An Educator'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.

Educators have a unique opportunity to advocate for the rights of girls not to be cut and to support their physical, social, and psychological needs. Moving to a new country and learning a new culture is often difficult, and schools can be a supportive and welcoming setting for children and families in this transition. Cultural sensitivity and knowledge about FGC is paramount to facilitating effective responses to prevent and educate the community about the harmful practice. Here are a few things to keep in mind as you strive to create a welcoming, safe place for girls affected by FGC and to prevent the practice in your school and community:



- Be sure to 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.
- 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 can be isolating and prevent collaborative communication. Create a safe environment for girls to discuss FGC and promote their wellbeing.
- Ensure mental health services are available to students in the school affected by FGC.
- Raise awareness among school nurses, school counselors and other staff at the school and lead education efforts equipping colleagues to facilitate effective cross-cultural communication with girls and families affected by FGC.
- Collaborate with students, community members, local refugee resettlement agencies, cultural mediators, and child welfare professionals in efforts to raise awareness and prevent FGC in your community.
- Learn more about working with refugee families in the educational setting using <u>BRYCS Toolkit for Teachers and School</u> Personnel.

School staff are often on the front line of working with immigrant or refugee children and may come across girls in their class-room affected by FGC. There are several factors that may help identify girls at risk of FGC and should be assessed within the context of the child's psychological, social, family, and cultural environment:

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 lacking 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.

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. Consider creating guidelines which outline culturally appropriate and sensitive intervention and reporting strategies for FGC in the school 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, a female birth attendants or midwives, and increasingly by practicing physicians. Uncut women in these cultures are considered unfit marriage partners and 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 <u>BRYCS Community Conversations</u>.

Sex Education and FGC

Women and girls may lack an in-depth understanding of their own anatomy as these are topics not regularly discussed. Parents of children at-risk of FGC share the same concerns of their children that U.S. born parents have of their children. They worry about their child engaging in unhealthy dating relationships, sex before marriage, and unhealthy friendships. Similarly, conversations about puberty and reproductive health can be uncomfortable and may be avoided.

Many immigrant parents may not know sex education classes are offered in the school setting. As such, it is important to send home material to parents informing them of the material covered in the classroom and obtaining permission for their child to attend.

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 or 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:

You have a responsibility to protect the girl suspected to be at risk. FGC is considered child abuse and therefore those in educational settings should be aware of their local laws regarding reporting.

If you suspect or have reason to believe that a minor has undergone FGC, mandatory reporting laws must be followed. Contact your state's <u>child protective services agency</u> or call the Childhelp National Child Abuse Hotline 1-800-4-A-Child.

A girl *should not* be examined by school staff, rather, staff should work collaboratively with local Child Protective Services (CPS) agencies and cultural mediators as there may be a gap in services for girls who have been victims of FGC as well as a lack of cultural understanding from CPS staff.

Work with well-trained 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.



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