Improving the health care of women and girls affected by female genital mutilation/cutting

Care plan flow chart

family planning victoria
Sexual & Reproductive Health
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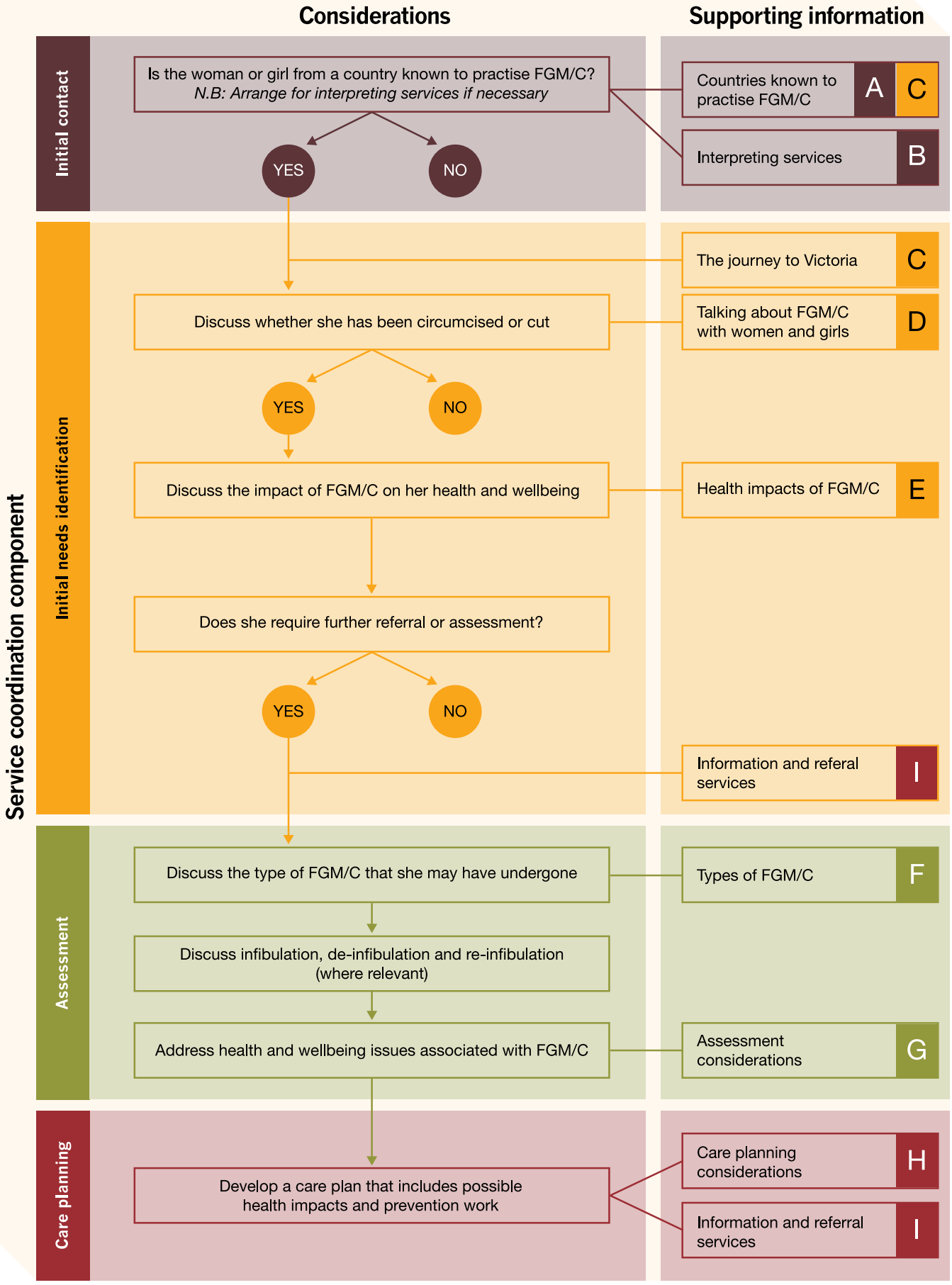
Flow chart

Improving the health care of women and girls affected by female genital mutilation/ cutting



Introduction

Improving the health care of women and girls affected by female genital mutilation/ cutting

How to use this resource

This resource has been designed to support health and community service providers in identifying and assessing the needs of women and girls who may be affected by female genital mutilation/ cutting (FGM/C). It aims to:

- assist service providers in developing their understanding of the health impacts associated with FGM/C
- suggest ways for talking to women and girls from communities known to practise FGM/C about whether they have undergone the procedure
- provide information to support referral pathways.

