

Senate Finance and Public Administration Legislation Committee
ANSWERS TO QUESTIONS ON NOTICE
Additional Estimates 2016 - 2017

Prime Minister and Cabinet Portfolio

Department/Agency: Department of the Prime Minister and Cabinet
Outcome/Program: Outcome 1: Prime Minister and Cabinet
Topic: Female Genital Mutilation

Senator: Leyonhjelm, David

Question reference number: 54

Type of question: FPA Monday 27 February 2017, page 103

Date set by the committee for the return of answer: 13 April 2017

Number of pages: 2

Question:

Senator LEYONHJELM: I take your point. There was a media report out today, as a matter of fact—I only came across it today—which suggests that only around 10 per cent of Australian paediatricians have ever seen a child with female genital mutilation. Few knew the procedure was done outside Africa and few even asked about it or examined girls for it, or understood the WHO classification types. They did not know the local policy on how to manage girls presenting with FGM and had no relevant training. Some had been asked to perform FGM, or asked about who could do it.

There does seem to be some data available, but I just wonder whether anybody is actually focusing on it. The reason I raise it is because, as I said, I am forever hearing statistics about how women are not represented on boards and their pay gap is different but I very rarely hear—in fact, I never hear—data about FGM.

Ms Hatfield-Dodds: Part of the reason for that at the national level may be that a lot of the responses to issues like FGM with girl children are really the responsibility of state and territory governments. Part of the challenge for the Commonwealth government is pulling data sets together from across eight jurisdictions. I do not think that any Australian government does not care and is not exercised by the issue; it is more about the challenges of aligning the kind of data that people are collecting and bringing it together nationally.

Certainly with all the work that is happening around women's safety and with the plan of working groups to reduce violence against women and their children, FGM is absolutely in that mix.

Senator LEYONHJELM: When I see some data, even as imperfect as it may be given the sources, I will believe that that is genuine.

Senator Cash: We will speak to the other agencies and see what data we can get for you. You are absolutely right in your concern. I think all of us here share that same concern. As I said back in 2013, the framework for review of Australia's laws in relation to female genital mutilation was looked at. There is a legal framework in place, and it is supported across government regardless of who is in office. It is a problem and we need to address it.

Answer:

The Commonwealth Government is working to end the harmful practice of female genital mutilation (FGM), which is a significant abuse of human rights and puts the lives and health of women and girls at risk.

The practice of FGM is illegal in every state and territory of Australia. This includes performing FGM overseas on a child that usually resides in Australia. In 2016, New South Wales achieved the first convictions in Australia relating to FGM procedures.

In 2013, the Attorney-General's Department conducted a review of Australia's legislative framework to consider whether existing legislative provisions were effective in comprehensively criminalising the practice of FGM. The review found there was limited scope for Commonwealth legislative action and made recommendations for improved cooperation between Commonwealth and state and territory governments on health and legal issues, surgery guidelines and improved detention by police.

In 2013, the Commonwealth Department of Health undertook research on FGM and implemented \$500,000 in grants to run education and awareness activities and support change within communities. Some of these grants specifically targeted professional health services and developed practitioner resources.

The Office for Women currently provides the Multicultural Centre for Women's Health (MCWH) with \$266,000 over two years to deliver a national co-ordination point for communities and service providers to share resources, information tools and knowledge to support victims and change attitudes to end this harmful practice.

MCWH have also set up an advisory group with delegates from each state and territory to discuss a harmonised national strategy to address FGM. They also hold an annual forum that attracts international and domestic experts on the issue.

Under the Third Action Plan of the National Plan to Reduce Violence against Women and their Children 2010-2022, the Australian Government has committed to understanding and addressing violence against women from CALD backgrounds and improving support available to CALD women and their children. The Commonwealth Department of Social Services is working with the Australian Cultural Orientation Programme and the International Organization for Migration on the development of a translated brochure that outlines Australia's law and expectations about FGM. This brochure will be provided to humanitarian migrants at airports in their departure country, as part of their pre-departure information packs.

If doctors and teachers suspect FGM or a risk of FGM, they can report it via the state or territory child protection system. However, because of the different reporting mechanisms in these systems, this data cannot be aggregated. FGM is also significantly underreported, so this data is unlikely to accurately reflect the prevalence of FGM in Australia.

The Australian Medical Association notes that “collecting comprehensive data on the prevalence of FGM in Australia is particularly problematic as it is a practice that is shrouded in secrecy.”¹

In 2010, doctors and hospitals reported that FGM is being conducted and that they are seeing female patients who have experienced FGM.² The Melbourne Royal Women’s Hospital alone has reported seeing between 600 and 700 affected women annually.

In 2016, paediatricians and other child health specialists recruited through the Australian Paediatric Surveillance Unit at Kids Research Institute were asked to report children aged under 18 years with FGM seen in the last 5 years, and to provide data for demographics, FGM type, complications and referral for each case.³

Of 1311 eligible paediatricians/child health specialists, 1003 (76.5%) responded. Twenty-three (2.3%) respondents had seen 59 children with FGM and provided detailed data for 31. Most (89.7%) were identified during refugee screening and were born in Africa. Three (10.3%) were born in Australia (two had FGM in Australia and one in Indonesia).

1

<https://ama.com.au/position-statement/female-genital-mutilation-2017>

² Bourke, Emily (2010), ‘Female circumcision happening in Australia’, *ABC News*, [online], Available at: <http://www.abc.net.au/news/2010-02-06/female-circumcision-happening-in-australia/2594496>

³ Sureshkumara, Premala, Yvonne Zurynskia, Susan Moloney, Shanti Ramand, Nesrin Varolb and Elizabeth J. Elliott (2016), ‘Female genital mutilation: Survey of paediatricians’ knowledge, attitudes and practice’, *Child Abuse and Neglect*, [online] Available at: <http://www.sciencedirect.com/science/article/pii/S0145213416300382>