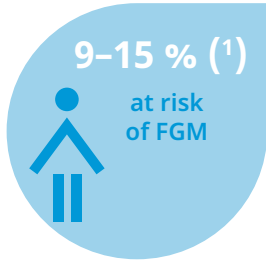


Female genital mutilation

How many girls are at risk in Spain?



Girls at risk

The European Institute for Gender Equality (EIGE) estimates that **9-15 % of girls (3 435-6 025 girls aged 0-18) are at risk** of female genital mutilation (FGM) in Spain out of a total population of 39 734 girls aged 0-18 in 2018 and originating from countries where FGM is practised. Of these 39 734 migrant girls, 79 % (31 232) are second generation.

Girls at risk of FGM in Spain mostly originate from Guinea, Mali and The Gambia. Smaller groups of girls originate from Egypt, Mauritania, Nigeria, and Senegal ⁽²⁾.

Asylum-seeking and refugee girls

No disaggregated data for asylum seekers and refugees was available from the Ministry of Interior.

FGM is a severe form of gender-based violence, leaving deep physical and psychological scars and affecting the lives of victims around the world. It is a violent form of subordination of women and girls and it stands in gross contradiction to the principles of gender equality. It is a violation of women's and girls' human rights.

According to the World Health Organization, FGM refers to 'all procedures involving the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons' ⁽³⁾.



About the study

EIGE has developed a methodology to estimate the number of girls at risk of FGM in the EU and has applied it to a total of 13 Member States. The calculation of FGM risk considers two scenarios. In the high-risk scenario, it is assumed that there is no influence of migration and that girls originating from an FGM-practising country and living in an EU Member State face the same risk as if they had never migrated. In the low-risk scenario, it is assumed that migration and acculturation influence changing attitudes and behaviours regarding FGM ⁽⁴⁾.

The latest study, 'Estimation of girls at risk of female genital mutilation in the European Union - Denmark, Spain, Luxembourg and Austria', was conducted in 2020. It provides the EU institutions and EU Member States with accurate information on FGM and its risks among girls in the EU. This enables the design of targeted policies to eradicate FGM.

- ⁽¹⁾ This percentage refers to girls aged 0-18 originating from countries where FGM is practised. Data for Denmark, Luxembourg and Austria is from 2019. Data for Spain is from 2018.
- ⁽²⁾ EIGE, *Estimation of girls at risk of female genital mutilation in the European Union - Denmark, Spain, Luxembourg and Austria*, Publications Office of the European Union, Luxembourg, 2021.
- ⁽³⁾ World Health Organization, factsheet on female genital mutilation, 2020, (<http://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>).
- ⁽⁴⁾ EIGE, *Estimation of girls at risk of female genital mutilation in the European Union - Denmark, Spain, Luxembourg, and Austria*, Publications Office of the European Union, Luxembourg, 2021.

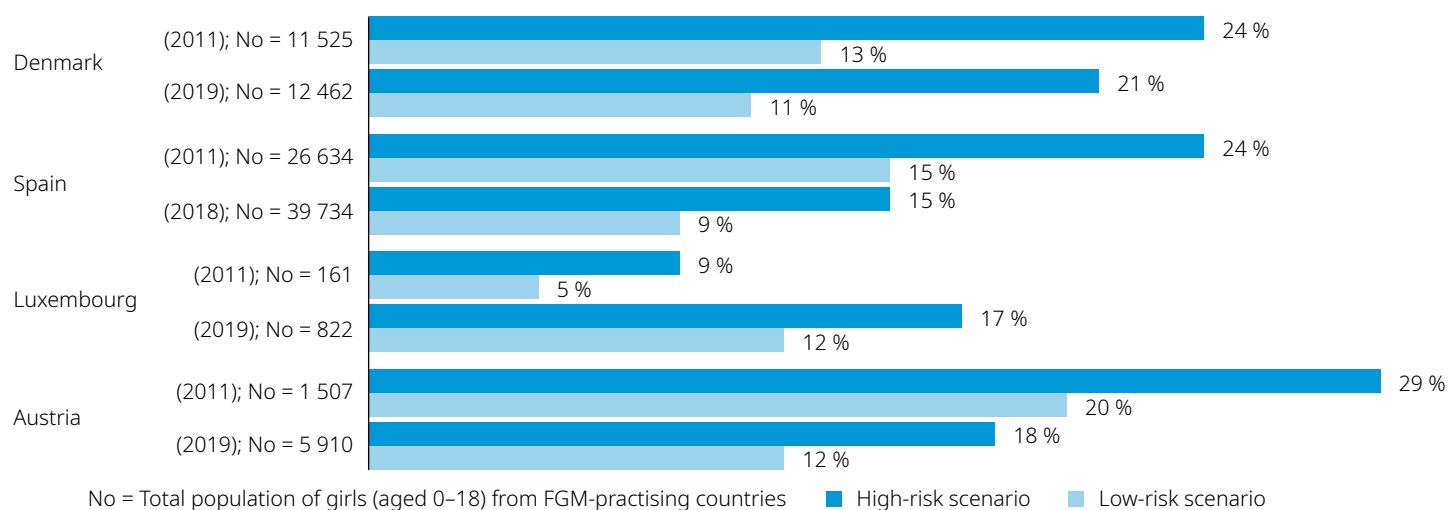
What are the trends over time?

