

Asking difficult questions

Remember that 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;
- 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 (point out the illegality and health risks, 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;
- Use simple language and ask straightforward questions;
- Use terminology that the individual will understand, e.g. the individual is unlikely to view the procedure as 'abusive';
- Avoid loaded or offensive terminology such as 'barbaric';
- Use value-neutral terms understandable to the woman, such as: "Have you been closed?", "Were you circumcised?", "Have you been cut down there?";
- Be direct; indirect questions can confuse and may only cause embarrassment or discomfort to you or the patient;
- If 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 if they wish; and
- Give a clear explanation that FGM is illegal and that the law can be used to help the family avoid FGM if/when they have daughters.