



Talking about FGM

Advice from women with FGM for GPs to consider when caring for them.

The role of the GP

The GP is trusted in the community – and in a privileged position.



Barriers for GP teams to be aware of

- Women may be unfamiliar or overwhelmed by the different services and requirements and may be unsure how agencies and services work.
- **Accessing GPs can be difficult**, especially when there is a language barrier. Phoning the surgery is difficult; e-consult or web access may be even harder.
- **Women may be worried about safety and confidentiality**, including fearfulness of involvement of social services or external agencies for example police or immigration.
- Practice websites can be helpful for women – but need accessible language.
- **FGM is traditionally taboo**. Please don't ask about FGM or mention it at reception desks or in open spaces.



What do GPs need to know?

- **Women with FGM are survivors NOT criminals.**
- **FGM may not be their major or only need.**
They may have other past or present needs or traumas which are equally or more important.
- **Domestic violence is also taboo and difficult to talk about.**
Conversations about this require trust and assurances about confidentiality.
- **FGM is traditionally taboo, sensitive, and potentially associated with trauma; the woman did not agree to it.**
FGM will usually have happened to her in childhood. FGM would traditionally not usually be discussed and would not be discussed with men. This is also true of other things to do with sex and the genitals. This can influence community attitudes towards cervical smears and pre-marital de-infibulation.
- **Be culturally sensitive and aware.**
There are many cultures and many types of FGM – remember that FGM is one ancient part of culture – there are many positive aspects of their cultures also. Don't make people feel they are being told their culture is wrong or harmful – avoid being critical, negative, or judgemental.
- **Women may not know about the health consequences of FGM.**
This can be a good way to open conversations and offer to support them.
- **Women have different needs and different levels of trauma.**
Don't make assumptions – ask!
- **Women may not align their experience with FGM.**
This could be because of the type of FGM, or because of the term FGM. This could include people who have experienced genital alteration or cutting but who may not identify as female. Some people might also not realise that FGM is what has happened to them.



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How can GPs help?

- **Educate your reception team**

They are the first point of contact processes – think about how to optimise access including with language resources and support.

- **Actively support women with navigating services and pathways**

Recognise and understand that women may feel frightened or bewildered – consider developing and facilitating relationships with community health advocates to help support and educate women if possible. Work with your social prescribers and local community.

- **Don't talk about FGM in front of family members, especially male relatives.**

- **Use professional interpreters if needed.**

If you're not confident that you are able to speak fully and check understanding, offer interpreters, even if there is some shared English. Do check that the interpreter is acceptable to the woman or young person – local interpreters may be part of the same community and be known to the woman – phone

- **Try to avoid repeated questioning.**

This can risk re-traumatisation. Use practice systems to minimise this.

- **Consider embedding conversations about FGM in the individual woman's current health needs**

Don't raise them as a tick box exercise if women are attending for something else. Offer services and support as well as asking about FGM. If you don't know what services there are locally – find out. Allow the woman time (double appointments) and plan when to have the conversation (for example, please don't tack it onto a diabetic check).

- **Take time to listen and be willing to stand witness and support.**

If the right care means arranging a referral to a specialist, explain why and involve the woman in the decision and process. This will help ensure she does not feel fobbed off or dismissed.

- **PLAN conversations about FGM**

Spend time developing trust and rapport. Show an interest in the woman and her story and journey. Be polite, interested, respectful and curious. Recognise that FGM can be associated with significant trauma. Be prepared for this and respond appropriately. Know how to offer support and what is available locally.

- **Educate and support your practice nurses who do smears**

Help them to be knowledgeable, sensitive, and prepared.

- **Normalising asking about FGM can help.**

- **Know your local community and learn from them.**

This can include knowing what terms they use to describe FGM and what words will make sense to them.

- **Offer the care to others that you would want to receive.**



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Advice for approaching examination

- **There are many things that can make genital examination worrying, stressful, or triggering.**
FGM is one thing that can affect this, but there are many others. Ask all women before you examine them if they have any concerns or ideas about what would help support them.
- **Be aware that being examined can trigger a flashback or dissociation.**
- **Set aside an appropriate amount of time.**
Make sure you have enough time and that the woman has choice about when she is seen.
- **Explain why you need to examine her.**
Including how her symptoms or medical needs make it important and necessary and how it could help her.
- **Be prepared – about what you may see – you have a professional responsibility to expect the unexpected.**
Be prepared and knowledgeable. Don't express horror or shock. Don't call in others to come and look, especially if they are male.
- **For smears:**
Follow all the advice on examination – and ask (and listen) to the woman about her previous experiences of having smears – ask the woman what has helped or been difficult, for example, about speculum choice. Remember that having a smear test can also trigger traumatic memories including flashbacks and dissociation. Be patient and supportive and allow time.


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