



The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support physicians in implementing the CPSA Standards of Practice. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

Advice to the Profession documents are dynamic and may be edited or updated for clarity at any time. Please refer back to these articles regularly to ensure you are aware of the most recent advice. Major changes will be communicated to our members; however, minor edits may only be noted within the documents.

Contents

Preamble	2
Background	2
Terminology	2
What is FGC?	
FGC and Canadian law	3
Reporting FGC	3
Duty to report	3
FGC education & awareness	4
Requests for reinfibulation	
How to support patients	4
Child risk & safeguarding	
Aftercare	5
Culturally safe counselling	<u>5</u> 6
Mental health supports	<u>5</u> 6
patient groups	6
Books/videos about FGC	6
Resources	6
Acknowledgements	<u><u>6</u>7</u>





Preamble

The <u>Health Professions (Protecting Women and Girls) Amendment Act, 2022</u> (Act) requires that regulatory colleges have standards of practice to address female genital mutilation by their members. This Advice to the Profession document is a companion to CPSA's <u>Female Genital Mutilation</u> standard.

As outlined below, female genital mutilation is referred to in a variety of ways but is medically referred to as female genital cutting (FGC). For the purpose of this document, we will use this neutral language.

Background

FGC affects more than 200 million individuals worldwide in countries in Africa, the Middle East, and Asia as well as in diaspora communities¹. Approximately three million individuals are estimated to be at risk annually from FGC.

TERMINOLOGY

Several terms are commonly used to refer to FGC. It is important to use language the patient is comfortable with. After determining the term the patient prefers, document this in the chart and ensure that usage going forward. Common terms are:

- female genital mutilation (advocacy term, but may be perceived as judgmental/stigmatizing)
- female circumcision
- female genital cutting (medically correct; neutral; culturally sensitive)²

What is FGC?

FGC includes the excision, infibulation or mutilation, in whole or in part, of the labia majora, labia minora, clitoral hood or clitoris of a person, **except** where valid consent is given **and** a surgical or other procedure is performed by a regulated member under the HPA, performed for the benefit of the physical health of the person **or** for that person to have normal reproductive functions or normal sexual appearance or function **or** the person is at least 18

¹ From The Orchid Project's "Where does FGC happen?"

² From Flourish Workshop Toolkit (2022)





years of age **and** there is no resulting bodily harm.³

FGC is not associated with a particular ethnicity, race or religion. It is a practice associated with deeply rooted social norms and may be considered a rite of passage into womanhood, associated with beauty⁴. It may be meant to confer social status in the community and is done to control female sexual autonomy.

FGC and Canadian law

Section 268 of the <u>Criminal Code of Canada identifies</u> FGC as aggravated assault. It is illegal to transport a child outside of Canada for the purpose of FGC. As per CPSA's standard of practice on <u>Female Genital Mutilation</u> and the <u>Health Professions Act</u> 5 , regulated members who are criminally convicted of procuring, performing, or assisting in FGC will be ineligible for registration.

If a regulated member's conduct is found to constitute unprofessional conduct based on procuring, performing, or assisting in FGC in any jurisdiction (i.e., Canada, the United States, or internationally) they may be subject to having their registration cancelled.

REPORTING FGC

If the patient is under 18 and has been cut, this is a mandatory reporting situation.

If the patient has not been cut and is under 18 or a vulnerable adult, this is a high-risk situation and requires consideration of reporting to appropriate protective services and police.

If the patient is over 18 but has female siblings or children under 18, these individuals are at risk and reporting should be considered.

Regulated members acting in supervisory roles or who employ regulated healthcare staff may also have a duty to report.

Duty to report

Regulated healthcare professionals must report to the appropriate regulatory body if they have reasonable grounds to believe another regulated healthcare professional is involved

³ From Health Professions (Protecting Women and Girls) Amendment Act, 2022.

⁴ From "<u>Female genital mutilation and cutting: An anatomical review and alternative rites</u>," National Library of Medicine (V. Puppo, 2017)

⁵ Health Professions Act, Part 8, Section 133.2 (Dec. 15, 2022).





in FGC (*Duty to Report a Colleague*). Regulated healthcare professionals must report to <u>Children's Services</u> if a child has been recently subjected to FGC, or the healthcare professional has reasonable grounds to believe a child will be subjected to FGC.

FGC education & awareness

Patient experience of FGC is highly variable and multidimensional with immediate and long-term health consequences including impact on sexual function, obstetrical health and psychological well-being. The approach to FGC detection and prevention should be person centred, trauma informed and conscious of cultural humility. Whenever possible, trained medical interpreters should be used and continuity of care should be offered.

