



FGM/C Safeguarding Pathway

For Healthcare Professionals

Presentation prompts the clinician to suspect/consider female genital mutilation/ cutting (FGM/C) e.g. repeated UTIs, vulvo-vaginal infections, urinary incontinence, dyspareunia, dysmenorrhea etc. Also consider difficulty getting pregnant, presenting for travel health advice or patient disclosure (e.g., young girl from a community known to practice FGM/C discloses she will soon undergo a 'coming of age' ceremony).

INTRODUCTORY QUESTIONS: Do you, your partner or your parents come from a community where cutting or female genital mutilation is practised? (It may be appropriate to use other terms or phrases)

No - no further action required

Yes- follow the steps below

Do you believe patient has been cut?

No - but family history

Yes

Patient is under 18

Patient is under 18

Patient is over 18

If you suspect she may be at risk of FGM:

- Use the **FGM/C Risk Assessment & Intervention Tool** to help decide what action to take.
- If the child is at imminent risk of harm, initiate urgent duty to report protocol.
- Consider if calling Child Protection Services is needed, according to your local processes.

Report details of the case to Child Protection Services under duty to report protocol.

Child Protection Services will initiate a multi-agency safeguarding response.

- Does she have any female children or siblings at risk of FGM/C?
- Complete the **FGM/C Risk Assessment & Intervention Tool** to decide whether a call to Child Protection Services is needed.

FOR ALL PATIENTS who have HAD FGM

If the child is currently under the age of 18 years:

- Contact Child Protection Services. Check your province for the age at which Child Protection Services needs to be contacted.
- If FGM/C happened in Canada ensure law enforcement is also called as this is now a criminal investigation.
- Follow your local processes around documenting and treating cases of child sexual abuse. Refer for a paediatric appointment and physical examination.

If the patient is an adult consider the following:

- If long-term pain or other symptoms as stated above, consider referral to urogynecology specialist clinic.
- If mental health issues, consider referral to psychiatrist or psychologist
- Connect them to End FGM Canada Network for additional resources

Can you identify other female siblings or relatives at risk of FGM/C?

- Complete FGM/C Risk Assessment & Intervention Tool if possible **OR**
- Share information with multi-agency partners to initiate duty to report response.

FOR ALL PATIENTS

- Clearly document all discussions and actions with the patient /family in the patient's medical record.
- Explain FGM/C is illegal in Canada and possible legal consequences.
- Discuss the adverse and long-term physical and mental consequences of FGM/C.
- Inform the patient of your duty to report and what to expect if/when Child Protection Services or law enforcement become involved.
- Share safeguarding information with the medical professionals involved in the patient's care.

If a girl appears to have been recently cut or you believe she is at imminent risk, act immediately. **Call Child Protection Services and/or 911**
REMEMBER: Mandatory reporting is only one part of safeguarding against FGM/C and other abuse.