The absolute number of girls at risk of FGM in Spain has decreased despite an increase in the number of migrant girls from FGM-practising countries (from 26 634 in 2011 to 39 734 in 2018). However, the percentage of girls at risk in the high-risk scenario has decreased from 24 % in 2011 to 15 % in 2018.

The decrease in the share of girls in the high-risk scenario may be attributed to a change in the countries of origin of migrant girls. Since 2011, there has been a decrease in the number of resident migrant girls from Egypt and Ethiopia,

which have prevalence rates of 70 % and 47 % respectively for girls and women aged 15-19. Moreover, there has been a large increase in the number of resident migrant girls from Nigeria and Senegal. These countries of origin have FGM prevalence rates of 14 % and 21 % respectively for girls and women aged 15-19. The increase in the number of girls has been much less extreme for countries with higher FGM prevalence rates such as Somalia (97 % FGM prevalence for girls and women aged 15-19). See **Figure 1** for an illustration of the changes over time.

Figure 1. Estimated proportion of resident migrant girls (0-18) at risk of FGM in DK, ES, LU, AT



The overall size of the female migrant population from FGM-practising countries differs substantially across the four Member States. FGM is a problem that consequently affects countries to varying extents. The current estimated proportion of girls at risk varies from 15 % in Spain to 21 % in Denmark in the high-risk scenario for this study and from 9 % in Spain to 12 % in both Luxembourg and Austria in the low-risk scenario. There have also been variations in the trends over time. Luxembourg is the only Member State examined in which the estimated percentage of girls at risk has increased since 2011.

Source: EIGE, *Estimation of girls at risk of female genital mutilation in the European Union - Denmark, Spain, Luxembourg, and Austria, 2021.*

Community perspectives

To gain in-depth knowledge and understanding about FGM among the diaspora living in Spain, four focus groups were held with women and men. Most participants were from Senegal, but other participants were from Ethiopia, Guinea, Mali, Mauritania, Nigeria, Somalia and The Gambia.

Participants in all focus groups held negative attitudes towards the practice of FGM for two main reasons: the long-term physical damage and the negative effect of FGM on women's sexual pleasure with the associated discomfort and pain.

Participants indicated that social attitudes towards FGM have changed over the years, with it becoming a more private practice due to fear of detection and punishment. Participants said that prevalence of FGM in their countries of origin may vary depending on whether people live in an urban or rural

environment and on their socioeconomic status, education and ethnic group. According to participants, tradition and religion are often used as justifications to justify upholding the practice, although FGM is not a requirement in their religions. 'Elders' were considered to play a significant role in the decision-making around FGM within FGM-affected communities.

Participants in all focus groups noted that FGM is not commonly practised in Spain, although participants felt that women and girls who have experienced FGM would be likely to hide it, due to shame and fear of judgement.

Participants were unable to refer to any anti-FGM legislation in Spain but assumed that the practice was prohibited, as it is in some of their countries of origin. Most participants were aware of anti-FGM campaigns and efforts in Europe, but none had been involved in these.

How does Spain tackle female genital mutilation?

- ✓ **Specific criminal law provision on FGM**
- ✓ **FGM-related child protection interventions**
- ✗ **FGM-specific asylum legal provisions**
- ✓ **Official process for professionals to report**

LEGAL FRAMEWORK

Criminal law. FGM is a crime in Spain, with a prison sentence of 6–12 years (Organic Act 11/2003 on Concrete Measures in Matters of Public Safety, Domestic Violence and Social Integration of Foreigners). FGM is punishable no matter where it occurs if performed by a resident in Spain or by a person with Spanish or foreign nationality, or on an individual of Spanish nationality or with residence in Spain (Organic Act 1/2014 of 13 March). Judges are allowed to adopt preventive measures in cases of imminent risk of FGM (Article 158 of the Civil Code, modified by Organic Act 9/2000). Since mid-2017, three FGM-related court cases have taken place, two of which applied the extraterritoriality principle. In two of the cases the girls' parents were acquitted.

