



# **Action protocol for the prevention of female genital mutilation**



Generalitat de Catalunya  
Department of Social Action and Civic Responsibility  
**Secretariat of Immigration**

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## **Monitoring Commission**

Consisting of the Social Action and Civic Responsibility,  
Education, Health, Home Office and Institutional Relations  
and Participation departments.

Barcelona, 2007



Generalitat de Catalunya

Department of Social Action and Civic Responsibility

**Secretariat of immigration**

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## **ABBREVIATIONS**

FGM: Female genital mutilation

WHO: World Health Organization

PC: Penal code

IHS: Institute of Health Studies

EAIA: Child and adolescent care teams

EBASP: Social primary care teams

DGAIA: Child and Adolescent Care Authority

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## 1. Introduction

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In June 2002 the Protocol for the prevention of female genital mutilation was presented. It was the result of the interdisciplinary project by the Commission of Expert Persons who received the assignment from the Parliament of Catalonia to design a plan of action against the practice of ritual female mutilation in Catalonia. In the session held on 20th June, 2001, Parliament approved Resolution 832/VI on the adoption of measures against the practice of ritual female genital mutilation, which the Commission on Social Policy had studied in the text of the Proposed law presented by all the parliamentary groups.

In the years that this Protocol has been in operation there have been important alterations in the legal texts. On one hand, genital mutilation has been established as an offence in the Penal code, and, on the other, there have been other changes in the extraterritoriality criteria in the execution of this offence, through the amendment of the Organic Law of judicial power (LOPJ).

These legislative changes and the true and efficient application of the Protocol after some years, have meant that the Protocol needs to be revised by the Monitoring Commission to improve its operation, adapting the circuits to new social and legal realities, and, above all, incorporating the role of the communities and associations as a key point in the prevention of this ancient practice.

Consequently, the Monitoring Commission, made up of the departments of Education, the Home Office and Institutional Relations and Participation, Health and Social Action and Civic Responsibility through the Secretariat of Family Policies and Citizens' Rights, the Secretariat of Infancy and Adolescence, the Catalan Women's Institute and the Secretariat of Immigration, has revised the Action protocol for professionals working in the different areas of intervention, resulting in this new edition which you now have before you.



The Protocol envisages the actions that have been set out below in order to prevent this practice. In its entirety, the work promotes information, training and the respect of human rights in prevention as lines of action. Legal intervention, in all events, is the final resort which has been used in an attempt to avoid the conduct in question.

With the objective of giving a full response to women who are the victims of any sexist violence, this Protocol will be complemented and coordinated with the Protocol framework and the national circuit- currently in the production stage- for coordinated intervention in matters of sexist violence, and a set of measures and support measures are being established, along with coordination and cooperation within and between public institution and other agents involved.



## 2. The practice of female genital mutilation

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Female genital mutilation (FGM) is the generic name given to the practices that involve the total or partial extirpation of the female external genitals or any other aggression to the genital organs of women for cultural or religious reasons, or for any other non-therapeutic purpose.

Female genital mutilation is practiced in twenty-six African countries and some Asian countries. The origin of the practice is unknown, but it is considered that it could be a thousand-year-old practice that emerged from ancient Egypt, prior to the birth and expansion of Islam, and which spread through the influence of Egyptian civilization. Although people from some Muslim communities, and from some other religions practice it, it can be confirmed that it is not an Islamic precept, neither does it come from any of the main religions.

In Sub-Saharan Africa, ablation is practiced throughout the whole of the Sahel strip, becoming less prevalent towards the equatorial region. From this point onwards it is not practiced, a feature of the countries in the region of the Great Lakes. The connection with tradition depends on ethnic identity rather than on the country to which it belongs.

In the regions where it is traditionally practiced, genital mutilation is due to a question of group coherence even though, depending on the ethnic group to which it belongs, it may have different implications. It may be an inevitable requirement when getting married, to obtain a specific position or simply in order to be accepted into the community, as by means of this operation it is thought that the woman achieves cleanliness and purity.

