



Government of **Western Australia**
North Metropolitan Health Service
Women and Newborn Health Service

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Female Genital Cutting / Mutilation

A guide for health professionals





This booklet has been designed to inform and guide health professionals when working with women who have had experienced female genital cutting/mutilation. It aims to educate health professionals on the legal responsibilities when dealing with women who have experienced FGC/M and the cultural sensitivities associated with FGC/M.

What is female genital cutting/mutilation (FGC/M)?

Female genital cutting (FGC: also known as female genital mutilation) is:

“All procedures involving partial or total removal of the external genitalia or other injury to the female genital organs for cultural or any other non-medical reasons.”

- World Health Organisation (WHO)¹

Where is FGC/M practiced?

FGC/M is practiced in different ways by different communities around the world.

FGC/M is known to be practiced in over 40 countries, with the majority situated in Africa.² It is also practiced among certain ethnic groups in parts of Asia and the Arab Peninsula.

It is estimated that FGC/M currently affects 100-140 million women and girls worldwide with an additional two million procedures performed annually.³

The prevalence of FGC/M is highest in women and girls from Egypt and Ethiopia. In Sudan (north), Somalia, Eritrea and Djibouti there is an almost universal prevalence of FGC/M, with over 30% FGC/M categorised as type 3.²⁻⁴

It is also practiced in countries such as France, Canada, the USA and Australia if people continue the practice after migration.

Why is FGC/M practiced?

There are many reasons why female genital cutting is practiced, including:

- **Tradition and social cohesion:** FGC/M is deeply ingrained in tradition and is supported by a wide variety of beliefs. This includes enhancing fertility, preserving family honour, avoiding shunning and fostering social cohesion. If a woman is not cut, she could be excluded from social life. Some communities also believe that FGC/M is necessary for women to have children.
- **Aesthetics and hygiene:** Some communities believe that FGC/M is important for a girl to become a woman; for hygiene and cleanliness; for beauty; or for other traditional reasons.
- **Marriageability, gender roles and sexuality:** FGC/M can be used as a way for families to control a woman's sexual life. Some people believe that FGC/M protects virginity or will ensure a woman is faithful to her husband. FGC/M reinforces gender differences. The clitoris is believed to be a male organ in a woman's body, and its removal is to ensure that a girl does not develop 'masculine' traits.
- **Economics:** In some cultures if a woman is not cut it can be hard for her to get married, and her family could be disadvantaged financially. In some communities, the people who perform FGC/M earn money from this practice and therefore encourage the community to continue it.

FGC/M is not a religious practice. FGC/M is practiced by people from many religions including Christianity, Islam and other traditional religions. Some people believe that FGC/M is a part of their religion however neither the Bible nor the Koran support FGC/M. It is an ancient cultural practice which predates Christianity and Islam.

Types of FGC/M

The World Health Organisation (WHO) classifies FGC/M into four types:

Type 1: Excision of prepuce with or without excision of the clitoris

Type 2: Excision of the clitoris with partial or total excision of the labia minora

Type 3: Excision of part of or all of the external genitalia and stitching together of the exposed walls of the labia majora, leaving only a small hole to permit the passage of urinal and vaginal excretion

Type 4: Unclassified, covers any other damage to the female genitalia including pricking, piercing, burning, cutting or the introduction of corrosive substances.

Often FGC/M is performed with unsterilised instruments and without pain relief; however, in some countries cutting is performed by medical people.

Possible Health Consequences of FGC/M

Females who have experienced FGC/M may have health problems including:

Short term:

- Severe pain and excessive bleeding
- Fever and shock
- Fear and distress
- Pain
- Infections, including the risk of HIV infection
- Problems passing urine
- Death
- Psychological consequences

Long term:

- Childbirth complications; danger to newborns
- Increase in number of surgeries (e.g. caesarean when having a baby)
- Problems with having sex / painful sexual intercourse
- Continuing infections
- Vulval scarring and pain
- Emotional issues and trauma
- Psychological stress (flashbacks, PTSD, trauma)
- Infertility
- HIV
- Obstructed menstrual and urinary flow

