

Summary Sheet

Early Childhood and Education Sectors

Female Genital Mutilation (FGM)

Introduction

Australia has a strong commitment to protecting the human rights of children. At times this may conflict with some cultural practices relating to child rearing. The practise of female genital cutting, or any other act that fits within the definition of female genital mutilation (FGM) is illegal in Australia and constitutes child abuse. Annually, Australia accepts around 13,000 refugees under the Australian Government's Humanitarian Program and in 2006-2007, more than a quarter of these refugees settled in Victoria. A large proportion of the refugee arrivals come from Africa and the Middle East, from areas where FGM is practised. The new arrivals and those from more established migrant communities, some members of whom may traditionally practise FGM, ensure that people who work with in the early childhood and education sectors need to be aware of and understand the nature of this practise. As a person working in this sector, you play a major role in children's lives, and may be the first or only professional to become aware FGM may be an issue for children under your care. An understanding of the child protection, criminal law and human rights issues associated with FGM will help you to ensure the safety and wellbeing of children for whom you have responsibility.

Definition

FGM is used to describe a range of procedures, which involve partial or total removal of the female external genitalia and/or injury to the female genital organs for cultural or any other non-therapeutic reasons. FGM is generally performed on girls between the ages of seven days and fifteen years (World Health Organization, 2008), and may have immediate and long term consequences for a girl's physical, emotional, sexual health and wellbeing.

Action

Find out more by reading the attached background information. If you think FGM may be an issue relevant to children under your care, you are encouraged to consult with:

- Student Critical Incident Advisory Unit - phone (03) 9637 2934 - <http://www.education.vic.gov.au/healthwellbeing/safety/childprotection/sciau.htm>
School Nursing – phone (03) 9096 8417
- Child Protection Services – www.cyf.vic.gov.au/child-protection-family-services/library/contacts (for further information and regional contact details) CPS link

If you become aware that a child has had, or is likely to have FGM performed upon them, this may be grounds for believing that the child is in need of protection. Any person who believes that a child is in need of protection may report this to the Child Protection Service – contact the Department of Human Services in your region or phone 13 1278 (24 hours). If you are a mandatory reporter, please note that FGM falls within the requirements for mandatory reporting of likely significant harm as a result of physical injury or sexual abuse.

[When to make a report \[PDF file\]](#)

Background Information and Advice on FGM

Background

FGM is a ritual practice that predates the world's major religions and variations are performed by a range of cultural groups from Africa, Asia and some Middle Eastern countries. Of those groups settling in Victoria, FGM is sometimes practiced among communities from Cameroon, the Democratic Republic of Congo, Djibouti, Egypt, Ethiopia, Eritrea, Ghana, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Tanzania, Togo and Uganda. FGM is also practiced among certain ethnic groups in a number of Asian countries such as India, Indonesia, Malaysia and Pakistan, as well as some groups from the Arabian Peninsula such as Oman, Saudi Arabia, the United Arab Emirates and Yemen.

The incidence of FGM is actually increasing across the world, seemingly as migrants import the practice to new communities and more established migrant communities seek to retain a link with the culture of their homeland. The WHO (World Health Organisation) estimated that between 100 and 140 million girls and women worldwide have been subjected to one of the first three types of FGM (WHO, 2000a).

A range of reasons are provided for FGM including:

- Cultural identity, promotion of social cohesion and conformity to the values of the group.
- Family honour.
- A means for ensuring the virginity of young girls, their marriageability, social and economic status.
- Control of female sexuality and behaviour.
- Enhancement of beauty.
- Perception of hygiene and cleanliness (Family Planning Queensland, March 2007).

Types of FGM

There are four types of FGM:

1. Clitoridectomy

Partial or total removal of the clitoris and/or the prepuce.

2. Excision

Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.

3. Infibulation

Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without the excision of the clitoris.

4. Unclassified

All other harmful procedures to the female genitalia for non-medical purposes, for example, pricking, piercing, incising, scraping and cauterization. (WHO, 2008)

Possible Health Consequences of FGM

There are a diverse range of health problems and psychological issues which may be indicators of FGM, but can also be the result of other health and medical conditions. To find out more about possible health issues related to FGM see [Female Genital Mutilation: Information for Australian health professionals](#).

Cultural Context of FGM

It is important to remember that FGM is a practice which holds significance for the community and is not perceived as, or intended to, harm or abuse a female child.

It is usually the older female members of the family who continue to perform FGM, unless a medical practitioner is willing to risk the consequences of performing the procedure illegally.

Background Information and Advice on FGM

There can be much division within communities about whether the practice is condoned or not. Some community members may find it difficult to see FGM as a form of child abuse and argue that other forms of abuse are intentional, whereas FGM is not. They may justify FGM as being performed by loving parents who wish to make their daughters marriageable and acceptable in their community. Although this position should be acknowledged, a distinction needs to be made between the symbolic and physical and psychological repercussions for the child, remembering that the World Health Organization (WHO) condemns FGM as a “form of violence and discrimination against women and girls”.

Legal Implications (including Mandatory Reporting)

In December 1995, the Victorian *Crimes Act 1958* was amended by the ***Crimes (Female Genital Mutilation) Act 1996*** to prohibit the performance of FGM procedures on a child or adult and to prohibit the removal from Victoria of a person (child) to have such procedures performed. Having the parent/s or guardians consent to the procedure is not a defence.