Child protection law. In situations of risk or lack of protection, public bodies responsible for the protection of minors are required to intervene (Organic Act 1/1996 on the Legal Protection of Children). Catalonia and Valencia are the only regions in Spain that mention FGM in their own specific regulations ⁽⁵⁾.

Asylum law. Organic Act 12/2009 on Regulating the Right of Asylum and Subsidiary Protection does not specifically refer to FGM. There have been 20 asylum cases linked to FGM (prior to 2017), primarily from Nigeria. Only two applications have been successful (in 2005 and 2006), with most administrative sentences rejecting such asylum or refugee applications based on the argument that the practice is banned in the country of origin.

Official process for professionals to report FGM. Professionals must report any criminal offence to the Public Prosecutor or the police (Articles 262 and 355 of the Criminal Procedure Law). Professionals who detect a situation of abuse, risk or possible neglect of a minor, an offence against sexual freedom and trafficking in human beings or exploitation of minors must notify the authorities or the Public Prosecutor (Article 13 of Law 26/2015 of 26 July on the amendments of the protection system for children and adolescents). However, Article 13 of Law 26/2015 does not specifically mention FGM.

POLICY FRAMEWORK

Spain's **National Agreement against Gender-Based Violence** (2018–2022) promotes the national coordination of public policies regarding gender-based violence. It includes a focus on FGM, outlining measures such as information campaigns, research, specific laws and training programmes for healthcare professionals. EUR 1 billion has been assigned to implement the measures included in the agreement.

In 2015, the **Common Protocol for a Healthcare Response to FGM** was developed by the Ministry of Health, Social Policy and Equality and is the first national protocol that aims to guide uniform action in the national health system on FGM. Out of Spain's 17 autonomous communities, 12 have their own protocol or guide on FGM. **Catalonia** was the first to draw up a protocol (in 2002), as it historically had the highest percentage of migrants from FGM-practising areas. Its considerable experience has seen Catalonia pioneer good practices, intervention materials and research on professional practice ⁽⁶⁾. Evaluations of the Catalan Protocol conducted in 2017 and 2018 found that the **training and sensitisation** of primary healthcare professionals should be improved. The evaluations found that the Protocol has become a tool that focuses more on protection than on prevention. Virtually all public services in Catalonia, especially primary care services and schools, will be trained on FGM awareness between 2020 and 2022. Similar protocols have been implemented in Andalusia, Aragon, the Balearic Islands, Basque Country, Castile-la-Mancha, Extremadura, Madrid, Murcia, Navarre, Rioja and Valencia.

The **Manual for Professionals: Prevention and Care of FGM in Spain** states that health services are responsible for attending to the multiple consequences and complications of FGM for the health of girls and women, and there should be ongoing preventive interventions. However, there is no regular and continuous training of health and social services professionals ⁽⁷⁾.

At state level, two tools are important for FGM intervention. The first is the **'knowledge, attitudes and practices'** questionnaire, which measures the impact of action on the ground, evaluates effectiveness, identifies areas for improvement and explores changes across time and between groups ⁽⁸⁾. The second is 'preventive commitment' (the **FGM Passport**), which provides families with a stamped letter for the 'elders' in their communities stating the legal consequences of carrying out FGM in their country of origin ⁽⁹⁾.

Preventive work is often overlooked due to lack of time, intercultural knowledge, coordination between the different services and training, with professionals sometimes going straight to the police and judicial authorities rather than working with the family directly. FGM awareness training for health and social service professionals and guidance on how they can intervene is scheduled to take place in Catalonia between 2020 and 2022.

- ⁽⁵⁾ Catalonia: Law on Rights and Opportunities in Childhood and Adolescence, 2010; Valencia: Law of the Valencia Community on the Integral Protection of Childhood and Adolescence, 2008.
- ⁽⁶⁾ Ministry of Health, Social Services and Equality, *Common Protocol for a Healthcare Response to Female Genital Mutilation (FGM)*, 2015 ([https://www.mscbs.gob.es/organizacion/sns/planCalidadSNS/pdf/Equidad/A_Protocolo_comun_INGLES_\(MGF\).Accesible.pdf](https://www.mscbs.gob.es/organizacion/sns/planCalidadSNS/pdf/Equidad/A_Protocolo_comun_INGLES_(MGF).Accesible.pdf)).
- ⁽⁷⁾ WassuKafo Gambia, Wassu-UAB Foundation et al., *Prevention of FGM/C through the health sector in The Gambia and Spain*, 2015 (<https://www.ohchr.org/Documents/Issues/Women/WRGS/FGM/NGOs/WassuUABFoundation.pdf>).
- ⁽⁸⁾ Kaplan, A., Riba, L., Laye, M., Secka, D., Utzet, M. and Le-Charles, M., 'Female genital mutilation/cutting: changes and trends in knowledge, attitudes, and practices among health care professionals in The Gambia', *International Journal of Women's Health*, Vol. 8, pp. 103–111, 2016.
- ⁽⁹⁾ Ministry of Health, Social Services and Equality (2015).

