



FEMALE GENITAL MUTILATION (FGM) IN NEW ZEALAND

Child Protection Recommended Guiding Principles

Background

Female genital mutilation (FGM) is a traditional practice involving partial or total removal of the external female genitals for non-medical reasons.

There are 4 main **FGM Types** ranging in severity and health risk. FGM is considered a global human rights issue, with 200 million girls and women affected by the practice and 4 million girls at risk each year. Whilst FGM is not a traditional practice in New Zealand, there are women and children here from countries that practice FGM, and some girls may be at risk. It is illegal to perform, assist, convince or encourage any person in New Zealand to perform FGM on a New Zealand citizen or resident.

FGM is a complex multifaceted practice, deeply embedded in a range of long held cultural, social and religious beliefs – and can only be understood within this context. Despite its harmful effects, FGM can be endorsed by loving parents or family members who believe performing FGM is in the best interest of a child, so a sensitive and considered approach is required when engaging with communities affected by the practice.

The following are recommended guiding principles developed for Te Whatu Ora Health New Zealand for use when a child is identified as at risk of FGM being performed in New Zealand or overseas, or has undergone FGM here.

Child Protection Recommended Guiding Principles

Recommended Guiding Principles

1. Employ a collaborative approach
2. Understand the context of FGM
3. Gather information and assess the risks to the child
4. Collaboratively undertake interventions

1. Employ a collaborative approach

Following a Report of Concern* to Oranga Tamariki, an initial review of information and concerns should be undertaken. [The FGM Programme](#) can be contacted during the review should FGM expertise, cultural, or community input be required. Consultation should then occur between Oranga Tamariki and the Police, to assess potential imminent risk and whether the Child Protection Protocol (CPP) should be initiated.

A collaborative approach is then recommended including the development of a multiagency team with representatives from Oranga Tamariki, MEDSAC and the Police Child Protection Team alongside other relevant health professionals, community members and health cultural workers.

Wherever possible the team-lead should have specialized knowledge in FGM and child sexual abuse and take responsibility for collating the information to inform and assess risk. A multi-agency case conference is useful to share care and protection concerns, discuss cultural considerations, delegate responsibilities and plan the next steps.

**A Report of Concern can be made by calling 0508326459 or emailing contact@ot.govt.nz. Notification may initially come from health professionals, Plunket nurses, teachers, community members, or child protection professionals.*

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2. Understand the context of FGM

When a case of FGM is suspected to be imminent or has occurred, the multiagency team members involved need to understand the inherent complexities surrounding FGM.

FGM is considered a complex type of *one-off* harm, as the practice is commonly supported by loving parents or family members who believe performing FGM is in the best interests of a child. The girl's mother, sister/s and other family members may have undergone FGM and be motivated to maintain the long-held sociocultural practice. Some family and community members may also not be aware FGM is illegal in New Zealand.

Key sources of information, support and/or advice include:

- FGM information, technical support and resources: fgm.co.nz
- Cultural & religious support & community leadership: hello@fgm.co.nz
- Pathways for responding to suspected FGM: [FGM Guidance: Oranga Tamariki Practice Centre](#)
- Expert medical sexual assault clinicians: [MEDSAC](#)
- Child sexual abuse specialist centre in Auckland: [Te Puaruruhau](#)
- [Mental health services](#) for communities affected by FGM
- The New Zealand FGM Legislation: [The Crimes Act 204a & 204b](#)

3. Gather information and assess the risks to the child

Each investigation requires careful consideration from the multi-agency team. The following should be considered:

- The level of current and future health and safety risk (based on whether FGM has occurred or is suspected to be imminent either in New Zealand or overseas)
- Whether there is adequate concern FGM may be performed overseas to apply for a [Prevention to Remove Order](#) while the investigation is ongoing
- The level of risk of FGM occurring to other girls in the family
- Consultation with any health or school professionals known to the family (school nurse, Plunket nurse, GP)
- Current medical needs of the child
- Consultation with relevant community, cultural (health) or religious leaders
- An appropriate interpreter – a professional, independent health interpreter is advised, not a family member
- The need for a culturally appropriate support person
- The need for a specialist child witness interview

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Should interviews be required, the following questions may be useful to consider:

- What country does the child's family come from and to what extent is **FGM practiced** in that country/community?
- How old is the child and what age is **FGM traditionally practised** in her parents' home country/community?
- Are there other children who have had FGM or are at risk in the family? If they had FGM, how old were they at the time?
- How old was the child when she arrived in New Zealand?
- Have the family been informed FGM is illegal in New Zealand? What is the parents' level of knowledge regarding FGM and the law?
- What are the parents' attitudes towards FGM?
- What are their close relatives' attitudes towards FGM?
- Has the child said anything about FGM?
- If FGM is likely to happen soon, who is likely to perform it?
- If the parents say they are not going to perform FGM on their child, explore their commitment to this decision.
- If the child has travelled out of New Zealand, who accompanied her?
- If the child has any plans for international travel, what is the purpose of the trip?
- How can the child be protected from imminent FGM?

4. Collaboratively undertake interventions

FGM is a deeply imbedded multifaceted cultural practice and the implications for a young person and their whānau can be complex. To ensure safe and sensitive management, a multi-agency collaborative approach to interventions is recommended. This includes Police undertaking any investigation needed; health professionals offering health education, examination, reassurance and referral to appropriate specialists as indicated; and Oranga Tamariki offering or referring to culturally safe support and counselling and managing any safety needs that are identified.

Should a genital assessment be required, consult a medical professional familiar with genital anatomy in children (for example, a **MEDSAC** accredited doctor or a child and adolescent gynaecologist).

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A genital examination should be performed if indicated to determine:

- if FGM has or hasn't occurred
- the extent of the genital damage, if any
- the treatment required for infection or bleeding, if necessary

Refer to ([Female genital mutilation | Practice Centre | Oranga Tamariki](#)) Family Investigation and Response *Engaging with the Child and Engaging with the Family* for guidance.

Each individual situation requires careful consideration and consultation from the multi-agency team, with all interventions considered on a case-by-case basis. If FGM has already occurred, the girl and her family will usually remain living in their community and relationships need to be maintained and prioritized.