

BEST PRACTICES

RESPONSES TO VICTIMS OF FEMALE GENITAL MUTILATION



Key Recommendations for Providing Health Services

- Determine how the patient refers to the practice of female genital mutilation (FGM) and use this terminology throughout care (The terms “cutting” and “female circumcision” are most common.).
- Determine the FGM status of the patient and clearly document this information in her medical file.
- If the patient is under the age of 18, report the case of unlawful FGM to Arkansas Child Abuse Hotline (800-482-5964).
- If the patient has language difficulties, ensure the availability of a well-trained, trusted, and neutral interpreter who can ensure confidentiality and who will not exert undue influence on the patient–physician interaction. An independent adult female is recommended. If possible, avoid using children or other relatives as interpreters.
- Ensure the proper documentation of the patient’s medical history in her file to minimize the need for repeated medical histories and/or examinations and to facilitate the sharing of information needed to provide care.
- Provide the patient with appropriate and well-timed information, including information about her reproductive system and her sexual and reproductive health.
- Ensure the patient’s privacy and confidentiality by limiting attendants in the room to those who are part of the health care team.
- Provide female-centred care focused on ensuring that the patient’s views and wishes are solicited and respected, including a discussion of why some requests cannot be granted for legal or ethical reasons.
- Recognize and treat complications, referring the patient to specialty care, if needed.
- Help the patient understand and navigate the health system, including access to preventative care practices.
- Use prenatal visits to prepare the maternal patient and her family for delivery.
- Provide counselling and support or appropriate referrals for girls/adolescents and their parents, as needed.
- When referring, ensure that the services and/or practitioners who will be receiving the referral can provide culturally competent and sensitive care, paying special attention to concerns of confidentiality and privacy.

Communication Guidelines

- Use simple language that is value neutral and non-judgemental. Use pictures and diagrams when possible.
- Discuss FGM with the patient in a proactive, straightforward way, such as “Do you have any pain/problems because of the circumcision/cutting? What medical help would you like for any of these problems?”
- Because the patient may not recognize health effects of FGM, ask specific questions, such as “How long does it take to empty your bladder? Do you have pain when urinating?”
- Allow time for the patient to answer your questions and to ask her own questions.
- Do not overwhelm the patient by giving her more information than she can understand during her initial visit. Start by giving her just the most important information.
- To clarify the patient’s understanding, ask her to repeat information you give her. Also, be sure to clarify how well you understand what she says.
- Be sensitive to the patient’s cultural expectations regarding eye contact and personal space. If culturally appropriate, maintain eye contact with the patient, not her interpreter, and direct your speech toward her.

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