Implementation of this legislation is a reflection that FGM has long been on the international agenda and is in contravention of treaties establishing basic human rights, such as:

The Universal Declaration of Human Rights

Article 3: “Everyone has the right to life, liberty and security of person”.

Article 5: “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.”

The Convention on the Rights of the Child (1989) states:

Article 24(3) “State parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children”.

The Victorian *Charter of Human Rights and Responsibilities Act 2006* states at **s.17** regarding **Protection of families and children**: Families are entitled to be protected by society and the State. Children have the right to protection in accordance with their best interests, without discrimination. A definition of best interests principles can be found in s.10 of the *Child, Youth and Families Act 2005*. This Act states that the need to protect a child from harm, protect their rights, and promote their development, must always be considered when determining the best interests of a child.

Mandatory Reporting

In accordance with standard mandatory reporting requirements, if a mandated staff member “forms the belief on reasonable grounds that a child is in need of protection”, in relation to physical harm or sexual abuse, a report must be made to the Secretary (DHS) of that belief and the reasonable grounds for it as soon as practicable. (s184 Children, Youth and Families Act 2005) Mandated professionals are doctors, nurses, teachers, school principals and police. It is an offence for a mandated professional not to make a report if there were reasonable grounds for forming a belief that a child is in need of protection as a result of physical injury/assault or sexual abuse.

Section 162 of the Children, Youth and Families Act 2005 provides the legal grounds for establishing that a child is in need of protection. ***All forms of FGM fall within the legislative definition of physical injury and possibly emotional harm.***

[When to make a report \[PDF file\]](#)

FGM and Protective Intervention

Intervention by the Child Protection Service would be appropriate where this is necessary to ensure the protection of the child, either to prevent FGM from occurring, or to ensure access to appropriate health care where required, and culturally relevant support for girls who have already undergone the practice.

Background Information and Advice on FGM

As with any other report, where FGM is alleged, the best interests of the child are paramount, and the investigation and intervention will be conducted in accordance with the Child Protection best interests case practice model.

Sources of Further Information

The Victorian Department of Human Services administers the **Family and reproductive Rights Education Program (FARREP)**. FARREP aims to work with communities that practice female genital cutting in order to increase their access to primary health services, improve the physical and emotional health and wellbeing of women, young girls and their families and encourage the health system to be more responsive to their needs. More information on FARREP can be obtained from <http://health.vic.gov.au/vwhp/farrep.htm>

Centre for African-Australian Women's Issues (CAAWI)
Level 1, 186 Barkly Street,
Footscray VIC 3011
Phone: (03) 9689 0911
Email: info@caawi.org.au

Dr Sonia Grover
Gynaecology Clinic
Centre for Adolescent Health
Royal Children's Hospital
Phone: (03)9345 5522
Email: sonia.grover@rch.org.au
AND Visiting Medical Specialist
Mercy Hospital for Women (Heidelberg)
Unit 6, 214 Burgundy Street
Heidelberg VIC
Phone: (03) 9459 0444

South East CASA (Centre Against Sexual Assault)
P O Box 72
East Bentleigh VIC 3165
Phone: 9928 8741 (administration)
9594 2289 (crisis line)
Sexual Assault Crisis Line (SACL): 1800 806 292
Email: secasa@southernhealth.org.au

DHS (Department of Human Services)
Child Protection Policy and Practice Unit
Child Protection and Family Services Branch
50 Lonsdale Street
Melbourne VIC 3000
GPO Box 4057 Melbourne 3001
Phone: (03) 9096 0000

References

[Charter of Human Rights and Responsibilities 2006 \[PDF file\]](#)

[Children, Youth and Families Act 2005 \[PDF file\]](#)

[Crimes \(Female Genital Mutilation\) Act 1996 \[PDF file\]](#)

[Family Planning Queensland, Multicultural Women's Health - Female Genital Mutilation \(FGM\) March 2007](#)

[Female Genital Mutilation and Child Protection, Interim Practice Guidelines, November 1997 \[PDF file\]](#)

Background Information and Advice on FGM

[Female Genital Mutilation: Information for Australian health professionals, The Royal Australian College of Obstetricians and Gynaecologists, 1997 \[PDF file\]](#)

[Greater Glasgow Health Board Midwifery Guidance, Female Genital Mutilation \(FGM\), 26 June 2006](#)

[Interim guidelines for the Family and Reproductive Rights Education Program \(February 2009\) \[PDF file\]](#)

[Royal College of Nurses UK - an educational resource for nurses and midwives 25 April 2006 - click on publications A-Z scroll down to F](#)

[United Nations Convention on the Rights of the Child \(UNCROC\), Adopted on 20 November 1989 in New York \(1999\) ATS 4](#)

[Universal Declaration on Human Rights, Adopted and proclaimed by General Assembly resolution 217A \(III\), United Nations Doc. A/810 at 71, of 10 December 1948](#)

[World Health Organization \(WHO\), Female genital mutilation. Fact sheet No 214, June 2000. Geneva, World Health Organization \[PDF file\]](#)

[World Health Organization \(WHO\), Eliminating Female genital mutilation: An interagency statement, 2008 \[PDF file\]](#)