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**MORE TRAINING FOR DOCTORS NEEDED TO IDENTIFY AND TREAT FGM SURVIVORS – AMA**

*AMA Position Statement on Female Genital Mutilation 2017*

Training for doctors in how to identify and treat patients who have undergone female genital mutilation (FGM) should be included in tertiary medical curricula, the AMA said today.

Releasing the AMA’s *Position Statement on Female Genital Mutilation 2017*, AMA President, Dr Michael Gannon, said that while FGM is only practised in about 30 countries, and is illegal in Australia, Australian women are affected by the practice.

“The AMA uses the term ‘female genital mutilation’, or FGM, to reflect the severity of the practice,” Dr Gannon said.

“FGM is illegal in Australia, as is taking a girl or woman overseas to undergo the procedure. Its practice is shrouded in secrecy, and collecting comprehensive data on its prevalence is difficult.

“However, surveys indicate that up to one in 10 paediatricians in Australia have treated patients who have undergone FGM, and in 2010, the Royal Women’s Hospital in Melbourne reported that it was treating 600 to 700 women for FGM-related complications each year.

“These are only the women and girls who have sought care for their ongoing difficulties. There are significant cultural and practical barriers that may limit a survivor’s ability to seek medical help for complications.

“Women who have undergone the procedure may not regard it as mutilation, and doctors who provide care to these patients should use culturally appropriate language that the individual patient is comfortable with.

“The AMA recognises the need for increased training and education for doctors in identifying and treating women and girls who have undergone FGM, and recommends the inclusion of FGM training in tertiary medical curricula.”

FGM is practised to varying extents in about 30 countries throughout Africa, Asia, and the Middle East. However, changing migration patterns have seen FGM emerge in diaspora communities in countries with no previous history of the practice.

“There is no medical justification for FGM, and it can have devastating, even fatal, consequences,” Dr Gannon said.

“Survivors are likely to need significant, specialised medical care in the immediate aftermath of the procedure, and in the long term, particularly during pregnancy, birth, and the immediate postnatal period.

“They are often left with lifelong medical complications, in addition to lasting psychological trauma. They may need reconstructive surgery, and pregnancy can present unique challenges.

“It is important that health practitioners are aware of the clinical indications that FGM may have occurred, in order to correctly identify women and girls who may require specialist care.

“Someone who has undergone FGM may present with frequent urinary infections, chronic genital pain, or a reluctance to undergo routine examinations. Doctors should be particularly mindful of these symptoms when caring for patients from countries where FGM may be practised.

“Doctors and other health practitioners also have a valuable role to play in the prevention of FGM. If a doctor identifies an at-risk child, he or she has a responsibility to initiate a non-judgmental, culturally sensitive discussion with the parents.

“Where possible, this discussion can be followed up with a referral to a specialist FGM education program.

“If the health practitioner feels that the child remains at risk, he or she is bound by mandatory reporting requirements to inform appropriate child protection authorities.”

The AMA *Position Statement on Female Genital Mutilation 2017* can be read in full at <https://ama.com.au/position-statement/female-genital-mutilation-2017>.

The Multicultural Centre for Women’s Health is holding the 2017 National Forum on Female Genital Mutilation/Cutting (FGM/C) on Friday, 24 March, in Melbourne.

### **Background:**

- Female genital mutilation comprises all procedures that involve partial or total removal of the external female genitalia, or other deliberate injury to the female genital organs for non-medical reasons, most commonly carried out between infancy and age 15.
- FGM is a harmful, internationally condemned practice that violates human rights, as well as numerous international laws and resolutions, including the United Nations *Intensifying global efforts for the elimination of female genital mutilations* resolution, which was co-sponsored by Australia.
- While some proponents of FGM cite religious custom as justification for its continuation, there is no mention of the practice in any major religious doctrine.
- It is estimated that, globally, at least 200 million women and girls are living with the consequences of FGM.
- Immediate risks include infection, severe pain, haemorrhage, shock, urinary complications, and death.
- Long term complications include scarring, sexual dysfunction, chronic genital, reproductive, and urinary difficulties, as well as lasting psychological trauma.

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