Female genital mutilation is, therefore, a cultural practice which is carried out in the context of a community and of a group, justifying it with erroneous beliefs from many different areas:



- ▶ **The custom and tradition** which determine the role of the woman within the community.
- ▶ The **control of sexuality** and the encouragement of chastity. It is believed that mitigating sexual desire, guarantees faithfulness and increases masculine sexual pleasure.
- ▶ The **reproductive** functions. There is a belief that non-mutilated women cannot conceive or that it improves and facilitates the birth. It is also thought that the baby's life could be put at risk if during the birth it touches the clitoris.
- ▶ Reasons of **hygiene**. The non-mutilated woman is considered dirty, and consequently, the community prohibits her from handling food and water.
- ▶ Reasons of **beauty** as men consider the genitals a part of the body lacking in beauty and excessively voluminous.
- ▶ **Religious** reasons. FGM is often justified by connecting it with religion, pointing out that it is an Islamic precept coming from the Koran.

The mutilation is often performed in an environment in which the individual abides by the wishes, needs and decisions of the community. Some of the countries where it is practiced send people on towards other more economically developed countries. In this framework, the person who emigrates is chosen by the extended family as the one in charge of achieving the objectives of the migration and, consequently, the ties are maintained both in the material area as well as in the emotional one. Regarding the practice of mutilation, the family that stays in the country of origin usually exerts strong social pressure upon those who have emigrated. This pressure reaches a pinnacle when the emigrants return home, whether this is for good or just for a holiday period.

This journey, which involves staying in the country of origin for a holiday, or the definitive return journey of one or several members of the family that includes girls that have not been mutilated, can be a time of real risk for such children. This is why it is of paramount importance that the stay of the family in Catalonia has enabled some progress to be made in the area we are concerned with and that the parents of the girl have

abandoned the practice through their own decision, rather than due to legal imposition, and that in this way they protect the physical integrity of their daughters permanently, both here and in their own country, today and at any time, to the extent that they will confront, when necessary, the intentions of the community.

In Catalonia there are many families who, when they first arrived, practiced and defended the tradition that they have since abandoned. However, it is also a fact that there are families who, for different reasons, still defend it, and if we do not provide them with the right means such as relevant work on raising awareness of the severity of the practice and take the appropriate measures according to the situation in question, we could be leaving possible victims without protection.

There are several types of female genital mutilation recognized by the WHO:

<b>Tipus I</b>	Excision of the prepuce, with or without excision of part or all of the clitoris.
<b>Tipus II</b>	Excision of the clitoris with partial or total excision of the labia minora.
<b>Tipus III</b>	Excision of part or all of the external genitalia and stitching of the vaginal opening.
<b>Tipus IV</b>	Pricking, piercing or incising of the clitoris and/or labia. Stretching of the clitoris and/or labia. Cauterization of the clitoris and surrounding tissue. Scraping of tissue surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts). Introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purpose of tightening the vaginal channel. Any other procedure that falls under the above definition.

In Catalonia, the persons at risk mainly come from the regions where type I and type II are practiced.



Orange: FGM types I and II

Yellow: FGM type III

Senegal, Gambia, Guinea-Bissau, Republic of Guinea, Sierra Leone, Liberia, Ivory Coast, Ghana, Burkina Faso, Togo, Benin, Nigeria, Mali, Mauritania, Niger, Chad, Cameroon, Central African Republic, Egypt, Sudan, Ethiopia, Kenya, Tanzania, Somalia, Eritrea, Djibouti, Yemen, Oman.

### 3. Reasons for attention and possible risk

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- ▶ **Belonging to an ethnic group** that practices FGM: most women and girls who have suffered genital mutilation are natives, themselves or their relatives, of African countries where it is practiced.
- ▶ **Belonging to a family** in which the mother and/or the elder sisters have been subjected to the practice.
- ▶ **Belonging to a family group** that practices FGM and who are very set on returning to the country of origin.
- ▶ **Imminence of a journey** that could be made or holidays in which the minor could be sent to the country of origin.







## 4. Indicators of suspicion

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Added to a previous trip/holidays in the country of origin, other indicators of suspicion that FGM has recently been carried out can include:

- ▶ Sadness and lack of interest.
- ▶ Behavioural changes.
- ▶ The girl/woman walks with her legs close together or wide apart.
- ▶ Refusal to sit down.
- ▶ Mucocutaneous pallor.
- ▶ Symptoms of subacute subacute anaemia.
- ▶ Not doing physical exercise or not wanting to participate in games that involve activity.
- ▶ Comments made to school classmates.



## 5. Consequences

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Female genital mutilation is a violent, sexist act which, which often leads to physical, psychological and sexual complications in women and girls.

The seriousness of the consequences depends on the typology or on the conditions in which the mutilation has been performed.

