

Date://	<b>Assessment</b> : Initial/ On-going	Completed by:

# How do I know if a child has undergone or will undergo Female Genital Mutilation/Cutting (FGM/C)?

### QUESTIONS FOR YOU THE HEALTH CARE PROVIDER

	Yes	No	Maybe	Observations
Signs of emotional trauma (withdrawal, depression, anger)?				
Frequent urinary tract infections, menstrual, or stomach problems?				
Talks about going away to "become a woman" or become "like her mom or sister"?				

#### QUESTIONS TO ASK PATIENT

	Yes	No	Maybe	Observations
Do you experience pain or				
discomfort when urinating or				
menstruating?				
Has anyone talked to you about				
going back to (foreign country of				
origin) to celebration becoming a				
woman?				

## QUESTIONS TO ASK FEMALE RELATIVES

	Yes	No	Maybe	Observations
Are you considering having (child patient) cut?				
I know there are countries* that				

practice cutting. Has that		
happened to you?		

<sup>\*</sup>Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Cote d'Ivoire, **Djibouti, Egypt, Eritrea,**Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, **Mali, Mauritania**, Niger, Nigeria, Senegal, **Sierra**Leone, Somalia, North Sudan, Togo, Uganda, United Republic of Tanzania, Yemen. <u>Bolded countries have a</u>
prevalence of over 70%.

Patients rarely come in to see a doctor specifically about Female Genital Mutilation. Visits for unrelated reasons are an opportunity to discuss FGM/C. Helping a patient overcome feelings of shame or embarrassment is essential to getting her to continue seeing a healthcare provider.

- DO use words the patient is familiar with like 'cutting' or 'circumcision'
- DO NOT use the word 'mutilation'.
- DO NOT let family members do the translating/interpreting. Use a professional translation/interpretation service instead.
- DO NOT react with shock, disgust or anger when examining the patient.
- DO record findings in the patient's medical notes so the patient does not have to discuss it again with a different provider in the same practice.
- DO refer the patient to other providers if needed, including a mental health provider.
- If you have immediate concerns, contact state social services authorities.

#### Additional Resources<sup>1</sup>

- American Academy of Pediatrics Statement on FGM: <a href="http://pediatrics.aappublications.org/content/102/1/153">http://pediatrics.aappublications.org/content/102/1/153</a>
- Creighton SM, Hodes D. Female genital mutilation: what every pediatrician should know. *Archives of Disease in Childhood* 2016;101: 267-271.

<sup>&</sup>lt;sup>1</sup> This risk assessment form has been adapted from <u>UK</u> and <u>Australian</u> government risk assessment tools.