

# Different procedures for different types of FGM



“

*Catalan protocol for the prevention of FGM*

”

Following a parliamentary resolution, the Government of the Catalan Administration (Generalitat) adopted a Protocol for the Prevention of Female Genital Mutilation in 2002. This establishes a coordinated method of intervention by different departments of the Catalan public administration in FGM cases, by detailing the steps each actor should take in each type of FGM case.

The protocol sets out the different procedures to be followed depending on whether the victim already lives in Catalonia and the legal situation in her country of origin. It prescribes the appropriate action to be taken by the health, education, police and social services in each case.

Objectives of the intervention:

- Avoid the practice of FGM in girls living in Catalonia by conducting a socio-educational intervention with the assistance and coordination of DGAIA. The intention is that the families decide by themselves not to practise FGM.
- Parents sign the compromise that indicates with conviction that the girl or teenager when travels in the country of origin she will not be mutilated
- The DGAIA or the Prosecutor has to request to the Court the adoption of the precautionary measures, among others, the prohibition of leaving the territory when there is reasonable suspicion that the child or adolescent will be crippled if the country of traveling is the origin of their parents.
- Enable the recovery of the girls living in Catalonia that were subjected to FGM
- When possible, demand the prosecution of alleged authors of the crime

---

## The legal framework

On 20 June 2001, the Parliament of Catalonia passed Resolution 832/VI adopting measures against the practice of FGM and urging the Catalanian government (Generalitat) to adopt preventive and welfare measures in the areas of health, education and social services. Following this resolution, the Catalan protocol aimed at preventing FGM was passed in June 2002, addressing health professionals, primary care social services, schools, police and other preventive associations.

Its main goal is to establish a coordinated method of intervention by different departments of the Catalan public administration in FGM cases, by detailing the steps each actor should take in each type of FGM case (non-urgent, urgent and already performed). The ultimate goal is to promote behavioural change in practising communities.

The protocol has later been adapted by four laws:

- Laws from the Penal Code that criminalises FGM: LO 11/2003, 29 of September, regarding FGM as a crime, and LO 1/2014, 13 of Mars, extraterritorial persecution .
- Law 5/2008 to eradicate violence against women. This law takes into consideration several resolutions of the European Parliament and addresses FGM as a form of gender-based violence.
- Law 14/2010 of May 27 on Rights and Opportunities for Children and Teenagers). This law specific that establishes prevention, care and protection for girls who have been subjected to FGM or are at risk of undergoing the procedure was passed ,

These laws establish the actions for prevention, assistance, protection and public prosecution with regard to FGM in Catalonia.

---

## Dealing with historical FGM

The protocol and Laws specifics details the procedures regarding situations where FGM has been performed or where girls/women are at risk. In cases in which FGM has already been performed, the protocol distinguishes the following situations:

- 1 | Girls who have undergone FGM arriving in Catalonia from a country where legislation forbids FGM;

- 2 | Girls who have undergone FGM arriving in Catalonia from a country where legislation allows mutilation;
- 3 | Girls living in Catalonia, mutilated after a trip to their country of origin where legislation allows mutilation.

When one of these situations is detected (by health, educational or police services), health practitioners are asked to diagnose FGM and to submit a medical report and a judicial statement and inform the court or the public prosecutor's office and the Direcció General d'Atenció a la Infància i l'Adolescència (DGAIA). Several actions are then initiated: the DGAIA, in coordination with social, health and educational services, must ensure that the girl who was subjected to FGM receives adequate social, educational, physical and psychological support and, if necessary, treatment for revert the effects of FGM. For third situation, if there is evidence that a crime has been committed, the DGAIA must report this to the court and urge the initiation of proceedings. The DGAIA must also ask for precautionary measures, such as a ban on leaving the country, withdrawal of passport and prohibition on issuing another passport, and must notify the relevant embassy or consulate. In spite of the risk of FGM, the DGAIA strives to keep the girl with her biological family, on the condition that the parents follow all care and protection measures required by the institutions.

The court must prosecute and punish perpetrators of FGM, whether by commission or omission, if he/she is found in Catalonia, according to the principle of extraterritoriality which is applicable. For the first and the second situation, however, FGM cannot be prosecuted or punished by Spanish courts because the girl does not have residence status”.

---

## Dealing with the risk of FGM

The protocol establishes the key elements for identifying an FGM risk situation and defines the actions professionals should take to protect a girl. The key features of an FGM risk situation are: girls whose mothers or aunts have been mutilated; girls whose parents want to travel to their countries of origin where FGM is practised; girls whose parents refuse to sign an informed consent form preventing the girl from undergoing FGM; girls whose parents sign the informed consent without much conviction; and when there is a suspicion that parents may prevent the girl from returning to Catalonia. The informed consent is a document that explains to the parents the legal consequences of practising FGM. If the family refuses to sign it, precautionary legal measures are then requested to avoid the girl leaving Catalonia.

For each identified situation, the risk level must be assessed (urgent or non-urgent) and protection actions must be carried out:

- Non-urgent (situation identified by the school or by health institutions): a coordinated action with the social services will be carried out to initiate a socio-educational intervention with the family;
  - Urgent: health institutions ask the family for the informed consent form where they state that their daughter will not be mutilated.
- 

## Successes and shortcomings

The protocol and specially the laws have protected and support of girls at risk of being subjected to FGM, provided revert FGM, led to the prosecution of people carrying out FGM and promoted behavioural change among families from FGM-practising communities.

The protocol is based on interdepartmental cooperation, ensuring a comprehensive intervention by different services and departments involved in the eradication of FGM. Since the professionals involved work directly with families, they can in some cases achieve behavioural change, meaning that families will not subject their daughters to FGM and, hopefully, the next generation will not continue the practice either. Although there is no information or evaluation that assesses behavioural change among parents, there is evidence that the parents who give their informed consent stating that they will not subject their girls to FGM do comply with it; no paediatrician has so far informed the DGAIA that the consent form was not respected (i.e. that FGM was practised), which would trigger a criminal prosecution.

However four factors would improve the effectiveness of action against FGM in Catalonia. Firstly, a data collection system is needed to enable an estimate to be made of the number of girls and women subjected to FGM, or those at risk. These data would allow to effectively implement the measures of prevention, care and protection, and to evaluate the effectiveness and efficiency of the normative. In its absence, it is difficult to know what the impact of the measures is. Certainly the data that are available are implausible: the data have not corresponded to the potential population at risk, which is disproportionate. It is also known that in practice the protocol is sometimes overridden, and girls who were identified as being at risk of undergoing FGM were, in the end, subjected to the procedure.

Secondly the protocol and the law taken should be evaluated. Third, consolidate the application of the legal dispositions and preventive measures such as care and protection through dissemination activities. Four, the promotion of training and awareness programs aimed at professionals involved (health, social services, education, administration of justice, law enforcement). Fifth, search the involvement of civil society in particular women's organizations working in their community for eliminate the FGM.

Finally, to include in the official programs and/or degrees didactic material about the violence against women and girls based on gender, one form of violence is the FGM, and the right to personal integrity, adapted to the age of the students.

---

## Contacts/Further Information

### Contacts

Montserrat Sabate: [msabatep@gencat.cat](mailto:msabatep@gencat.cat)

### Further information

Ministry of Social and Family Welfare page on FGM



Action protocol for the prevention of female genital mutilation (2007) (.pdf)



---

## Metadata

TOOL: Prevention