It is a fact that in Catalonia we can find as many victims with the consequences of a recent mutilation, as consequences resulting from a mutilation performed many years earlier.

**The immediate consequences** of the practice of mutilation can include: severe pain, haemorrhage and therefore, anaemia, infection, ulceration of the genital region, lesions of the adjacent tissue and urine retention, among others. Haemorrhage and infection can even result in death. We must not forget the psychological impact that FGM can have on the victim: anxiety, depression, terror, feelings of humiliation and sexual disorders.

**The short and long term consequences** of the practice of genital mutilation can be varied and fall into the following areas: physical, psychological and sexual.

### Physical:

- ▶ Transmission of infections such as HIV, hepatitis or tetanus, through the use of unsterilized instruments.
- ▶ Chronic anaemia.
- ▶ Genitourinary problems: genitourinary fistulas, retention, incontinence and/or urinary infections,



menstrual pain, hematocolpos (retention of the menstrual content in the vagina), genital infections, sterility.

- ▶ Obstetric complications.

### **Psychological:**

- ▶ Depression, terror, fears...
- ▶ Confusion and feelings of contradiction due to the difference between the values of the society of origin and those of the society in which they live.
- ▶ Fears of rejection by the victim's own people if she does not agree to the practice of genital mutilation.
- ▶ Uncertainty and fears in the young girls and adolescents who now live in Catalonia and, having been mutilated, become aware about their situation.
- ▶ Fears in girls and women who have been mutilated concerning their first sexual relationships or of giving birth.
- ▶ Feelings of guilt in mutilated mothers who have accepted the practice, and even supported the practice of mutilation on their own daughters.

### **Sexual:**

- ▶ Decrease in sexual sensitivity.
- ▶ Pain during sexual relations.
- ▶ Decrease in sexual impulse.
- ▶ Anorgasmia.
- ▶ Fear and rejection.





## 6. Legal framework

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The Convention on the Rights of the Child, of November 20th, 1989 establishes that the states that sign the convention will adopt all effective and appropriate measures for abolishing the traditional practices that damage the health of boys and girls.

Female genital mutilation is an offence in Catalonia, just as it is in many countries of origin of the people that practice it and where this custom still continues.

It is recognised that in order to eradicate this tradition work with the community through training, information and raising awareness is essential, considering not only the legal framework that protects the victims, but above all, the damage that is done to the victim's health.

When tackling the prevention of female genital mutilations it has to be taken into account that the legal channel will be the last step in the process and should only be used in cases in which the intervention of the operators involved, recognized in this protocol, has not achieved the necessary guarantees.

As previously mentioned, it will always be better for a family to abandon the practice through their own decision than through legal imposition, but when a minor is in a situation of genuine risk the rights of the minor and their physical well-being will prevail and they will be protected. For this reason, in the proactive aspect, if the judge thinks it appropriate, he/she will be able to take the preventative measures necessary for protecting the minor.

In the event that a minor has been mutilated and therefore, aggression has been committed constituting an offence according to our legal code, the relevant formal report must be made.

The organic Law 11/2003, of September 29th, on specific measures in matters of citizen security, domestic violence and

social integration of foreigners changes article 149 of the Penal code and specifically relates to this practice.

#### **“Article 149:**

2. Anyone who causes genital mutilation to another individual in any form, will be punished with a prison sentence of six to twelve years. If the victim is a minor or incapable, the punishment of special disqualification from the exercise of guardianship, tutelage, custody or fosterage shall be applicable for a period of four to ten years if the judge considers it in the interests of the incapable minor.”

In each case it will have to be established whether the mutilation that a minor has suffered has been practiced here or abroad, who facilitated the action and who performed it, the nationality of the actual person who carried it out as well as that of the necessary co-operators. However, it must be born in mind that with the new organic Law 3/2005, of July 8th, modifying organic Law 6/1985, of 1st July, on Judicial Power (LOPJ), the criteria of territorial competence of Spanish judges are changed. Hence it is established that the practice of female genital mutilation will also be persecuted when the offence has been committed abroad, providing that those responsible are staying in Spain. This procedure is aimed at stopping the practice which could be performed when the family goes on holiday to the country of origin.

The Project of law of the rights of women for the eradication of sexist violence, approved by the Generalitat (the Catalan Autonomous Government) on July 17th, 2007, establishes measures for the prevention of female genital mutilation.

Article 4, in which the Forms of exercising sexist violence and the areas of indication, regulates female genital mutilation in the community and social environment.

