

# Female Genital Mutilation: Standards for Registered Nurses and Nurse Practitioners

*(Not in effect until approved)*

## Purpose

This standard applies to registered nurses (RNs), graduate nurses (GNs), certified graduate nurses (CGNs), nurse practitioners (NPs) and graduate nurse practitioners (GNPs), herein referred to as **REGISTRANTS**<sup>1</sup>. This standard outlines expectations for registrants to provide physical and mental health care and support for survivors of **FEMALE GENITAL MUTILATION** (FGM) and those at risk of FGM.

## Overview

FGM, also referred to as female genital cutting, is internationally recognized as a violation of human rights. FGM is any procedure involving partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The practice has no health benefits and is associated with significant short- and long-term physical and mental harms. Medically appropriate surgical procedures performed with informed consent for health, reproductive, or sexual function purposes, are excluded from the definition of FGM under both the [Health Professions Act](#) and the [Criminal Code](#).

FGM is illegal in Canada. Performing, assisting with, or arranging FGM, including taking a child outside of Canada for this purpose, is a criminal offense (Department of Justice, 2026). Under the *Health Professions Act*, a person who has been convicted of a criminal offense related to the procurement or performance of FGM is not eligible for registration as a regulated member.

FGM continues in some communities through longstanding beliefs and social norms despite a lack of supporting evidence (WHO, 2018). Registrants must have the knowledge and

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<sup>1</sup> Words and phrases displayed in BOLD CAPITALS upon first mention are defined in the Glossary.

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communication skills to engage in sensitive, respectful conversations with people affected by or at risk of FGM to prevent further harm and future cases.

For further information, please refer to the Additional Resources section on the webpage.

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## Criteria

To meet this standard, the registrant must

1. Not **PROCURE**, perform, assist in, refer or accept referrals for FGM.
2. Report to the appropriate law enforcement or child welfare authority when:
  - 2.1. a child has been subjected to FGM or,
  - 2.2. there are reasonable grounds to believe a child may be subjected to FGM, regardless of where the procedure may be undertaken.
3. Report to the complaints director of the appropriate regulatory college if, while acting in their professional capacity, they have reasonable grounds to believe that a regulated member of any health profession is procuring, performing, assisting, referring or accepting referrals for FGM.
  - 3.1. It is not required to report information about the regulated member if that information was obtained while providing **PROFESSIONAL SERVICES** to that regulated member.
4. Acquire and maintain understanding of:
  - 4.1. How FGM presents,
  - 4.2. Possible short- and long-term complications of FGM,
  - 4.3. **EVIDENCE-INFORMED** management of complications,
  - 4.4. Appropriate referral when care needs exceed the registrant's scope of practice,
  - 4.5. Resources to support the mental health of a survivor of FGM,
  - 4.6. Resources to support the aftercare needs of a survivor of FGM.
5. Use a **TRAUMA AND VIOLENCE-INFORMED APPROACH** to support people who are at risk of, or who have undergone FGM.

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6. Provide preventative care to **CLIENT(S)** or family member(s) who anticipate the possibility of FGM by,
  - 6.1. Providing education about the risks and harms of FGM,
  - 6.2. Providing information on mental health supports and other community and social resources.

## Additional Resources – for website landing page

[WHO Guideline on the Prevention of Female Genital Mutilation and Clinical Management of Complications](#)

[Care of Girls & Women Living with Female Genital Mutilation, A Clinical Handbook](#)

[Journal of Obstetrics and Gynaecology Canada, Guideline No. 395 – Female Genital Cutting](#)

[End FGM Canada Network](#)

[What if you knew...with Dr. Leyla Hussein OBE](#)

### Glossary

**CLIENT(S)** – The term client(s) can refer to patients, residents, families, groups, communities, and populations who receive medical care, treatment or professional services from a registrant.

**EVIDENCE-INFORMED** – The process of combining the best available evidence through a variety of sources such as research, grey literature, experience, context, experts, and client experiences and perspectives.

**FEMALE GENITAL MUTILATION** – “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**

- i. a surgical or other procedure is performed by a regulated member under the *Health Professions Act* for the benefit of the physical health of the person or for the purpose of that person having normal reproductive functions or normal sexual appearance or function, or
- ii. the person is at least 18 years of age and there is no resulting bodily harm.”

(*Health Professions Act*, 2000)

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**PROCURE** – To facilitate, assist in or refer.

**PROFESSIONAL SERVICE(S)** - “A service that comes within the practice of a regulated profession” (*Health Professions Act* [HPA], 2000, s. 1[1][ff]). This refers to activities listed in the legislated scope of practice statement in Schedule 24, section 3 of the HPA.

**REGISTRANT(S)** – Includes registered nurses (RNs), graduate nurses (GNs), certified graduate nurses (CGNs), nurse practitioners (NPs), graduate nurse practitioners (GNPs), and RN or NP courtesy registrants on the College of Registered Nurses of Alberta (CRNA) registry.

**TRAUMA AND VIOLENCE-INFORMED APPROACH** - This approach recognizes the connections between violence, trauma and health acknowledging that trauma can be ongoing. It emphasizes safety, trust, choice, collaboration and strengths while also addressing the broader social context in which people live (Government of Canada, 2025).

## References

Department of Justice. *Criminal Code* (R.S.C., 1985, c. C-46). Act current to 2026-03-02. <https://laws-lois.justice.gc.ca/eng/acts/c-46/>

End FGM Canada Network. <https://www.endfgm.ca/about-fgmc>

Government of Canada. (2025). *Trauma and violence-informed approaches to policy and practice*. <https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html>

Perron, L., Senikas, V., Burnett, M., & Davis, V. (2020). Guideline No. 395-Female Genital Cutting. *Journal of Obstetrics and Gynaecology Canada*, 42(2), 204-217.e2. <https://doi.org/10.1016/j.jogc.2019.06.01>

The Vavengers. (2021, May 14). *What if you knew...with Dr. Leyla Hussein OBE* [Video]. YouTube. <https://youtu.be/dd4walNufRs?si=Upw1cYA1dfWxpXjD>

World Health Organization. (2018). *Care of girls and women living with female genital mutilation: A clinical handbook*. <https://iris.who.int/server/api/core/bitstreams/9309361c-a85f-4ba0-8d04-8b79ee873727/content>

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*Health Professions Act*, RSA 2000, c H-7. <https://kings-printer.alberta.ca/documents/Acts/H07.pdf>