







Specialized clinic experience at the Multidisciplinary Center for Sexual Health (Ce.Mu.S.S) in Turin for managing female genital mutilation victims: an integrated approach

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Backgorund

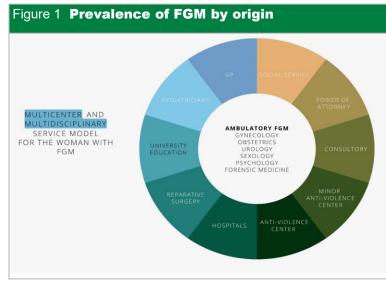
- Female Genital Mutilation (FGM) is a global form of violence and human rights violation impacting girls and women.
- According to the World Health Organization (WHO), approximately 200,000 women worldwide suffer from FGM, involving partial or total removal of external genitalia.
- Survivors endure significant physical and psychological consequences, including immediate risks like hemorrhage, shock, and long-term complications such as dyspareunia and obstetric difficulties.
- The limited awareness among healthcare professionals hinders the recognition and management of FGM, further exacerbated by vulnerability and stigma experienced by migrant women accessing healthcare.

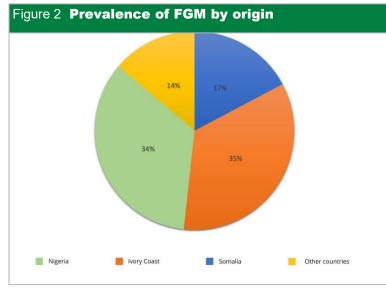
Material and methods

- The FGM clinic operates within the Multidisciplinary Center for Sexual Health (Ce.Mu.S.S), specializing in preventing, diagnosing, and treating sexually transmitted infections.
- multidisciplinary approach, specialists from medical, psychological, and social fields collaborate. Gynecologists and midwives manage medical complications related to sexual and reproductive well-being caused by FGM, while psychologists address associated mental health issues.
- FGM, recognized as a human rights violation, may require international protection, prompting consultations with medical examiners and social workers. The clinic provides targeted mediations based on the patient's country of origin, emphasizing the importance of cultural mediators. It offers guidance and training to social and health workers, working closely with regional services to provide comprehensive care for migrant and pregnant women, minors, and individuals with HIV.
- This partnership enhances the clinic's ability to offer widespread and structured activities across Turin and the region (Figure 1).

Results

- Since December 2021, the clinic has provided care for 80 FGM patients, mainly from Ivory Coast and Nigeria (Figure 2).
- All patients received FGM information and counseling. Half were referred to psychological services, 10% to local counseling centers or hospitals for pregnancy-related care, and 5% to legal counseling.
- Collaborations were conducted with local associations and services, such as the anti-violence center E.M.M.A Onlus and the social workers' service of the ASL Città di Torino, as well as lectures at universities, secondary and high schools.





Conclusion

- The multidisciplinary model effectively addresses the needs of a vulnerable and disadvantaged female subpopulation in terms of access to care through the attention to physical, psychological, sexual, and social health.
- The interaction of specialists belonging to different backgrounds ensures the optimization of resources, time, and simplifies the healthcare's access for women living with FGM.

References

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