While a trusted translator/interpreter can help avoid gaps in understanding, physicians should be cautious in using patients' friends or family members as translators. It may seem convenient to use a neighbour, friend, family member or even a child of the patient, but it is not recommended, as information may not be translated to you correctly; the patient's account may be altered or filtered, or otherwise influenced; or the patient may not be comfortable or forthcoming when someone they know is in the room.

Services such as the <u>Association of Translators and Interpreters of Alberta, Edmonton Immigrant Services Association</u> and <u>Immigrant Services of Calgary, AHS facilities</u>, and many church/cultural groups offer translation services.

REQUESTS FOR REINFIBULATION

It is not uncommon to receive requests for reinfibulation from patients or family members post-delivery requiring deinfibulation. Requests for reinfibulation should be declined on medical grounds and repair conducted, with informed consent, according to accepted clinical standards. As a reminder, reinfibulation is considered FGC by CPSA's <u>Female</u> <u>Genital Mutilation</u> standard of practice.

How to support patients

CHILD RISK & SAFEGUARDING

It is important not to assume that the Canadian legal situation or adverse health consequences are known to families where children may be at risk of FGC. The UK has





<u>created a flowchart</u> which may be helpful to consider when trying to safeguard children at risk of FGC⁶.

Caring for Kids New to Canada also has advice⁷ for providing care to children and adolescents new to Canada. They recommend making questions about cutting and genital examination a routine part of evaluation and asking permission to introduce this sensitive subject, thus reducing the stigma and embarrassment patients may experience. They also provide a comprehensive list of late complications of FGC adapted from a 2013 publication⁸.

AFTERCARE

Immediate aftercare is usually provided locally. Reach out to speciality services if unsure of appropriate medical care for a patient who has just experienced FGC.

CULTURALLY SAFE COUNSELLING

At all times, regulated members need to understand that all patients have the right to feel respected, safe and free from judgment and discrimination. This topic needs to be approached with sensitivity and an awareness of different cultural practices.

Patients can be given contact information for the following:

- Calgary Catholic Immigration Society's Centre for Refugee Resilience
- Multicultural Health Brokers Co-operative (MCHB)
- Sexual Assault Centre of Edmonton's Child & Youth Counselling

This section will be updated as resources become available.

MENTAL HEALTH SUPPORTS

FGC is considered gender-based and family violence. Albertans who are affected may wish to reach out to Government of Alberta <u>resources</u>. If unsure of what resource is appropriate, 211 services are available in more than 170 languages to help connect patients to appropriate supports.

⁶ Department of Health. FGM Safeguarding Pathway.

⁷ Caring for Kids New to Canada - Female genital mutilation/cutting

⁸ Hearst AA, Molnar AM. <u>Female genital cutting: An evidence-based approach to clinical management for the primary care physician</u>.





PATIENT GROUPS

- Flourish: Communities Collaborating to Address FGM
- End FGM Canada Network
- Extensive Support Network
- Global Support Network

BOOKS/VIDEOS ABOUT FGC

- **Seven** by Farazana Doctor: https://farzanadoctor.com/seven/
- Cut by Hibo Wadere: https://www.goodreads.com/en/book/show/29540497-cut
 - Watch the video Hibo's Story

Resources

CPSA team members are available to speak with people who have questions or concerns. Please contact support@cpsa.ab.ca.

Acknowledgements

We would like to thank Dr. Angela Deane MD, FRCSC, Obstetrician and Gynecologic Surgeon at North York General Hospital in Toronto, Ontario for her invaluable support and generosity in sharing her knowledge with us as we compiled this Advice to the Profession.

RELATED STANDARDS OF PRACTICE

- Female Genital Mutilation
- Boundary Violations: Personal
- Duty to Report a Colleague
- Informed Consent

COMPANION RESOURCES

- Advice to the Profession documents:
 - o Boundary Violations: Personal
 - Duty to Report a Colleague/Self
 - o Informed Consent for Adults
 - Informed Consent for Minors
 - o Legislated Reporting and Release of Medical Information





- Advice to Albertans: Female Genital Mutilation
- The Journal of Obstetrics and Gynaecology of Canada's <u>Guideline No. 395 Female</u> <u>Genital Cutting (Feb. 2020)</u>
- The World Health Organization's "Female Genital Mutilation" (May 2022)
- Royal College of Obstetricians and Gynecologists' <u>Green-top Guideline No. 53</u> (July 2015)
- Deinfibulation resources
 - o Review of FGC type and deinfibulation technique (6 min video)
 - o Patient Information on Deinfibulation Process (4 min video)
- Safeguarding resources
 - o UK Government Department of Health. FGM Safeguarding Pathway.
 - o Caring for Kids New to Canada: FGM Assessment and Screening
- Community empowerment resources
 - o Flourish: Communities Collaborating to Address FGM
- GOA resources: Resources for Albertans Experiencing Gender Based Violence -English