There is no health benefit to practicing female genital cutting

FGC/M and the Law in Western Australia

It is an offence in WA to perform FGC/M on another person or to take a child or arrange for the taking of a child from WA with the intention of subjecting them to FGC/M. There are exceptions in the *Criminal Code Act* such as gender reassignment procedures and surgical procedures carried out for medical purposes.⁵

A person who takes a child (under 18 years of age) from WA, or arranges for a child to be taken from WA with the intention of having the child subjected to FGC/M is guilty of a crime and is liable to imprisonment for up to 10 years.⁵

The definition of FGC/M in s306 of the *WA Criminal Code* is not limited to those procedures performed on children aged under 18 years. Under s306 (2) and (3) it is an offence to perform FGC/M on any person, even when that person consents. The performance of FGC/M upon another person is a crime punishable by imprisonment for up to 20 years' and it is not a defence that consent was given by a person on whom the procedure was performed.⁵

What is my responsibility to those at risk?

Health professionals have a responsibility to advocate for and protect children from harm and to uphold the laws of Western Australia. When children in a family are likely to be subject to FGC/M the health professional should endeavour to provide information to the child's carers about the health implications, the law in WA, and the health professional's obligations and responsibilities to take action to promote the health and wellbeing of children.

While there are no prescribed legislative requirements for health professionals to report the genital cutting of a female, WA Health's [Guidelines for Protecting Children](#)⁶ do require WA Health staff take appropriate action to promote the wellbeing of vulnerable and at risk children.

If a WA Health employee perceives a risk that a child will be removed from Australia for the purpose of FGC/M, the WA Health employee should report this to either the WA Police or the Department for Child Protection and Family Support (DCPFS).

If a [child is at imminent risk](#) of having FGC/M or of being removed from Australia for that purpose, contact should be made to the WA Police Child Abuse Squad (9248 1500).

If there are concerns that a child may be at risk (medium or long term) of being subjected to FGC/M the local CPFS District Office or Crisis Care (9223 1111, country free call 1800 199 008) should be contacted and a child protection report submitted as soon as possible.

In addition, where a child has undergone FGC/M reporting may also be required. Contact should be made and a notification submitted to the local CPFS District Office or to Crisis Care (9223 1111 – 24 hour service). If the child's safety and wellbeing is at imminent risk, a referral to the WA Police Child Abuse Squad (9428 1500) should also be considered.

More information on how to manage and respond to children at risk of FGC/M is available in the [WA Health Guidelines for Protecting Children 2015](#).

Identifying and Supporting women with FGC/M

While the practice of FGC/M may conflict with your own beliefs, it is important that your words or reactions are not judgemental. By being aware of FGC/M and the communities that practice it, you as a health professional can consider whether presenting health issues may be connected to a FGC/M procedure.

As a health professional you will need to use your judgement and experience to determine if and when to ask about FGC/M.

If the opportunity arises, health professionals should ask about FGC/M when taking any medical history from a woman or girl who comes from a practicing community. This information is private and personal; respect and sensitivity will be required when asking. Health professionals should speak to the woman alone, without their partner or children. It is important to explain the reasons for asking and how the information will be used.

Possible reasons include:

- Conducting a thorough health assessment
- Identifying health complications that may need to be addressed by medical staff
- To develop a labour plan
- To assist with referral

Discussing FGC/M with clients

- **Use a female interpreter. Avoid using family members, including children to interpret**
- Be sensitive to the intimate nature of FGC/M
- Don't make assumptions about a woman because of her religion or ethnicity. FGC/M is a very individual and personal experience
- Never refer to the practice as 'mutilation' in front of the patient. Instead use words like 'cutting' and 'circumcision'
- When discussing FGC/M, care needs to be taken to establish what terms the woman and her family use, and to use these where possible
- Use simple language and ask straightforward questions
- Use value neutral non-judgemental language
- Be direct when assessing its impact by asking questions such as; do you experience any pain or difficulties during intercourse, do you have problems urinating?
- Make the woman/girl feel comfortable and let her know she can come back if she wishes
- Discuss with the client the role of her husband/partner in discussion as FGC/M is culturally regarded as sensitive 'women's business'
- In some cases women may present openly with complications relating to FGC/M or seek help without being prompted by a health professional
- As a health professional you should consider FGC/M as an underlying cause of symptoms such as dyspareunia, chronic urinary tract infections and back pain

- Record FGC/M status to ensure the maternal and child health nurse is mindful of any ongoing health concerns
- Provide the woman/girl with information about the appropriate service. Ensure that consent has been given by the women. Make sure she is informed about the reasons for her referral and next steps.