#### **“Article 4:**

3. d) Violence in the social or community environment. This includes, among others, the following forms:
  - d.4. Female genital mutilation or the risk of suffering it. Includes any procedure that involves the total or partial elimination

of the female genitals or that produces lesions, even if the woman has given her express or tacit consent.”

Subsequently, article 71 sets out the measures to be adopted by the Government in the prevention of FGM.

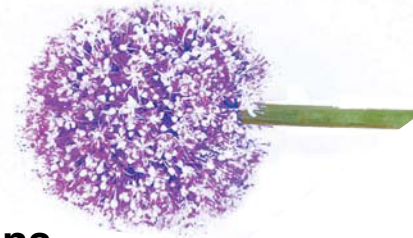
### **“Article 71**

#### Female genital mutilation

The Government of the Generalitat has to adopt the necessary measures in order to:

- a) Promote community mediation among families if there is a risk of genital mutilation. In such cases, endeavours should be made to include in the negotiation the participation of experts and also persons from the communities affected by these practices, and ensure the action of primary social care agents.
- b) Guarantee specific measures for the prevention and eradication of female genital mutilation, fostering action that promotes women in the countries where these practices are performed and training the professionals who are involved there.
- c) Act in the area of international cooperation in order to work from within the countries of origin for the eradication of these practices.
- d) Have health mechanisms available for performing surgery in order to cope with the demand of women who want to reverse the effects of the mutilation that has been performed, as well as psychological, family and community support mechanisms. In cases of girls and minors, and when there is a risk to their health, they and the professionals must have mechanisms available which will enable surgery to be performed.”





## 7. General recommendations

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- ▶ Ensure that professionals involved in this protocol have the necessary knowledge to treat cases of mutilation with the tools and guarantees of quality required.
- ▶ Ensure the means to help guarantee that any practicing family member is aware of the physical and psychological consequences resulting from mutilation and of the legal framework in force throughout Spain. The objective of the work of raising awareness and training will be that, in the nucleus of the practising family, both the mother and father abandon the practice through their own conviction and jointly protect their descendants.
- ▶ The work of reflection and awareness raising, which is promoted with the practicing groups, will incorporate, whenever possible, active agents from the community itself.
- ▶ Emphasising that FGM is one of the different forms of sexist violence, it is important to promote the action of African women as the main protagonists in the process of eradication of FGM, as it is they who are mainly affected. Reflection and raising awareness about the practice will be spread via the women to the whole community, and in particular, to the men who form that community, given that it is they who usually have the authority to allow for any change to take place.
- ▶ In cases where the practice has been carried out action will be taken in accordance with the laws, but, when there are minors to protect, whether they are within the direct family nucleus or within the framework of the extended family, the preventative work will not be abandoned. In cases where aggression has been committed, particular care will be given to the psychological support that the victims may require, either immediately or at other stages in their lives.

- ▶ In dealing with each case the approach taken will be in accordance with this protocol. In cases where a possible risk is thought to be imminent, a transverse approach will be considered as the best strategy for successful neutralization of the risk.
- ▶ Professionals involved who have information at their disposal must treat cases with the strictest confidentiality and handle the matter sensitively, particularly when dealing with the media.

## 8. Intervention

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### Health professionals

#### Information/Training

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<b>Professionals</b>	<p>Courses in specific training for health professionals in collaboration with the “Institut d’Estudis de la Salut” (IES) (Institute of Health Studies)</p>
	<p>Guide for professionals: female genital mutilation, prevention and care (ICS).</p>
<b>Civic responsibility</b>	<p>Information and health education within the framework of community health activities which are carried out in the area of primary healthcare by health-care professionals.</p>
	<p>Production and publication of informative material.</p>
	<p>Working in conjunction with:</p> <ul style="list-style-type: none"><li>- Associations working for the prevention of FGM in providing information and health education.</li><li>- Participation of persons from the community itself as active agents, facilitating the dynamics of collaboration.</li></ul>



<b>Families</b>	Information and health education for children and their girls, given by primary healthcare professionals (general medicine, paediatrics, sexual and reproductive health).
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## Situation of risk

<b>Girls from countries with the habitual practice of FGMNenes</b>	Rule out or diagnose genital mutilation of the girl by carrying out a careful genital examination during a paediatric visit.
<b>Young daughters of mothers who have been mutilated</b>	If this girl has been mutilated and has younger sisters, it will be necessary to examine them, and if they have not been mutilated, the social services should be informed in order to provide active prevention.
<b>Sisters of girls who have been mutilated</b>	If the girl has not been mutilated, the level of risk must be detected by means of the clinical interview with the girl and her family, considering and assessing among other aspects: the customs of the group to which they belong in the country of origin, the pressure within the cultural context, the attitudes and short and long term intentions of the immediate and extended family.
	Information and health education for the girl and her family regarding FGM in Catalonia, with the participation of associations and members of the same community that are working for the prevention of FGM.