Please note: This guide is designed to be used in conjunction with *Improving the health care of women and girls affected by female genital mutilation/ cutting: A service coordination guide.*

Defining female genital mutilation/ cutting

FGM/C is defined as all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

Why it is important to ask the question

It is important to ask whether the woman or girl has been circumcised or cut to:

- raise a topic the woman or girl may be reluctant to discuss
- ensure the she receives the best possible care
- prevent FGM/C occurring in the future to her daughters
- discuss de-infibulation and re-infibulation with her before labour
- ensure she has access to appropriate services
- enable families to receive information about the legalities and health consequences of FGM/C
- determine and document FGM/C status for assisting with care and follow up
- enable the woman or girl to receive information about changes she may experience after de-infibulation.

For more information, go to <www.fpv.org.au>.

Initial contact

The first contact the woman or girl has with the service

In this step, the woman or girl is given information about the service, eligibility and the intake process, as well as other relevant information. The collection and recording of client information using the Service Coordination Tool Templates (SCTT) begins, with client registration and consent obtained.

To access these forms, go to <http://health.vic.gov.au/pcps/sctt.htm>.

The woman or girl will progress to initial needs identification if she needs further advice or support. In preparation for her next appointment, you can start to consider whether she has undergone FGM/C.

Key questions to ask yourself

- Is the woman or girl likely to have come from a country known to practise FGM/C?
- Does she need an interpreter?

A

Countries known to practise FGM/C

The table below lists countries known to practise FGM/C and the estimated prevelance among women and girls aged 15-49.

Country	Estimated prevelance (%)	Country	Estimated prevelance (%)
Benin	16.8	Liberia	45.0
Burkina Faso	72.5	Mali	91.6
Cameroon	1.4	Mauritania	71.3
Central African Republic	25.7	Niger	2.2
Chad	44.9	Nigeria	19.0
Côte d'Ivoire	41.7	Senegal	28.2
Djibouti	93.1	Sierra Leone	94.0
Egypt	95.8	Somalia	97.9
Eritrea	88.7	North Sudan	90.0
Ethiopia	74.3	Togo	5.8
Gambia	78.3	Uganda	.06
Ghana	3.8	United Republic of Tanzania	14.6
Guinea	95.6	Yemen	22.6
Guinea-Bissau	44.5		
Kenya	32.2		

N.B: There is anecdotal evidence that FGM/C type IV occurs in parts of the Middle East and Asia, including Indonesia, India, Malaysia, Israel and Iraq.

B

Interpreting services

Listed below are interpreting services that may be helpful. Ensure you have an interpreter, preferably female, if required and avoid using family members to interpret.

Translating and Interpreting Service (TIS)

- Free interpreter (doctor priority line) T/ 131 450
- Onsite interpreter (booking faxed two weeks in advance) T/ 1300 654 151
- For service users other than doctors T/ 131 450

VITS LanguageLink (fee for service interpreter)

- Bookings T/ 03 9280 1955
- Translations T/ 03 9280 1990

Oncall T/ 03 9867 3788

All graduates T/ 03 9605 3000

Initial needs identification

A broad screening of presenting and underlying issues by intake/ duty/ triage staff

This step allows for the woman or girl's health, social, emotional and wellbeing needs associated with FGM/C to be identified.

Key questions to ask yourself

- What are the health impacts associated with FGM/C?
- When should the woman or girl be asked the question?
- How should she be asked?

C

The journey to Victoria

Factors to consider when talking to women and girls who may be affected by FGM/C include the following:

- Refugee experience
- Grief and loss
- Trauma and torture
- Witnessing and/ or experiencing violence
- Refugee camps
- Social isolation or lack of family support
- Settlement issues or cultural shock
- Language barrier
- War
- Famine

When working with individuals who have experienced any of the above, referral to counselling and appropriate support services may be helpful. For more information, see section I: Information and referal services.

D

Talking about FGM/C with women and girls

The woman or girl will need to be told why the question is being asked and how the information will be used. For example:

- to conduct a thorough health assessment
- for referral purposes
- to develop a labour plan.

When asking the woman or girl about FGM/C, it is important to use value neutral, non-judgemental language, such as:

- 'Have you been cut down there?'
- 'Have you had traditional cutting?'
- 'Have you been circumcised?'

Be direct by asking questions such as:

- 'Do you experience any pain or difficulties during sexual intercourse?'[25]
- 'Do you have any pain when urinating?'
- 'Have you had any difficulties giving birth?'