Sample Questions

- Which country were you born in? Cross check response with the prevalence of practice in her country.
- I understand that traditional cutting is a common practice in your country;

would you mind if I ask you if you have ever been circumcised or have had traditional cutting? It is important for me to know before I examine you. Bear in mind that some women may not know if and when circumcision may have occurred.

Key questions to ask yourself

- What type of cutting has the woman gone through?
- Have I discussed infibulation, deinfibulation and re-infibulation with her?
- Have health and wellbeing issues associated with FGC/M been discussed and addressed?

Other considerations to take into account when discussing FGC/M

Growing up in Australia

Some girls who have experienced FGC/M before coming to Australia might grow up feeling different to other girls. They might not understand why they were cut because they are growing up between two very different cultures.

Childbirth and Pregnancy

Women who have had FGC/M performed should be treated with sensitivity and respect by health professionals. If a pregnant woman has experienced FGC/M it is important that this is recognised and she tells her local doctor or hospital maternity unit in the early stages of pregnancy so they can discuss the birth.

When a woman who has had FGC/M is pregnant, it is also important to discuss re-sewing of the FGM cut or of the cut necessary after childbirth with their doctor or midwife so they know what to expect after delivery.

Deinfibulation

Anyone who needs help with opening an infibulation (deinfibulation) can speak to their doctor or the gynaecology department at their local hospital. This service is covered under Medicare when the opening is asked for by the woman or girl.

Feelings about circumcision

FGC/M has been practiced for generations in some countries and has been part of cultural traditions. Some Australians, including health workers, may not know about the practice and may ask embarrassing questions or make insensitive comments. It is important to think how your question may impact the woman who has FGC/M performed.

References

¹ World Health Organisation, Female Genital Mutilation Fact Sheet, February 2012:

www.who.int/mediacentre/factsheets/fs241/en/

² United Nations Population Fund n.d. Frequently asked questions on female genital mutilation/cutting, June 2015.

³ Family Planning Victoria. 2014. Improving the health care of women and girls affected by female genital mutilation/cutting: A national approach to service coordination.

⁴ Macfarlane A & Dorkenoo E (2014). Female Genital Mutilation in England and Wales: updated statistical estimates of the numbers of affected women living in England and Wales and girls at risk, City University Now, London, UK.

⁵ Criminal Code Act Compilation Act 1913 (WA) s 306 (Female Genital Mutilation).

⁶ Department of Health. Guidelines for Protecting Children 2015. Statewide Protection of Children Coordination Unit, Child and Adolescent Community Health, Department of Health, Perth.

Contact us

For more information about female genital cutting/mutilation in Australia, or training available in Western Australia, please contact Women's Health Clinical Support Programs on:

Women and Newborn Health Services
374 Bagot Road
Subiaco WA 6008
Hours 8:30am – 4:30pm

Ph (08) 9340 1557 or (08) 9340 1795

E whcsp@health.wa.gov.au W www.kemh.health.wa.gov.au/whcsp.php

The Women's Health and Clinical Support Programs at the Women and Newborn Health Service provides information for consumers and health professions on female genital cutting, family and domestic violence, including violence in the CaLD community. We also provide training for health professionals on a range of issues including FGC.

If you suspect a person is at risk of female genital mutilation or cutting, contact:

- Child Protection on 08 9223 1111
 - WA Police on 131 444 or by visiting your local police station
 - Crime Stoppers on 1800 333 000
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Acknowledgment

The Women's Health Clinical Support Programs would like to thank Australian Red Cross for permission to use their material for our production of *Female Genital Cutting and Living in Australia*.

In Tasmania, Australian Red Cross works to improve the health of people from refugee backgrounds and their communities. Their Bi-Cultural Community Health program is run by Red Cross staff, including a team of Bi-Cultural Community Health workers who understand the health care challenges their communities face. The program works in collaboration with local communities and services to provide vital health information and support.

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