Recommendations for Denmark, Spain, Luxembourg and Austria

• **Strengthen professional capacity.** There are gaps in the proficiency and sensitivity of public services offered to women and girls who have undergone – or are at risk of – FGM, including in the healthcare, education, law enforcement, child protection, asylum and migration sectors. Specialised training for staff in these sectors can give them the knowledge they need to provide an effective service. Training should be tailored to each professional field and should be provided by relevant ministries and agencies responsible for establishing professional training and workplace standards and guidance.

• **Align the implementation of asylum provisions with the Office of the United Nations High Commissioner for Refugees guidance note on FGM⁽¹⁰⁾.** Asylum claims should recognise FGM as a form of gender-based persecution and an act of violence against women, as per international conventions. Women and girls who have undergone FGM should be considered refugees and the asylum procedure strengthened through additional guidance or law changes.

• **Engage men.** FGM is a taboo topic within affected communities and is often considered ‘women’s business’. However, men are often considered the key decision-makers about FGM, so awareness campaigns should aim to improve their

knowledge of the harm caused by FGM, as well as the legislative consequences. Support should be provided for community members raising awareness on FGM to develop platforms of dialogue within their communities.

• **Strengthen local initiatives on FGM within municipalities.** Affected communities and civil society organisations should be involved in developing and implementing local initiatives to ensure effective messaging and outreach on the harmful effects of FGM. In order for local initiatives to be relevant and well targeted, with specific cultural factors taken into consideration, it is important to identify communities where FGM is prevalent. This should be based on available data on migrant populations. Community-based organisations and individuals should be recognised for their awareness-raising work and initiatives should receive adequate long-term funding.

• **Implement a national registration system to record cases of FGM.** In Spain, Luxembourg and Austria there is no national registration system to record cases of FGM, while in Denmark the registry exists but is not systematically used. There should be a mandatory requirement for all healthcare professionals to register cases of FGM using the diagnosis code consistently and anonymously. Healthcare professionals should be trained on this mandatory recording requirement.

Recommendations for Spain

• **Introduce FGM-specific provisions in regional child protection legislation across Spain.** Regional legislatures should introduce amendments to existing legislation on child protection to explicitly recognise FGM. These amendments should consist of provisions that clarify the reporting and disclosure obligations of professionals regarding FGM, while ensuring a non-stigmatising and non-discriminatory approach. Training for professionals should be made mandatory at the regional and/or national level. Affected communities should be consulted to ensure the provisions address their needs, as defined by them. Consultations should include children and young people.

• **Strengthen the preventative work of healthcare professionals.** Although the Ministry of Health, Social Policy and

Equality developed the Common Protocol for a Healthcare Response to FGM, which sets out guidelines on intervention, primary healthcare professionals still often neglect preventive measures to combat FGM. Instead, they prioritise reporting suspected cases of FGM to the authorities. The Ministry of Health, Social Policy and Equality should improve the quality of prevention-related training for healthcare professionals to ensure they are better sensitised to the needs of girls at risk of FGM and that they have the skills for prevention work. To be in alignment with the Common Protocol, healthcare professionals need to inform families of the dangers of FGM, while also identifying where patients are at risk of FGM and require referral to the appropriate support services.

⁽¹⁰⁾ Office of the United Nations High Commissioner for Refugees, Guidance Note on Refugee Claims relating to Female Genital Mutilation, 2009, available at <https://www.refworld.org/docid/4a0c28492.html>

European Institute for Gender Equality

The European Institute for Gender Equality (EIGE) is the EU knowledge centre on gender equality. EIGE supports policymakers and all relevant institutions in their efforts to make equality between women and men a reality for all Europeans by providing them with specific expertise and comparable and reliable data on gender equality in Europe.

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European Institute for Gender Equality
Gedimino pr. 16
LT-01103 Vilnius
Lithuania

Contact details

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