When having the conversation:

- use a female interpreter where possible and avoid using a family member to interpret
- inform her that FGM/C is illegal in Australia
- be aware of your own responses and reactions
- be aware of the potential risk to young women and girls
- understand that not all families want their daughters to undergo FGM/C
- record FGM/C status on her birth notification to inform the maternal and child health nurse.

[25] Great Britain. Foreign and Commonwealth Office 2011, Multi-agency practice guidelines: female genital mutilation, HM Government, London, viewed November 2011, <http://www.homeoffice.gov.uk/publications/crime/FGM?view=Binery>.

E

Health impacts of FGM/C

The health impacts associated with FGM/C include the following:

- Vulval scaring and pain
- Pelvic and urinary tract infection
- Obstructed menstrual and urinary flow (e.g. can take up to 20 minutes to urinate)
- Painful sexual intercourse
- Childbirth complications
- Fistulae
- Infertility
- Post traumatic stress disorder
- Flashbacks
- Trauma
- Psychological or emotional distress

N.B: Assessing whether a pregnant woman is affected by FGM/C before birth is vital in her care preparations before and during labour. If she has been infibulated, de-infibulation will need to be discussed, options provided and consent obtained.

Assessment

An investigative and decision-making process to address issues relating to FGM/C, with the aim of developing a care plan

Assessment is an ongoing process where your professional skills are used to gather as much information as possible, with the aim of developing a care plan specific to the woman or girl.

Key questions to ask yourself

- What type FGM/C has the woman or girl undergone?
- Have I discussed infibulation, de-infibulation and re-infibulation with her (where relevant)?
- Have health and wellbeing issues associated with FGM/C been addressed?

F

Types of FGM/C

The four types of FGM identified by the World Health Organization are as follows:

Type I: Partial or total removal of the clitoris and/ or prepuce (clitoridectomy)

Type II: Partial or total removal of the clitoris and labia minora, with or without removal of the labia majora (excision)

Type III: Narrowing of vaginal opening through the creation of a covering seal by cutting and re-positioning the labia minora and/ or labia majora, with or without removal of the clitoris (infibulation)

Type IV: All other harmful procedures to female genitalia for non-medical purposes including pricking, piercing, scraping, incising and cauterising

(WHO 2008)

NB: See over for illustrations.

G

Assessment considerations

The assessment process enables:

- a more thorough investigation of the presenting issue/s of the woman or girl
- the identification of relevant services to ensure the most appropriate referral for the development of a comprehensive care plan
- a more in-depth exploration of the impact of FGM/C on the health of the woman or girl
- any risk to her daughters and granddaughters to be discussed.

Use the Human Services Directory <http://www.humanservicesdirectory.vic.gov.au/Search.aspx> to access further information on appropriate services.

Obtain consent from the woman or girl where possible to ensure she is part of the decision-making process.

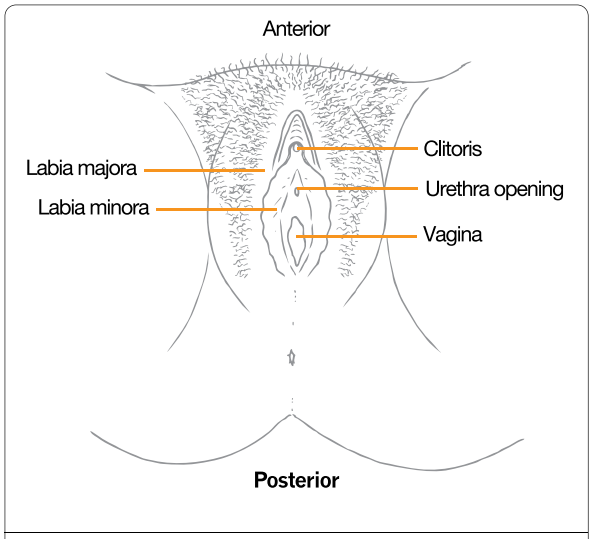
If the woman has been infibulated, a childbirth plan will need to be developed and antenatal and post natal care discussed. It is important to determine:

  - what the woman expects to happen after childbirth
  - if she wants to be de-infibulated before childbirth
  - if she is expecting to be re-infibulated (due to the legalities of re-infibulation, this needs to be discussed before labour).