<p><b>Adolescents and mutilated women</b></p> <p><b>Mutilated pregnant women</b></p>	<p>Diagnosis of mutilation by means of a clinical interview and a gynaecological examination.</p>
	<p>Assessment of the degree of the consequences in terms of the physical, psychological and sexual aspects.</p>
	<p>Offer of treatment and personalized support. Working in conjunction with other professionals.</p>
	<p>Information and health education with the participation of associations and members of the community itself who are working for the prevention of FGM.</p>
	<p>In the event that the woman is pregnant, assessment of the degree to which the genitals have been affected and the consequences when it comes to giving birth. It is also necessary to prioritize the information and health education in order to prevent the practice in the future child if it is a girl.</p>
	<p>Guide for professionals: female genital mutilation, prevention and care (ICS).</p>
<p><b>Girls with imminent holidays in the country of origin</b></p> <p><b>Comments made to the girl or received from her friends</b></p>	<p>Regarding the imminence of a trip, the girl must be seen by the paediatrician before leaving in order to be able to ensure the integrity of the genitals and establish a guarantee that they will be intact when she returns.</p>
	<p>Request a written agreement by the mother and father confirming that the girl will not be mutilated.</p>
	<p>Arrange and agree on the next visit following the trip, programming the day and time at the paediatric clinic in order to examine the girl on her return.</p>

(continued)  
**Girls with  
imminent  
holidays in the  
country of origin**

**Comments made  
to the girl or  
received from  
her friends**

Information and health education for the girl and her family before going on holiday, explaining the physical and psychological consequences related to the mutilation, and also its legal consequences.

Coordination and working in conjunction with other professionals from social services, in the school environment and with teams from child and adolescent care and also with regional associations working for the prevention of FGM by way of arranging the pre-travel visit, maximising efforts in intervention and helping to overcome the reticence of the family.

If the family does not clearly appear to be against mutilation or/if if they do not give sufficient guarantee that the physical integrity of the girl will be protected if she travels, the healthcare personnel will contact social services and the EAIA (Child and adolescent care teams) so that they can intervene and, if they consider it appropriate, they will request the support of the police in the handling of the prevention. If in spite of this action the risk does not appear to be neutralized, the case will be taken to court and to the public prosecutor. If exit from the country is imminent and there is not enough time for the case to be passed to other official bodies, it will pass directly to the court in order to decide on whether appropriate preventative measures should be taken.

## Suspicion of perpetration

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<b>Preliminary professional Intervention</b>	Examination of the girl to confirm the Diagnosis of mutilation.
<b>Non-perpetration</b>	Usual tests to be followed. Offer of information and health education regarding prevention of FGM.
<b>Perpetration</b>	<p>If FGM has been carried out, it must be reported and a report of the lesions must be made in the relevant court.</p> <p>If the girl in question has younger sisters, they must be examined, and if they have not been mutilated, it will still be necessary to inform social services for the purpose of active prevention.</p> <p>Coordination and working in conjunction with teams of professionals from social services, the school environment, child and adolescent care teams, security corps and also with regional associations working for the prevention of FGM.</p> <p>Care must be guaranteed to deal with the physical and psychological consequences that the girl may suffer.</p>

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## Professionals in social primary care Services

### Information/Training

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<b>Professionals</b>	Training for professionals from the main social primary care teams (EBASP).
<b>Groups</b>	Talks with associations of immigrants from Sub-Saharan Africa. Community work.
	Talks at adult training centres with the presence of immigrants from Sub-Saharan Africa.
	Publication of informative material. Incorporation of associations working for the prevention of FGM in the action of information and education, in order to carry out joint activities involving members of the community concerned.
<b>Families</b>	Intervention of professionals from the main social primary care teams (EBASP) with the occasional support, if necessary, of the Child and adolescent care teams (EAIA).

