

Fact sheet 05: Guidance in talking about FGM

1. Generic guidance in case of Safeguarding concerns about an adult¹

Try to speak to the person about what you have noticed, being as open and honest as possible. Give the person the opportunity to talk and listen carefully to what they tell you, offering to seek help if that is appropriate.

Some people may want to talk but may be worried about how you might react so it is important to stay calm if they begin telling you that they have been abused. Some people may ask you to promise not to tell anyone else about the abuse. Whether you are a practitioner, friend or relative, you should always be honest and never make false promises sometimes the abuse might affect more than one person and you will have a responsibility to other people too.

You must remember that the person is an adult, and should never be treated like a child; even if they appear confused and disoriented (he or she can still react to what you are saying and how you say it). Try not to take over or be over-protective, and remember that you should not lead someone into saying something. Try to balance the need of the person to be heard with the need to ensure you do not prejudice future action, such as a police or disciplinary investigation.

If it is appropriate, try to explain simply who might be able to help e.g. health or social care professionals (such as a GP), police, home carers, care-home employees, volunteers and advocates, etc. Perhaps offer to approach one of these on the person's behalf. Ask what they want you to do.

Remember that in some minority communities there is great stigma associated with abuse by family members and it is not always true that the person would prefer to talk to someone from their own community. This may in fact be the last thing that they want, so never seek to use a family friend, neighbour or similar as an interpreter instead seek such services from an organisation unknown to the person.

2. Specific guidance in talking about FGM²

Asking the right questions in a simple, straightforward and sensitive way is key to establishing the understanding, information exchange and relationship needed to plan for the girl/woman's wellbeing and the welfare and wellbeing of any daughters she may have, or girl children she may have access to.

If the girl/woman is from a community which traditionally practices FGM, information gathering should be approached sensitively. A question about FGM should be

¹ Adult Social Care: Keeping Adults Safe; Isle of Wight Council, Accessed on 22 July 2015 via:

<https://www.iwight.com/Residents/Care-and-Support/Adults-Services/Keeping-Adults-Safe/Concerned-about-an-Adult>

² Extract from: Multi-Agency Practice Guidelines: Female Genital Mutilation (2011) Accessed on 7 May 2015 via:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf

incorporated when the routine patient history is being taken. A female interpreter may be required. The interpreter should be appropriately trained in relation to FGM and must not be a family member.

A suitable form of words should be used, 'circumcised' is not medically correct and although 'mutilation' is the most appropriate term, it might not be understood or it may be offensive to a woman from a practising community who does not view FGM in that way. Different terminology will be culturally appropriate to the different cultures.

FGM is a complex and sensitive issue that requires professionals to approach the subject carefully.

A health professional may make an initial approach by asking a woman whether she has undergone FGM saying: 'I'm aware that in some communities women undergo some traditional operation in their genital area. Have you had FGM or have you been cut?'

To ask about infibulation health professionals can use the question: 'are you closed or open?' This may lead to the woman providing the terminology appropriate to her language/culture.

When talking about FGM, professionals should:

- ensure that a female professional is available to speak to if the girl or woman would prefer this.
- make no assumptions and give the individual time to talk and be willing to listen.
- create an opportunity for the individual to disclose, seeing the individual on their own in private.
- be sensitive to the intimate nature of the subject.
- be sensitive to the fact that the individual may be loyal to their parents.
- be non-judgemental (pointing out the illegality and health risks of the practice, but not blaming the girl or woman).
- get accurate information about the urgency of the situation if the individual is at risk of being subjected to the procedure.
- take detailed notes and record FGM in the patient's healthcare record, as well as details of any conversations.
- use simple language and ask straight forward questions such as:
 - "Have you been closed?"
 - "Were you circumcised?"
 - "Have you been cut down there?"
- be direct, as indirect questions can be confusing and may only serve to compound any underlying embarrassment or discomfort that you or the patient may have.
- If any confusion remains, ask leading questions such as:
 - "Do you experience any pains or difficulties during intercourse?"
 - "Do you have any problems passing urine?"
 - "How long does it take to pass urine?"

- “Do you have any pelvic pain or menstrual difficulties?”
- “Have you had any difficulties in childbirth?”

- give the message that the individual can come back to you at another time if they wish.
- give a very clear explanation that FGM is illegal and that the law can be used to help the family avoid FGM if/when they have daughters.
- offer support for example counselling, NHS FGM specialist clinics or literature such as “Statement Opposing FGM”

If a woman or child is accompanied by a partner or parent/relative/guardian respectively, the health and social care professional must be vigilant and aware of the signs coercion and control as detailed by the Crown Prosecution Service http://www.cps.gov.uk/publications/equality/domestic_violence.html in the Serious Crime Act 2015.

Safeguarding women and girls at risk of FGM

<https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm>

This document provides practical help to support NHS organisations developing new safeguarding policies and procedures for female genital mutilation (FGM).