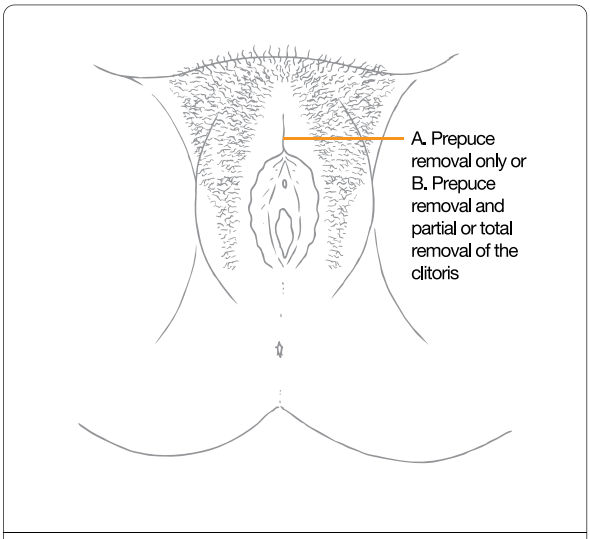
N.B: To access a childbirth plan template, see the Women's hospital flow chart at <http://www.thewomens.org.au/FemaleGenitalMutilationMaternity>.

Assessment

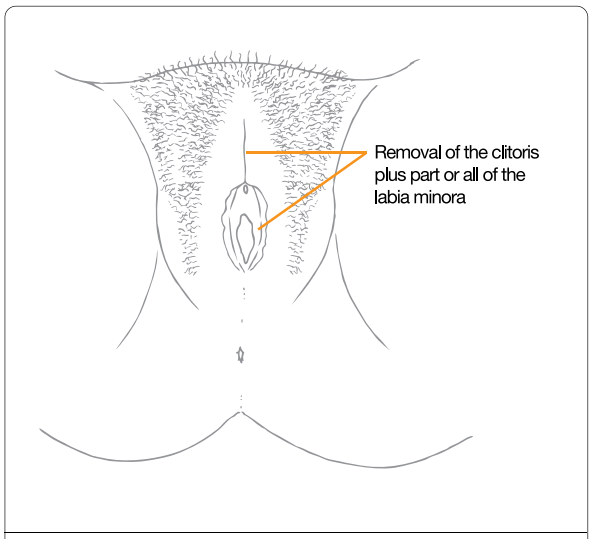
Types of FGM/C



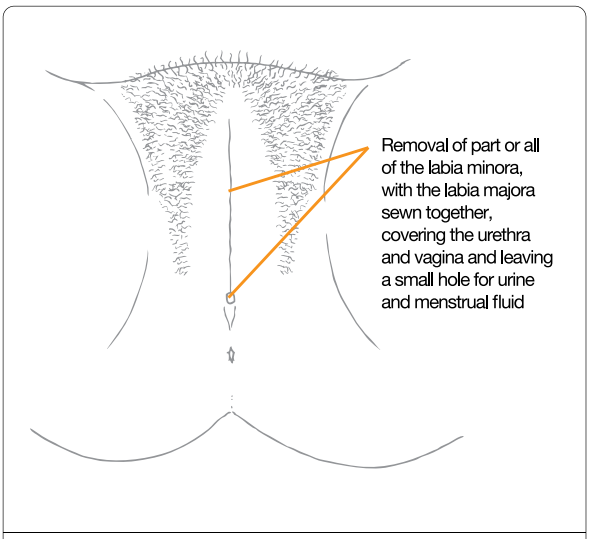
Typical



Type I



Type II



Type III

Care planning

Referral, case management and coordination, reviews, re-assessment, monitoring and exiting

Care planning involves health practitioners and the individual working together to ensure the planning and delivery of services meets the needs and circumstances of the individual. For more information about care planning, go to <http://www.health.vic.gov.au/pcps/downloads/sc_pracmanual2.pdf>.

H

Care planning considerations

- A care plan should include the possible health impacts and associated prevention work.
- Women and girls who have been infibulated should be fast tracked to medical services, gynaecologists and obstetricians, where appropriate.
- Partnerships and trained resource people should be used to assist in referral and care planning and for support.

I

Information and referral services

Listed below are relevant information and referral services to assist in referal and care planning. When working with women or girls who have experienced grief or truma, referal to counselling and appropriate support services may be helpful. These service providers are highlighted orange.

