 70%.” “Mainly, it's the Arab region with a focus on Lebanon, but also Russia, Ukraine, sometimes Romania, there are also southern European countries, but not many or not as noticeable, because most are already third generation and the parents speak pretty good	The migration rate at the interviewed schools ranges between 30 - 70 % with an international, diverse background.

		German, so you often don't notice it anymore. There are also African countries, but very isolated cases, someone comes from Nigeria, for some, I don't even know.” 6: “I think it's quite high, at least 60%? And it's a complete mix, really all nationalities.”	
Interaction in School Social Work	Contact with FGM cases in school	1: “The topic has never come up, neither from parents nor from children. So, it feels like you hear about it, but it feels very distant from here.” 2: “I haven't had any contact with it yet.” 3: “I know there was once a teacher who had a bad feeling when the child went to Africa to visit family, where she was worried, but then the concern wasn't confirmed.”	Only one school social worker encountered a FGM situation at school.
	Reactions in case of a FGM threat	1: “So, I could certainly provide primary protection, but because I'm not familiar with the topic, I would have to see who you can turn to in Freiburg, and I would have to navigate through that.” 2: I would first address it, and then also make sure to build trust and see how much the girl tells me about it, whether she wants to be advised, what the girl's goal is. Then I would consult with my colleagues because it's a topic I haven't encountered yet, to see how we would proceed. And because it's also prohibited in Germany, it would be something where I feel like I have to react and do something. (...) If she's afraid of being circumcised, but then similar, action would also need to be taken.” 3: “I believe we would first seek counseling, and I think it would definitely also be reported to the youth welfare office. And otherwise, I think it just requires counseling and support.” 4: “Depending on whether it has already happened or will happen, I would probably have different approaches.” “If it had already happened, I would probably, well, it would likely come up through the child, I don't think there's another way, so I would definitely try to involve my colleague here, we're lucky to have one, or maybe even completely hand it over to her, because I think it would be more comfortable for the girl, and if it becomes a topic.” “Then, you start the conversation and would primarily see how the girl is doing, what she says, what the child's emotional state is like,	The first action would be to talk with the girl and offer counseling and support. Some school social workers would also work together with a colleague and report it to the youth welfare office.

		whether it has any traumas from it. I think it's more about accompanying now, making sure the child is well supported and accompanied. And otherwise, you have to see if there are other children in the family who might also be affected, exactly." "I think in such a topic, I would definitely delve deeper if it pops up, to be more confident in the whole topic." "It depends a lot on whether it's still happening, whether it's already happened, how the child, how the family views the issue, how they handle it, how they accompany it, process it, etc., I think you have to approach it systemically." 6: "If a girl is in immediate danger of being circumcised, then for me, that's a child endangerment case."	
	Collaboration with parents and other external stakeholders	1: "I would seek help from other specialized agencies that have experience with it, actually, because I'm definitely not an expert on it." 2: "I would definitely seek the opinion of a second professional. Probably even from a child protection agency because it involves child endangerment." 3: "It would definitely also be reported to the youth welfare office." 4: "I would also thoroughly assess it with a qualified expert and look into child protection again because I would categorize it as endangering the welfare of the child, even if it may be culturally or religiously motivated." "If it has already happened, depending on when it happened and how the child feels, you have to see if other professionals are better suited than the school social workers. Whether it fits more into a therapeutic context, what it requires. So, I believe fundamentally, the knowledge probably never fully suffices, and I think it requires a team, not just one person probably." 5: "If I have a feeling, oh, or if I notice the girl is in distress, I would probably contact the Women's and Girls' Health Center." "So, there would be child endangerment, I would contact a specialist first if I suspect something like this. And I would just seek support, what I need to do. So, if I felt the child might be taken away tomorrow, I would first turn to the police as well."	The interviews highlighted the importance of involving the parents as well as the need to contact further experts with more experiences in dealing with FGM.

		6: “If the child says she's scared or doesn't want it, I would talk to the parents but probably consult with an experienced professional beforehand. But I'd also inform myself about the support resources available in Freiburg, like "Südwind" or the "Women and Girls' Health Center."” “My hope would be to connect with organizations like "Südwind" or the "Women and Girls' Health Center" for advice before such a conversation with parents, to know what to look out for and what conditions we can or cannot impose.” “If the parents are uncooperative, I would report it to child protective services.” “I would talk to the parents or guardians and make sure they're open to taking the child to a doctor.” “It's always important to involve the parents, because if we don't talk to them and educate them about the risks, other girls in the family might undergo the same thing behind closed doors.”	
Preventive Measures and Protection of Children	Role of school projects in raising awareness	6: “To prevent it, you'd have to be able to address it with the children, and that's kind of in the realm of sex education, maybe, and that only comes later, in fourth grade. At most, there's a project called "My Body Belongs to Me" by the theater pedagogical workshop in Osnabrück, and they do it for 3rd and 4th graders, it's a preventive measure, it's also about sexual abuse or assaults in general, and for 1st/2nd graders, there's the "No Bin," which is about saying no when you feel like it.”	Educational theatre projects could be used to empower the students and prevent the practice.
Cultural Sensitivity and Ethical Considerations	Ethics and child welfare in intercultural contexts	4: “Usually, we mainly deal with mothers and less often with fathers, so you also have to consider, if there's only a father left, then it might be important, depending on the culture again, to have a team that deals with it, or maybe just the woman.” 6: “I think it's important to approach it sensitively and not just impose German values, but rather have a dialogue, educate, and inform the parents about the health risks.”	It is important to approach the topic in a culturally sensitive way.
Challenges and Perception of Change	Difficulties in identifying and intervening in FGM cases	4: “Yes, although our children are quite open, so they probably would. But maybe it's like with cases of sexual abuse, where statistically you have 3 children per class sitting in front of you, but often you don't know.” “As far as I know, it's also highly controversially debated, like circumcision in the Jewish context or so, where religion, the rights of religion, and the practice of religion play a significant role. And I find it difficult, I have to keep my personal opinion to myself, or remain objective on the topic, yes.”	Difficulties during a FGM case could be the privacy-trust issue, objectivity and general knowledge/awareness.

		5: “So, from that perspective, the children have learned very well not to say certain things and to keep it within the family.” 6: “Would we even think about it as a possibility? Because we really don't know about it, we're not sensitized to it.”	
	Importance of awareness - raising and training for professionals	1: “And then also to create awareness, who can you turn to, are there any counseling centers? So, just to make the topic known because it really isn't at all.” “I think it's important, so I appreciate any attention drawn to all these injustices.” 2: “It could be included in further training or in my studies, just mentioned at least a bit, I would find that helpful. I don't think you can always learn and know about all topics. I think the basic approach is important, knowing how to talk to such a child anyway. But I would find it interesting if it were a topic in a seminar and we learned something about it.” 3: “I just need more information, so that you have a bit more background and maybe also what to look out for, I mean, like with other trainings, like on sexual abuse, knowing what to look out for, what are the signs, and which countries are most affected, so that you're just a bit more vigilant.” 4: “It might need a bit more attention in the public eye or a better general approach to the topic because.” 5: “There are of course forms where school social workers completely meet, where sometimes even substantive topics are brought up in plenary sessions, and you could consider whether this could be a focus at such an afternoon or morning session, just to get the information. I'm not sure what priority the topic has because I actually see it as very difficult to reach the children. But that doesn't mean it's less important.” 6: “We need to provide some training on it or something.” “We would need to be sensitized to the topic.”	All school social workers highlighted the need of further training on FGM and general awareness-raising.