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## Situation of risk

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### **Imminence of holidays in the country of origin**

Intervention of the professionals from the EBASP with the occasional support, if necessary, of the EAIA.

Coordination with the association in the area that are working for the prevention of FGM, in order to maximize efforts in the intervention and help in overcoming the reticence of the family. If neutralization of the risk is not achieved the appropriateness will be considered of requesting support from the police in the handling of this prevention. If in spite of this action neutralization of this risk is not evident, the case will be taken to court and to the public prosecutor.

### **Imminence of holidays in the country of origin and/or comments made by the girl or by her friends**

If the family is seen to be openly in favour of FGM or maybe states that it will be carried out in the country of origin, the professional must duly inform the public prosecutor.

## Suspicion of perpetration

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### **Perpetration**

If it is certain or there is reasonable suspicion, the professional must inform the public prosecutor.

Use of the network of resources for care and and recovery of women in situations of violence.

## Professionals at education centres

For the adequate protection of the minor, the school should treat the matter with the greatest prudence, discretion and obligatory confidentiality, in all cases avoiding any chance of publicity, this being an aspect that could have direct consequences on the pupils in question and their stigmatization.

### Information/Training

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#### Professionals

Advice and guidance will be given to professionals at education centres on this matter whenever requests for such are made.

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### Situation of risk

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#### Imminence of holidays to the country of origin and/or comments made by the girl or by her friends

If there is reasonable suspicion of possible risk because the family is seen to be openly in favour of FGM or the girl mentions to her teacher, or to her friends that she will undergo this practice in the country of origin, the management of the centre will inform the Main Social Primary Care Teams (EBASP), the Child and Adolescent Care Authority (DGAIA) as well as the inspector for the education Centre.

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### Suspicion of perpetration

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#### Perpetration

If there is certainty or the suspicion is backed up, the management of the education centre will inform the DGAIA, the public prosecutor or the court and the inspector for the education centre.

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## Professionals for the care of minors at risk

### Information/Training

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<b>Professionals</b>	Specific training for professionals who have to deal with cases of FGM.
<b>Families</b>	Specific support from the Child and adolescent care teams (EAIA) in the work of the social primary care teams (EBASP).

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### Situation of risk

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<b>Imminence of holidays in the country of origin and/or comments made by the girl or by her friends</b>	Specific support from the adolescent care teams (EAIA) in the work of the social primary care teams (EBASP). If in the intervention that is being conducted a situation of risk is detected or there is proof that the family is openly in favour of FGM or they have stated that they will carry it out in the country of origin, the personnel will inform the Public Prosecutor for Children.
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### Suspicion of perpetration

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<b>Preliminary professional intervention</b>	If there is proof of perpetration, the professional who detects it has to report it to Public Prosecutor for Children or to the relevant court.
<b>Perpetration</b>	If the Child and Adolescent Care Authority (DGAIA) is informed of a case of possible FGM or the risk of such, the report will be dealt with in the public prosecutor's office or the court, with a request for the adoption of preventative measures, depending on the report submitted by the person who has knowledge of the case.

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## Professionals in the security corps.

### Information/Training

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<b>Professionals</b>	Approaching the tradition within the framework of training that the police receive in multiculturalism.
<b>Groups</b>	Taking advantage of the informative talks that are held in the region for the immigrant group, whereby, if these persons are members of communities that practice female genital mutilation, while talking about the matter they can be informed that in Catalonia this practice is a criminal offence.
<b>Families</b>	In the area of community police the matter will be dealt with when appropriate.

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### Situation of risk

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<b>Imminence of holidays in the country of origin and/or comments made by the girl or by her friends</b>	Working in conjunction with other operators involved to ascertain whether there is a situation of risk and neutralize it if this is the case. If this cannot be achieved, the case must be handed over to the court and the public prosecutor in order to decide on whether preventative measures should be adopted.
	Processing of reports as a result of the received communication.

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## Suspicion of perpetration

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**With  
preliminary  
professional  
intervention**

Processing of the report in court. Investigation as requested by the court.

**Without  
preliminary  
professional  
intervention**

Processing of the report in court. Investigation as requested by the court.

