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.

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.
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.