Clinical care pathways

Family Planning Victoria

Maternal and child health services

Metropolitan/ regional community health services

Metropolitan/ regional GP services

Metropolitan/ regional hospitals

Refugee health nurse

The Women's de-infibulation clinic

Counselling and support services

AMES Settlement Services

Centre Against Sexual Assault

Centre for Multicultural Youth

Child and mental health services

Foundation House

Gatehouse Centre, Royal Children's Hospital

Headspace

Metropolitan/ regional family services

Migrant resource centres

Advisory service pathways

Office of the Child Safety Commissioner

General Practice Victoria

Medicare Locals

Multicultural Centre for Women's Health

Primary Care Partnerships

Royal Australian and New Zealand College of Obstetrics and Gynaecology (RANZCOG)

Women's Health West

Child protection pathways

Child First (metropolitan/ regional)

Department of Human Services Child Protection Service (statewide, including emergency contact)

Student Critical Incident Advisory Unit

Victoria Police

Duty of care

The 2011 report titled, *Multi-agency practice guidelines: FGM* stated that there are four issues to consider in regards to duty of care when working with women and girls affected or at risk of being affected by FGM/C. These issues are as follows:

1. FGM/C is an illegal act on a female, regardless of age
2. Girls and young women at risk of FGM/C need to be safeguarded
3. Female relatives of a girl or woman who has undergone FGM/C maybe at risk
4. A girl may be removed from the country to undergo FGM/C[27]

Although this report was in relation to health care workers in England, it can be argued that the duty of care is similar for service providers in Victoria who work with women and girls affected by FGM/C.

Duty of care in Victoria is addressed in the *Wrongs Act 1958* (Vic) as follows:

Under common law principles of negligence and the Wrongs Act 1958 (Vic), as amended by the Wrongs and Other Acts (Law of Negligence) Act 2003 (Vic), care providers must exercise reasonable care to prevent service users and others from foreseeable injury.[28]

All professionals have the responsibility to inform their client of the illegal and harmful aspects of FGM/C in a culturally sensitive manner, ensuring that the woman or girl does not feel threatened or frightened by what is being told to them.

Confidentiality and disclosure

The aim of service coordination is to improve communication between the client and the service provider and streamline referral and the sharing of client information. This requires the client to be informed that her personal information may be shared with other service providers. Obtaining client consent before sharing client information is of paramount importance. The client also needs to be aware that she has the right to withhold consent to the sharing of her personal information.

Confidentiality and disclosure: Important considerations

- Service providers are encouraged to use the Service Coordination Tool Templates (SCTT).
  - The Consent to Share Information template makes obtaining consent universal and transparent and is used by many agencies.
- If the client does not have the capacity to consent, consent must be sought from a representative authorised by the client.
- If the client refuses consent to share information, a referral can still proceed, however the service to which the client is being referred will need to obtain the relevant information from the client.
- The SCTTs and supplementary information are available in 57 languages and can be downloaded at <http://www.health.vic.gov.au/pcps/sctt.htm>.

Mandatory reporting

Doctors, nurses, teachers and police are required by law to report to Child Protection if, in the course of their professional practice, they form a belief, based on reasonable grounds, that a baby, child or young person is at risk of significant harm and is in need of protection from physical injury or sexual abuse. This covers children up to the age of 17 years (unless in relation to a protective order, which may continue up to the age of 18 years).[29]

Professionals are required to contact Department of Human Services Child Protection if they have reasonable concern that a child is at risk of significant harm. It is then up to the department to determine whether there is reasonable grounds for investigation and further intervention. For a step-by-step guide to making a report to Department of Human Services Child Protection or Child FIRST, see Appendix B.

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27 Great Britain. Foreign and Commonwealth Office 2011, Multi-agency practice guidelines: female genital mutilation, HM Government, London, viewed November 2011, <http://www.homeoffice.gov.uk/publications/crime/FGM?view=Binary>.

28 Griffiths, D 2010, 'Negligence and duty of care', in Fitzroy Legal Service, The Law handbook, Fitzroy Legal Service, Fitzroy, Vic, viewed June 2012, <http://www.lawhandbook.org.au/handbook/ch16s05s04.php#>.

29 Victoria. Department of Human Services 2006, Vulnerable babies, children and young people at risk of harm: Best practice framework for acute health services, Department of Human Services, Melbourne, viewed May 2012, <http://health.vic.gov.au/childrenatrisk/documents/vulnerable_children.pdf>.

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A service coordination guide: Improving the health care of women and girls affected by female genital mutilation/cutting

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Published September 2012

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ISBN 978-0-9871928-1-3

Acknowledgements
Family Planning Victoria would like to thank the local and rural health and community service providers who contributed to the development of this service coordination guide. Their contributions are greatly appreciated.
We would also like to acknowledge the contributions of the following staff from the Victorian Government Department of Health: Trudy McInnes, Manager, Integrated Health Promotion, Linda Williamson, Senior Project Officer, Integrated Health Promotion and Shelly Lavery, Project Manager, Primary Health Programs.