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## Associations working for the prevention of FGM

### Information/Training

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<b>Professionals</b>	Raise awareness in professionals on strategies of intervention in immigrant groups in order to maximise prevention action.
<b>Groups</b>	Promote African women and, in particular, their own associations, as the main protagonists in the prevention of FGM.
	Promote the mobilization of groups of immigrants, so that they will get involved in the fight to eradicate FGM.
	Find out which people in the community could act as interlocutors within the community itself.
	Promote individual and group development programmes in the communities, strengthening the social, economic and educational condition of the women, in order to contribute to the prevention of genital mutilation.
	Production of informative material.
<b>Families</b>	Establish an intergenerational dialogue, among all the influential members.

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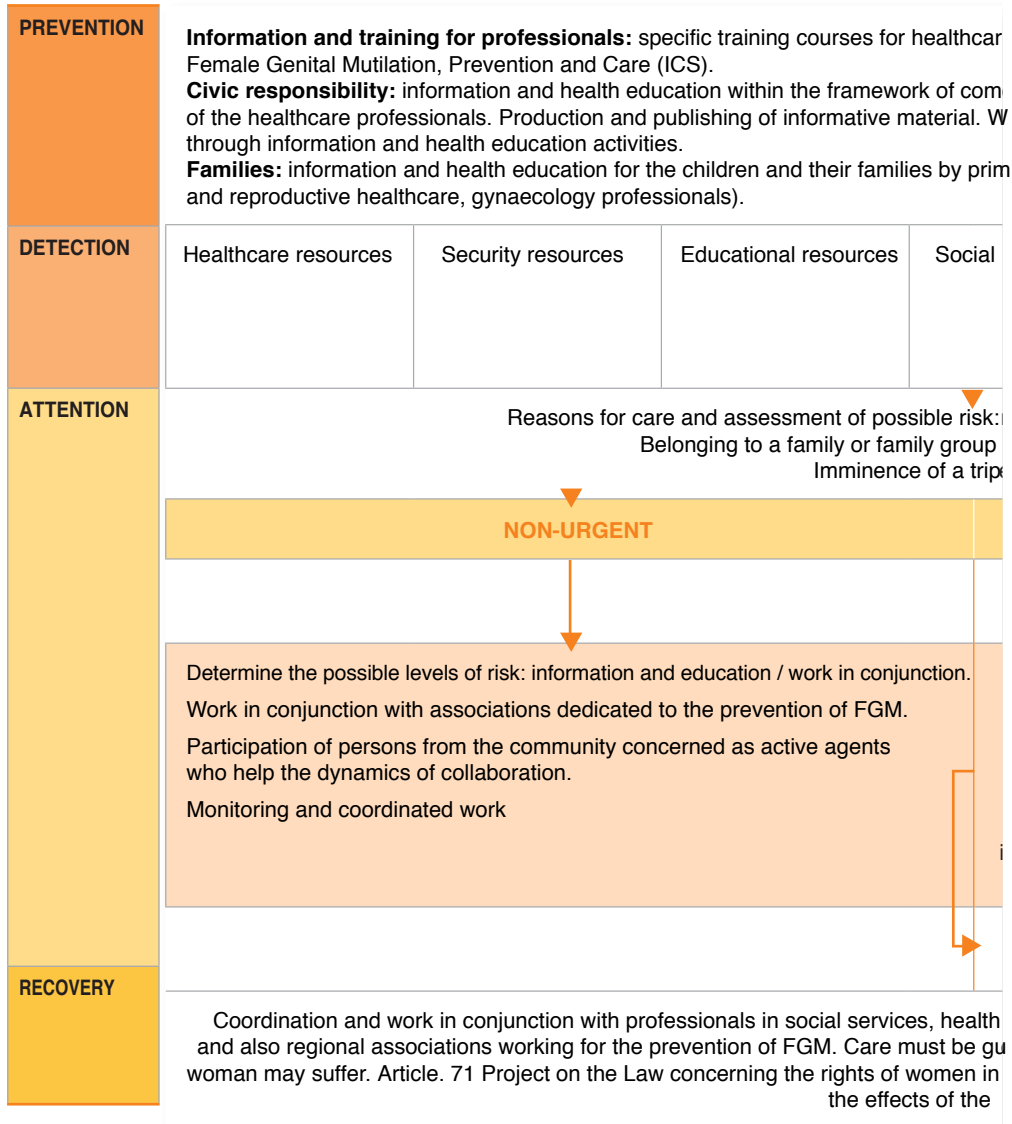
## Situation of risk

<b>Imminence of holidays in the country of origin</b>	Give out a guide on support resources in the country of origin for families that are going away on holiday.
	Carry out activities of an informative and educational nature in order to remind those concerned about legislation, the rights of the child and the consequences of FGM.
	Maintain contact with the Social Primary Care Teams (EBASP) and healthcare teams in the area in order to carry out joint or coordinated action.
<b>Imminence of holidays in the country of origin and/or comments made by the girl or by her friends</b>	Support and open up discussion with the family.
	If the family openly admits to being in favour of FGM or has stated that they will carry this out in the country of origin, the Social Primary Care Teams (EBASP) will be informed of this fact so that the relevant action can be taken.

