

Engaging School Nurses to Address the Needs of Survivors of Female Genital Mutilation/Cutting (FGM/C)

July 19th, 2023

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Our Team



Catherine Cox



Mildrine Tulysse

Raise your hand if you are...

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Agenda	
Ol Overview of FGM/C	02 Providing Care
03 Resources	04 Evaluation
Question & Answer	

Overview of FGM/C

What is FGM/C, who does it occur to, and what are its impacts?



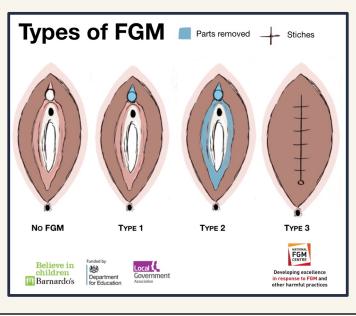
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What is Female Genital Mutilation/Cutting

"FGM/C involves the partial or total removal of external female genitalia or other injury to the female genital organs for nonmedical reasons." ~ World Health Organization definition



Types of FGM/C



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Physical Impacts of FGM/C



Shock Hemorrhage Urinary Retention Injury Infection HIV Failure to Heal



Urinary Tract Infections
Difficulty Urinating
Incontinence
Cysts
Scarring
Difficulty menstruating
Fistulas
Difficulty in Childbirth
Infertility
Pelvic Inflammatory
Disease

Finding My Voice by Renee Bergstrom



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Psychological Impacts

Depression
PTSD
Guilt
Anxiety
Shame
Poor sleep
Fatigue
Generalized Body Pain
Limitations in daily activities
Poor self perceived well being
Altered sexual function

Validation by Maryah Haidery



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Justifications

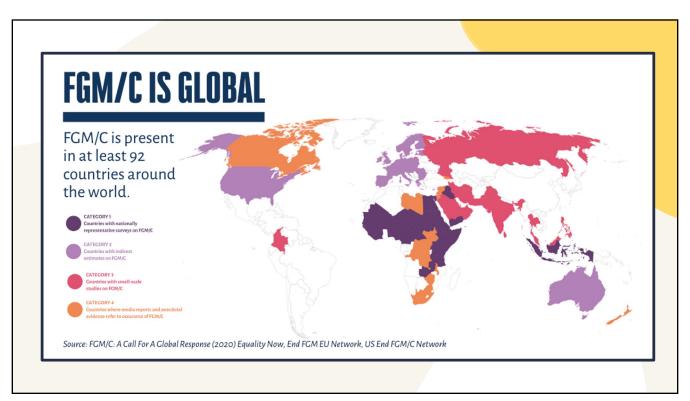
- To Control Sexuality
- Marriageability
- Tradition and Culture
- 'Cleanliness'
- Religion
- Others...

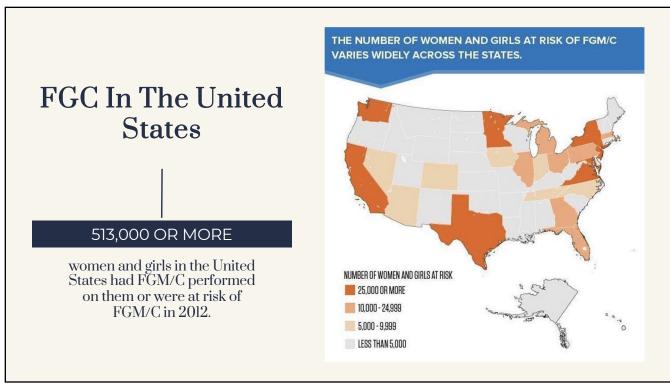


Tradition by Severina Lemachokoti



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Female Genital Mutilation or Cutting CARE AND SUPPORT

MILDRINE TULYSSE DNP, MSN, CNP, FNP-BC, SANE











Considerations

- Individuals who have experienced FGM/C may identify as "victims" or "survivors," or "an individual who has been impacted by FGM/C," as none of those or something different.
- Important to understand the spectrum and how they perceive themselves individually and within community.
- Never assume what someone needs or how they feel about their FGM/C.
- A child/family who has migrated here might experience more trauma from their migration, than the experienced FGM/C.
- They may be learning about or disclosing about their FGM/C for the first time.

Johnson-Agbakwu & Manin (2020)

Considerations

- When working with families we must be respectful, nonjudgmental, keep an open mind for those who may have a history of FGM/C
 - Consider the terms that are used by different communities (i.e. FGM, FGC, both)
- Recognize that FGM/C has different significance among various communities
- In many cultures where FGM/C is practiced, modesty is highly prized
 - Discussion surrounding female genitalia may be off limits or difficult
 - May be uncomfortable talking about certain practices, due to trauma
- Important to build trust and rapport, provide a safe environment (Goldenstein, 2014; Little, 2015)

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Considerations

- Establish rapport with child or teen and their family to allow for nonjudgmental questions or guidance
 - Ask the term used for FGM/C
- Understand child/family knowledge and perception on FGM/C
- Provide age-appropriate education (i.e. surrounding pelvic anatomy)
- If aware that a child's mother, sibling or other family members have experienced this you may consider asking in non-threatening manner about plans for FGM/C
- Vital opportunity to educate family- provide resources

(Young et al. 2020)

Considerations

- Healthcare provider!! Important to identify structures
- Types I, II, and IV may be difficult to recognize in prepubertal children
- Labial adhesions in prepubertal patient may be miscategorized as FGM/C
- May be difficult to identify or confirm on exam, if more recent FGM/C
- Discuss findings with parent/guardian and if age appropriate discuss with child/teen, if FGM/C identified on exam

(Young et al. 2020)

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Considerations

- Use the language that your patients use to describe their experience. Avoid using the phrase "mutilation" as that can feel derogatory or stigmatizing.
- Learn their specific cultural values and messaging toward their health and FGM/C.
 Knowing about criminalization may help a family decide against FGM/C:
 - Give clear explanation that FGM/C is not legal in US and abroad ("vacation cutting") and there can be consequences for parents
 - Law can help family avoid FGM/C
 - Let them know that this is an illegal practice and about health risks without blaming the individual

Shell-Duncan, Wander, Hernlund, & Moreau, 2013; Vissandjee, Denetto, Migliardi, & Proctor, 2014

Considerations

- This is NOT just about religion! FGM/C is practiced in Christian, Jewish, Muslim faiths, and other communities across the globe.
- FGM/C origins are primarily cultural, not religious.
- Avoid stigmatizing or blaming messaging directed to people of faith.
- Faith leaders can play an important role in prevention.
 Support of alternative rituals to replace FGM/C within the communities
 - Coming of age rituals
 - Marriage rituals

Mepukori, Boyd, Piot, & Ariely, 2016

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Considerations

- Mental health support is needed for those who have experienced FGM/C

 - They may experience isolation, frustration, anger
 They may experience anxiety, depression, and posttraumatic stress disorder
 - Some who experience sexual dysfunction as a result of FGM/C, may be affected psychologically
 Consider where the patient is developmentally

(Atkinson et al., 2019; Goldenstein, 2014)

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Evaluation

Please take a moment to fill out the evaluation form to let us know what you think of our training and what we could improve on for future events!



