

A Child Welfare Professional's Resource on Female Genital Cutting

Female Genital Cutting (FGC) is the practice of total or partial removal of the external female genitals or other injuries associated with the genital organs for cultural, religious, or other non-medical or therapeutic reasons. It is considered a serious violation of human rights that carries physical and psychological health consequences. While it is internationally recognized and almost globally condemned, approximately 200 million women have been affected by the practice and 3 million are at-risk of the practice annually. In the U.S., it is estimated that 513,000 girls under the age of 18 have experienced or are at risk of FGC in the U.S. Take time to learn more about the historical and cultural aspects of the practice and gain insight into the complexity of the issue with [BRYCS Community Conversations](#).

Child welfare professionals have a duty to advocate for the rights of girls not to be cut and support their physical, social, and psychological needs. Consider the following as you support and protect girls affected by FGC:



- Educate and inform families about the health implications of FGC and the and the laws criminalizing and banning the practice in the U.S.
- Advocate for cultural awareness and respect for refugees and migrants affected by FGC seeking care in the U.S.
- Mediate intergenerational cultural conflicts with families and promote the rights of girls not to be circumcised.
- Working with children affected by FGC can be complicated. Consider the Best Interests of the Child principles, as well as state and federal laws and culturally sensitive practices when addressing the practice.
- Empower girls and women to say no to FGC!

Culturally Competent Practice:

- Learn more about the historical and cultural aspects of the practice to inform cultural awareness and gain insight into the complexity of the issue.
- Examine your own values and beliefs about FGC in efforts to engender a non-judgmental and empathetic response to girls affected by the practice, recognizing both cultural differences and child well-being.
- Culturally competent practice informs your understanding of the practice and cultural norms of the family, allowing you to build trust, have empathy, and engage with the girl and her family around FGC. This is a sustainable approach to preventing and ending the practice.
- Families who now reside in Western cultures may experience confusion over new cultural norms related to women's health and stigmatization for their traditions surrounding FGC. Insensitive and discriminatory reactions of people in their community can be isolating and prevent collaborative communication. Create a safe environment for girls to discuss FGC and promote their wellbeing.
- Individual and family belief systems are often intertwined with cultural, community, and religious customs and beliefs. Working with a girl affected by FGC can sometimes extend beyond the individual or family.

Risk factors of FGC

- Talk of a visitor from abroad followed by:
 - Unexpected, repeated or prolonged absences from school.
 - Isolation of a female student or lack of integration into the school community
- Talk of a trip or vacation abroad or an absence that includes a special occasion or ceremony to 'become a woman' or get ready for marriage.
- Girls whose mothers have undergone FGC or who are a part of cultural groups that promote the practice of FGC, even in the U.S., may be at risk. However, this is not always the case as many families abandon the practice once migrating to Western cultures.

Evidence a girl may have undergone FGC may include

- Difficulty walking, sitting, or standing and spending longer than normal in the bathroom.
- Frequent urination, menstrual, or stomach problems, or pain and discomfort between the legs.
- Noticeable behavior changes such as emotional withdrawal or anxiety or depression after an extended absence
- Sudden decline in academic performance, aspirations, or motivations after a prolonged absence
- Reluctance to undergo medical examinations.

While these are important to consider, be sure to guard against stereotypes when assessing any situation. Remember, simply because one is from a country where FGC is practiced does not mean it is viewed favorably by the family. Often signs of FGC are not visible. Consider creating guidelines which outline culturally appropriate and sensitive intervention and reporting strategies for FGC in your practice setting.

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Why is it practiced?

FGC is an ancient practice performed in various parts of the world including approximately 30 East and West African countries, parts of the Middle East, some Asian countries, and increasingly in Europe, Canada, and the United States.

Countries where the practice is most prevalent include Djibouti, Eritrea, Guinea, Sierra Leone, Somalia, and Sudan. Reasons for the practice vary depending on the region, though it is largely driven by cultural norms and traditions meant to promote chastity and marriageability in women, to serve as a rite of passage, and as a means to preserve family honor. While some cultures claim to perform FGC on religious grounds, no evidence in any religion permits this practice.

It is performed on girls from infancy to teens by female elders, female birth attendants or midwives, and increasingly by practicing physicians. Uncut women in these cultures are considered unfit marriage partners and are often unable to participate in public community events. Parents opt to have it performed on their daughters for fear of them not being accepted by the family, community, or potentially a future husband. More information about the practice of FGC can be found online at [BRYCS Community Conversations](#).

Bio-Psycho-Social needs of girls affected by FGC

Girls who have undergone FGC may experience serious physical health problems as a result, including chronic infection, difficulty menstruating or urinating, vaginal cysts, and infertility. If a girl you are working with complains of such symptoms medical attention may be needed.

Girls affected by FGC may also experience psychological problems, including depression, anxiety, and PTSD. Psychosomatic symptoms are also possible including sleep, mood, and cognitive changes.

Such issues may also cause tensions in relationships. This could manifest in their relationships with their mothers, grandmothers, or female elders who may have taken part in their circumcision. Later on, they may also face serious fears of sex and childbirth that can cause issues in their marriages.

While referrals to mental and physical health services may be necessary, it is imperative to find physicians and mental health professionals who are culturally sensitive.

Are there laws against the practice?

It is illegal in the U.S. to perform FGC on anyone under age 18. Traveling outside of the U.S. to have a child undergo FGC is also against the law. The U.S. considers FGC to be a violation of human rights, gender-based violence, and a form of child abuse. A woman of girl who has undergone FGC is **not at fault** and has not violated any U.S. laws. Federal law makes discrimination against anyone who has undergone these procedures illegal.

If you suspect or have reason to believe that a minor has undergone FGC, mandatory reporting laws must be followed.

What to do if you suspect a girl is at risk of or has recently undergone FGC:

FGC is considered a form of child abuse and you have a responsibility to protect any girl suspected to be at risk of the practice.

If you suspect or have reason to believe that a minor has undergone FGC, mandatory reporting laws must be followed. Contact your state's child protective services agency.

Child Protective Services (CPS) agencies should work collaboratively with cultural mediators to prevent gaps in services for victims of FGC as well as a lack of cultural understanding from CPS staff.

Work with well-trained female interpreters to facilitate confidential communication that is not unduly influenced.

Intervention should be non-accusatory and focused on outlining U.S. laws on FGC and the harmful health implications. Work to create culturally appropriate alternatives for marking their child's transition into womanhood.


Families usually have their children undergo FGC with the motivation of love and upholding family honor, not to harm them. Understanding the cultural dynamics of FGC is important for effective intervention.

Consider the physical, emotional, and social needs of the girl and seek culturally competent care as needed.



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