## Suspicion of perpetration

<b>No preliminary professional intervention</b>	Act in the community informing its members of the consequences of FGM.
	Provide the Social Primary Care Teams (EBASP) with the information so that it can take educational and preventative measures directed at the other sisters or close relatives and so that the EBASP can inform the paediatrician so that the girl will have an appropriate medical check and if there are indications of aggression the judicial body will be duly informed.
	Provide the minor with psychological care.
<b>Preliminary professional intervention</b>	Back up the action established in the protocol.

## NATIONAL CIRCUIT FOR COORDINATED INTERVEN



## TION IN THE PRACTICE OF FEMALE GENITAL MUTILATION

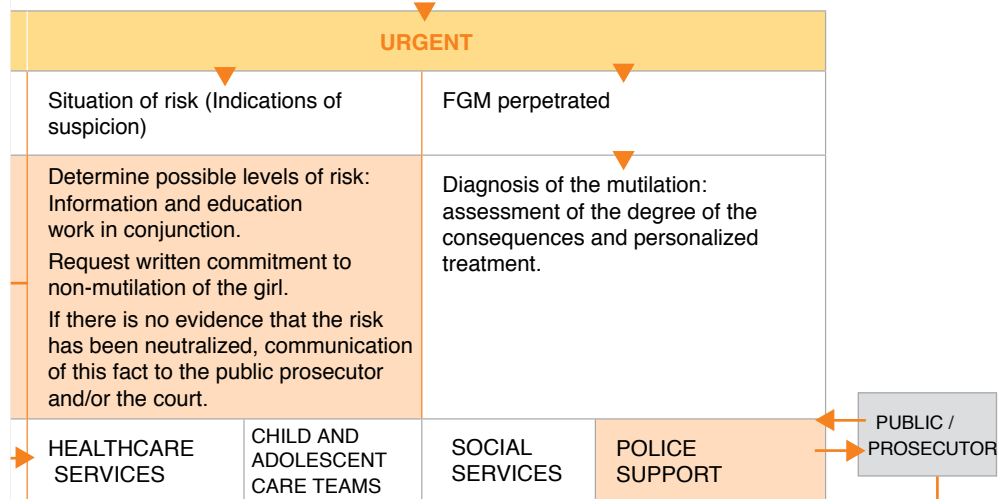
professionals in collaboration with the IES. Guide for professionals:

community healthcare activities which are carried out in the area of primary care on the initiative of professionals working in conjunction with associations dedicated to the prevention of FGM

primary healthcare professionals (general medicine, paediatrics, sexual

Services	Professionals in the care of children at risk	Associations working for the prevention of FGM	Other resources
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belonging to an ethnic group that practices FGM;  
that practices FGM;  
trip or holidays



care, school environment, the Child and adolescent care teams (EAIA), the security corps guaranteed to deal with the physical and psychological consequences that the girl or the eradication of sexist violence: healthcare mechanisms for surgical operations in order to reverse mutilation practiced.



## 9. Useful telephone numbers | Information

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**Infància respon** (Child helpline)

**900 300 777**

**Línia d'atenció a les dones en situació de violència**  
(Helpline for women in situations of violence)

**900 900 120**

**Sanitat respon** (Healthcare helpline)

**902 111 444**

Secretariat of Immigration

**932 701 230**

### **Associations working for the prevention of FGM:**

**Associació Equis-Mgf.** Female Genital Mutilation awareness raising team: a/e: [Equis\\_mgf@yahoo.es](mailto:Equis_mgf@yahoo.es)

**Associació E-kre@.** Community involvement for the prevention of female genital mutilation: [www.ekrea.org](http://www.ekrea.org) a/e: [ekrea@ekrea.org](mailto:ekrea@ekrea.org)

**Associació Yamari-kafo:** [yamarikafo@hotmail.com](mailto:yamarikafo@hotmail.com)

**Associació de dones antiablació (Amam España)**



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