

## FGM Laws in NSW

FGM is an offence under Section 45 of the NSW Crimes Act 1900.

### The law states that a person cannot:

- Excise, infibulate or mutilate the whole or any part of the labia minora or labia majora or clitoris of another person
- Aid, abet, counsel or procure a person to perform any of these acts on another person

### It is against the law to:

- Circumcise a woman, girl or female baby
- Remove or cut out any part of the female genital area (excise)
- Stitch up the labia majora or labia minora of the female genitalia (infibulate)
- Cut the clitoris or part of the clitoris
- Reinfibulate (resuture) a woman after childbirth
- Damage the female genital area in other ways
- Assist someone else to perform these acts or have someone else perform these acts on your behalf
- Travel overseas to have FGM performed

All medical practitioners in NSW are mandatory reporters and must report FGM that has been performed on a child who is under the age of 16.

The penalty for performing FGM is up to **21** years imprisonment.

### If you are concerned a child or woman is at risk of FGM contact:

**Child Protection Helpline  
132111 (TTY 1800 212 936)**

**NSW Education Program on FGM  
9840 3877**

If you know that a child has already undergone the procedure, they may require a referral for specialist health intervention.

For further information,  
advice or support contact the  
NSW Education Program on FGM  
Phone: (02) 9840 3877

Or visit the website:  
Google NSW Education Program on FGM

Cumberland Hospital  
5 Fleet Street  
North Parramatta NSW 2151  
Phone: (02) 9840 3877  
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**Health**  
Western Sydney  
Local Health District



# Female Genital Mutilation

**Western Sydney Local Health District  
Phone: (02) 9840 3877**

## Female Genital Mutilation

Female genital mutilation (FGM) is defined as all procedures involving partial or total removal of the external female genitalia or injury to the female genital organs.

It is estimated that FGM affects 100-140 million women and girls worldwide, with approximately two million undergoing some form of genital mutilation annually.

### Why is FGM performed?

FGM is practiced for a variety of interrelated cultural, social and economic reasons. The practice is thought to enhance hygiene, fertility and child survival and is sometimes viewed as a form of contraception. It is also practiced for aesthetic reasons.

Many communities believe that FGM contributes to social cohesion and family honour. FGM is often seen as a means of ensuring female chastity before marriage and fidelity within marriage. In many communities where it is practiced FGM is viewed as an initiation into womanhood and a prerequisite for marriage.

### Types of FGM

According to the World Health Organisation (WHO), FGM is classified into four major types<sup>1</sup>:

- Type 1** Clitoridectomy: partial or total removal of the clitoris and in very rare cases, only the prepuce (the fold of the skin surrounding the clitoris).
- Type 2** Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.
- Type 3** Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer labia, with or without removal of the clitoris.
- Type 4** All other harmful procedures to the female genitalia for non-medical purposes for example pricking, piercing, scraping or cutting.

Reference:

<sup>1</sup> Source WHO Fact sheet No.241, February 2012

## Health Consequences of FGM

There are a variety of short and long-term consequences associated with FGM. The practice can potentially have undesirable complications, including death.

### Short-Term Consequences

- Pain
- Acute urinary retention
- Excessive bleeding
- Infection (including tetanus and transmission of blood borne viruses)

### Long-Term Consequences

- Pain (chronic neuropathic pain)
- Keloid scarring
- Recurrent infection (urinary tract infections, increased incidence of certain genital infections)
- Birth complications (postpartum haemorrhage, caesarean section)
- Sexual dysfunction (with anorgasmia)
- Psychological consequence (including depression, anxiety and post traumatic stress disorder)
- Need for later surgery (specific to Type 3)

### Where is FGM performed?

FGM is mainly practiced in Africa, particularly in Djibouti, Egypt, Eritrea, Ethiopia, Mali and Sierra Leone. FGM is also common in parts of India, Indonesia and the Middle East. Figure 1 represents the top countries where FGM is performed. The prevalence of FGM is highest in women and girls from Egypt and Ethiopia.

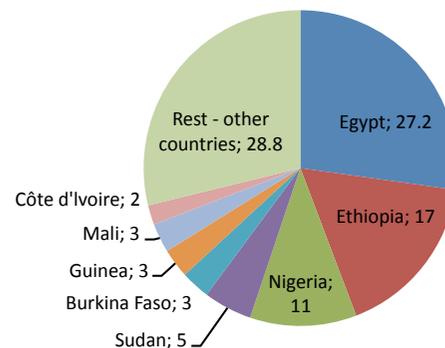


Figure 1. Derived from the WHO Progress Report 2010.

## How can we identify those affected or at risk?

Women aged 25 to 65 should be encouraged to attend regular cervical screening. This provides an opportunity for FGM to be identified.

Presentation to health care services provides opportunities for education and prevention of FGM. It is crucial to be aware of the practice and the communities that are affected. If a practitioner thinks the health problem/s may be connected to a woman having FGM then they should ask whether the woman has been circumcised (in a sensitive and respectful manner).

### Identifying FGM in symptomatic women

If the opportunity arises, health professionals should ask about circumcision when taking any medical history from a woman or girl who comes from a practicing community. This should be done with sensitivity and respect.

Women may present openly with complications relating to FGM or seek help for these problems without being prompted.

Health professionals should consider FGM as an underlying cause of symptoms such as dyspareunia, chronic urinary tract infections and back pain.

FGM is a cultural practice. Health professionals need to have an understanding of how it is motivated by a complex mix of interlinked socio-cultural factors. They need to be aware that patients who have undergone FGM require information about the legislation in NSW and where to go for further assistance.

### Referral networks in NSW

#### NSW Education Program on FGM

Cumberland Hospital  
(02) 9840 3877

#### Family Planning NSW

336 Liverpool Road, Ashfield NSW 2131  
Phone (02) 8752 4316.

#### STARTTS: Service for the Treatment and Rehabilitation of Torture and Trauma Survivors

152-168, The Horsley Drive, Carramar NSW 2163  
Phone (02) 9794 1900

#### Sexual Health Clinics across NSW