



FEMALE GENITAL MUTILATION
CHILD PROTECTION RECOMMENDED GUIDING PRINCIPLES

These Child Protection Recommended Guiding Principles
have been produced by the FGM Education Programme for
the New Zealand Ministry of Health.

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FEMALE GENITAL MUTILATION CLINICAL CARE

Child Protection Recommended Guiding Principles

The following are Recommended Guiding Principles to consider when a child presents: at risk of FGM in New Zealand, at risk of FGM being performed overseas or with FGM performed in New Zealand.

(NB: notification may come from PHOs, Plunket nurses, teachers, community members, health professionals or child protection professionals)

Recommended Guiding Principles

- 1. Employ a multi agency team approach in collaboration with the family and community**
- 2. Team members understand the context of FGM**
- 3. Team members gather information and assess the risks to the child**
- 4. Team members collaboratively plan and undertake interventions**

1. Employ a multi agency team approach in collaboration with the family and community

A multi agency approach involving Child, Youth and Family, Doctors for Sexual Abuse Care and the Child Abuse Team (Police) is recommended during each investigation. The multi agency team should work closely with the family/whanau and the community in gathering information and in forming a plan.

2. Team members understand the context of FGM

FGM is a complex type of 'one off' abuse – the practice is supported by parents who firmly believe FGM is the best interests of the child. When a case of FGM is suspected imminent or has occurred child protection professionals need to understand the inherent complexities.

Key sources of information and/or advice include:

- the CYF Practice Centre
- your Regional Practice Advisor (CYF)
- **Female Genital Mutilation Key Information** available from the practice centre (CYF)
- the FGM Education Programme for technical support and community resources which contain information regarding FGM and the NZ Law (www.fgm.co.nz)
- the Crimes Act Section 204 a and 204 b - FGM practice is illegal in New Zealand and it is illegal to remove a child from the country for the purpose of FGM

3. Team members gather information and assess the risks to the child

Each investigation requires careful consideration from the multi agency team. The team members should consider assessing the following:

- current medical needs of the child
- level of current and future risk (based on whether FGM has occurred or is suspected imminent either in NZ or overseas)
- need to apply for a *Place Of Safety* warrant prior to the child departing New Zealand if FGM is suspected to be going to occur while overseas
- level of risk for other daughters in the family to undergo FGM
- need for forensic interviewing of the child and the parents or guardians
- need to consult with a relevant community leader
- need for an appropriate interpreter
- need for a culturally appropriate support person
- most appropriate intervention to to keep the child physically and culturally safe

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

- What country does the girl's family come from and to what extent is FGM practiced in that country/ community?
- How old is the girl and what age is FGM traditionally practiced in her parents' home county/ community?
- How old was the girl when she arrived in New Zealand?
- Have the family been informed FGM is illegal in New Zealand? Who by?
- What are the parents' attitudes towards FGM?
- Has the child said anything about FGM?
- Is FGM likely to happen soon and who is likely to perform it?
- If the parents deny they are going to perform FGM on their daughter, explore their commitment to this decision.
- How can the child be protected from potential imminent FGM?
- What are their close relatives' attitudes towards FGM?
- Are there other girls who have had FGM or are at risk in the family? If they had FGM, how old were they at the time?

4. Team members collaboratively plan and undertake interventions

Each investigation requires careful consideration from the multi agency team. All interventions must be considered on a case by case basis and plans should take into consideration the family/whanau's unique situation.

NB: Should a genital assessment be required, consult a medical professional familiar with genital anatomy in children. (For example a Doctor for Sexual Abuse Care accredited doctor or a child and adolescent gynaecologist)

A genital examination should be performed to determine the following:

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

Police should attend to the prosecution of offenders if necessary.

Child, Youth and Family work with the family/whanau to ensure the ongoing safety and wellbeing of the child. Appropriate team members should provide counseling, support and education for the child and the family/whanau.