

A Resettlement Provider'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](#).

Resettlement Providers have a unique opportunity to aid women and girls who have been affected by FGC, providing them with culturally competent services along with resources to receive adequate medical care. Case workers can serve as advocates for the rights of girls not to be cut by educating families on the harmful effects of the practice. Resettlement providers are encouraged to learn more about the practice and its health implications, as cultural sensitivity and knowledge about FGC are paramount to addressing a family's history of practicing FGC and determining whether or not they require further care. When working with clients from countries where FGC is prevalent:



- Do not assume that your client has experienced FGC based on their country of origin. Be sure to guard against stereotypes when working with clients. Acknowledge the practice and inform your client that there are resources available if this is something they or their loved ones have experienced.
- If your client requests resources and would like to speak more about their experience, create a safe environment for them to discuss FGC and promote their wellbeing.
- Examine your own values and beliefs about FGC in efforts to engender a non-judgmental and empathetic response to women and girls affected by the practice, recognizing both cultural differences and child wellbeing. Insensitive and discriminatory reactions can be isolating and prevent collaborative communication.
- Speak to families about their intentions for their own daughters, reminding them of the U.S. laws regarding the practice. Remember, simply because one has experienced FGC does not mean it is viewed favorably by the family.
- 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. Educate them on common cultural practices in the United States around seeing an OB/GYN and other medical providers annually, asking if this is something they would feel comfortable doing.
- Provide your client with resources such as *BRYCS Community Conversations: Starting a Conversation with Your Doctor* to educate them on what to expect when visiting the doctor.
- Be aware that undergoing FGC can be a traumatic experience. Ensure culturally competent mental health services are available to women and girls affected by FGC, if needed.

Programmatic Efforts to Consider

In order to care for women and girls affected FGC and prevent the practice from happening to others, it is important for providers to educate on the harmful physical and mental effects.

- Raise awareness among staff, providing educational resources in order to facilitate effective cross-cultural communication with girls and families affected by FGC.
- Collaborate with community members, cultural mediators, and child welfare professionals in efforts to raise awareness and prevent FGC in the community.
- Hold women's groups to foster dialogue and create a supportive environment.
- Learn more about Alternative Rites of Passage, which aim to prevent FGC while preserving positive traditional aspects to honor a child's passing into womanhood.
- Refer clients to educational and empowerment programs for young girls.

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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 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](#).

Health Consequences

Women who have experienced FGC are at risk for a variety of health consequences. Those who were cut at a later age may remember the procedure, causing psychological trauma, and may be in need of mental health services.

Short-term health consequences include severe pain, excessive bleeding, difficulty passing urine, infection including tetanus, shock, and possible death.

Long-term health consequences include chronic infection, pelvic inflammatory disease, cysts, obstructed urinary and menstrual flow, difficulty or pain during intercourse, infertility, and complications during childbirth.

Psychological consequences also exist, especially after having undergone such a painful and traumatic procedure at the hands of loved ones. Women may experience depression, anxiety, PTSD, and fear of sex and childbirth resulting from the procedure.

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 [child protective services agency](#) or call the Childhelp National Child Abuse Hotline 1-800-4-A-Child.

A girl **should not** be examined by resettlement 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.

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. Educate the families about resources available to them and appropriate alternatives for marking their child's transition into womanhood.



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