



Female genital mutilation/cutting

The World Health Organisation defines female genital mutilation as:

*all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.*¹

In Australia, the language that is respectful and commonly used when discussing female genital mutilation with an individual and/or communities is “female cutting and /or traditional cutting” or their own preferred term. The hybrid term female genital mutilation/cutting (FGM/C) has been adopted by UNICEF in an attempt to bring policy and community approaches together.²

It is the policy of the Australian Nursing and Midwifery Federation that:

1. The ANMF condemns the practice of FGM/C in any form as a fundamental violation of human rights.
2. People in Australia have diverse cultural beliefs that should be respected within the community. However, any cultural practice which results in any individual or group being subjected to procedures which are physically and psychologically harmful is unacceptable.
3. Nurses, midwives and assistants in nursing* are encouraged to work with community groups involved in eliminating FGM/C and to act as advocates for vulnerable people and their families.
4. Reasonable efforts and projects which aim to eliminate the practice of FGM/C are supported. Australia has no national integrated FGM/C prevention policy linking health, education and community services. This should be a priority.
5. FGM/C is illegal in Australia. It is, therefore, illegal for a nurse, midwife or assistant in nursing to assist in FGM/C. There are state and territory law provisions for mandatory reporting of children at risk.
6. All nurses, midwives and assistants in nursing have a duty of care to be informed about the procedure of FGM/C and be able to provide or make referral to appropriate and culturally sensitive health education, information, and counselling on this issue to individuals and groups as required.
7. Those who have experienced FGM/C should not be discriminated against and should be cared for in a culturally safe and respectful manner. Nurses, midwives and assistants in nursing, caring for or likely to be caring for, people who have experienced FGM/C, must be provided with appropriate support education and training.
8. Professional counselling should be provided for those nurses, midwives and assistants in nursing who are distressed by the issue of FGM/C. This counselling should be provided without cost to the nurse, midwife or assistant in nursing.
9. FGM/C has a significant impact on a person’s psychological and physical wellbeing. It causes complications for menstruation, sexual problems, urinary tract infections, bleeding and complications during childbirth and for the newborn. Nurses and midwives should be provided with the education and support to enable them to best meet the needs of those affected by FGM/C.
10. Health services should provide access to physical and psychological care to those affected by FGM/C.

* The term assistant in nursing also refers to care workers (however titled).



11. Health services need to provide sensitive nursing and midwifery models of care so that those who have endured FGM/C and who are accessing health services, feel safe and secure to identify any history of FGM/C.
12. Individuals who are pregnant and have experienced FGM/C should be allocated, where possible, a midwife known to them. Antenatal care should incorporate intrapartum and postpartum care planning to address the potential complications resulting from the FGM/C.
13. ANMF supports the legal position that no person will be permitted to have re-infibulation.** Nurses and midwives must be provided with the necessary skills to provide culturally safe care, advice and management options for these individuals.³

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References

1. Australian institute of Family Studies (2020). *Mandatory reporting of child abuse and neglect: CFCA resource sheet*. Available at <https://aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect>
2. Homed, Intesar (2014). *Female genital mutilation/cutting: a mandatory reporting tool to support health professionals*. Melbourne: Women's Health West, p 3.
3. WHO (2011). *Female genital mutilation – the prevention of the health complications: policy guidelines for nurses and midwives*, p11-12. Available at http://www.who.int/gender/other_health/guidelinesnursesmid.pdf?ua+1

**Note: The World Health Organisation (WHO) definition of re-infibulation is: re-stitching of an opened up vulva