



SWIFT

Connecting health workers, transforming
care for women and girls affected by FGM/C

Sexual Health and FGM/C

A Guide for Health Workers

This resource supports health workers to understand and better respond to the sexual health needs of women and girls who have undergone FGM/C. It is not intended as a clinical guideline.



MULTICULTURAL
CENTRE FOR
WOMEN'S HEALTH

Understanding FGM/C

Female Genital Mutilation/Cutting (FGM/C)* refers to a range of procedures that alter or injure the external female genital organs for non-medical reasons. It has no health benefit to women and girls and can lead to immediate complications such as pain, severe bleeding and infection, as well as longer-term impacts including sexual and reproductive health problems, urinary complications, and lasting psychological distress.

FGM/C is primarily practiced in parts of Africa, the Middle East and Asia. Due to migration, women and girls who have experienced FGM/C now live in many countries around the world, including in Australia. Millions of women and girls worldwide are living with the consequences of FGM/C^{1,2}.

Cultural context

While harmful, FGM/C may be understood by family and practicing community members as an important cultural tradition. Conversations about FGM/C should be approached with respect, without assumption and with an understanding that culture can be valued without continuing practices that can cause harms.

Legal context in Australia

Practicing FGM/C is illegal in Australia and subject to criminal penalties. While the practice is illegal, seeking and providing healthcare for FGM/C-related issues is safe and legal. Community-led, health and policy-based efforts are underway in Australia and internationally to prevent the practice and support women and girls affected by it.

*Note: When working with individuals or communities, health workers should use respectful, person-centred language and ask what terminology feels most appropriate or familiar. Some women and girls may use or recognise terms used in their own communities and languages such as “cutting”, “traditional cutting”, or “circumcision”.

Impact of FGM/C on sexual experience

FGM/C can affect sexual function and experience in a range of ways. The impact varies widely depending on the type of FGM/C, individual anatomy, psychological and emotional wellbeing, and access to care.

Women and girls' experiences of sex and intimacy after FGM/C are influenced not only by physical changes, but also by cultural beliefs, stigma and misconceptions about sexuality and the female body, as well as limited or inaccurate sex education⁴. These experiences can affect an individual's confidence, desire, sense of safety, and the ability to seek help.

Women and girls who have undergone FGM/C may experience:

- Painful sex (dyspareunia)
- Reduced or altered sexual sensation
- Difficulty with arousal or orgasm
- Vaginal dryness
- Urinary flow obstruction, incontinence and urinary tract infections
- Menstrual flow obstruction, and physical discomfort during menstruation can create a negative association with the genital area, further impacting sexual desire and confidence
- Repeated genital infections that affect comfort and confidence
- Trauma responses, including distress or emotional triggers during intimacy or clinical examinations
- Shame, embarrassment, or stigma related to their bodies
- Fear of being judged or misunderstood by health workers
- Difficulties communicating with partners about pain, pleasure, or boundaries^{5,6}.

Many women and girls who have undergone FGM/C desire intimacy and connection, but may fear pain, judgement or cultural taboos around sex. **Healthy sexual function and pleasure are possible after FGM/C with the right support, education and access to appropriate care.**

Providing safe sexual wellbeing support

Click on table of contents to skip to section

Creating a safe environment and asking the question 5

Approaching sex holistically 6

Encourage body awareness 7

Empowering choice and control 7

Support pathways 8



Creating a safe environment and asking the question

Many women and girls may feel uncomfortable to raise the topic of FGM/C and sex with a health worker. Health workers play a key role in creating a safe, non-judgmental space for these conversations.

Ask about FGM/C without assumptions, when it is clinically appropriate to do so. This may include during an initial needs assessment when working with women or girls from countries where FGM/C is known to be practiced, and/or once trust and rapport have been established.

FGM/C is a sensitive and private issue, and should be approached respectfully and without pressure. Terminology like “circumcision” or “cutting” should be mirrored from the client’s own language to maintain rapport. Further, where partners and family are present during consultations, these conversations might not be appropriate. Health workers should use their clinical judgement to determine the right time to have this discussion.



Use open, respectful questions to identify FGM/C when it is appropriate to do so. For example, “Traditional cutting is practised in some communities, including in [country/region]. Is this something you have experienced?” or “In my practice, I ask all women about their health history, including traditional practices or cutting. Is this something you’ve experienced or would like to talk about?”

Once FGM/C has been identified, health workers can gently normalise conversations about sexual health and support women to decide if, when and how they wish to engage in these discussions.



Normalise the topic of sexual health. For example, you could say: “Some women who have had FGM/C find sex difficult or painful. Has this been your experience? If you’d like to talk about it, I’m here to support you.”

Approaching sex holistically

Health workers should take a holistic approach to supporting women's sexual wellbeing, focusing on safety, comfort, consent, and emotional wellbeing.



Encourage women to reflect on what feels safe and comfortable for them, what they enjoy, and what they would like to explore or avoid. Always center the individual's lived experience rather than making assumptions.



Intimacy can take many forms. Encourage individuals to explore forms of intimacy that feels comfortable to them, highlighting that there are different types of intimacy that do not focus on penetrative sex. With the woman's consent, involve partners in education as partner understanding is a key factor in sexual wellbeing.



Use body-positive and encouraging language to help women understand the individuality of sex. For example: "Everyone experiences intimacy differently—what feels right for you is what matters" or "Your body is capable of pleasure and there are many ways to enjoy intimacy".

Not all health workers are expected to have all the answers or to engage in in-depth sexual health conversations. However, it is important that health workers feel confident to initiate safe, respectful discussions, respond appropriately, and know when and how to refer women to additional supports.

Encourage body awareness

Many women and girls who have undergone FGM/C may feel fearful or uncertain about their anatomy due to physical changes, pain, or cultural messages.

Building body awareness allows women and girls to explore what feels safe and pleasurable, communicate their needs to partners, and engage in sexual activity with more comfort and agency.




Health workers should incorporate body literacy techniques, at the individual's pace, in their consultations. This may occur through discussion or using anatomical diagrams.

This process must always be trauma-informed. Some individuals may have little awareness of what their body looks like, and focused attention on the body can feel overwhelming or distressing. It is important to provide tools and strategies to help manage distress if it arises, and to pause or redirect the conversation if the individual begins to feel overwhelmed.

Empowering choice and control

Health workers should support women to make informed choices about their sexual wellbeing. This includes openly discussing available options, such as:

- Medical interventions, including de-infibulation and clitoral reconstruction surgery
- Sex therapy or psychosexual counselling which can provide a safe space for women and girls to explore concerns about intimacy, pleasure, or trauma, and to build confidence, communication, and comfort in sexual relationships.
- Women's or pelvic health physiotherapists who can help manage pelvic pain (including pain during sex) and bladder or bowel concerns through targeted therapy, exercises, and education to improve comfort and function.



Always respect the woman's autonomy and pace, allowing her to decide if, when, and how she engages with these options.

Support pathways

Health workers can contact the organisations listed below, or refer women and girls to these organisations, for information, specialist advice and support to identify appropriate care and referral options in their State or Territory:

New South Wales - NSW Education Program on Female Genital Mutilation/Cutting (FGM/C)

W: www.nsw.gov.au/departments-and-agencies/wslhd/services/womens-health/nsw-fgm-education

E: WSLHD-FGMEducationProgram@health.nsw.gov.au

Western Australia - Womens Health Strategy and Programs

E: KEMH.WomensHealthStrategyandPrograms@health.wa.gov.au

Victoria - The Family and Reproductive Rights Program

W: www.betterhealth.vic.gov.au/health/conditionsandtreatments/female-genital-cutting-circumcision-fgc

Visit the website above to contact the organisation in your local area. Contact the Royal Women's Hospital FGM clinic for advice and referral to deinfibulation services.

Tasmania - Red Cross, Bicultural Community Health Program

W: www.redcross.org.au/migration/bicultural-health-service-in-tasmania

E: Tasbiculturalhealth@redcross.org.au

Key Messages for Health Workers

- Women and girls who have undergone FGM/C may experience complex, interconnected physical and emotional sexual health challenges.
- Safe, respectful, trauma-informed care is essential.
- Conversations about sexual health should be normalised but never forced.
- Every woman's body, experience and priorities are unique.
- Healing, comfort and sexual pleasure are possible with the right support.

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