



## Notes to my Daughter

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# Acknowledgments

Bridging Refugee Youth and Children's Services (BRYCS), a project of the United States Conference of Catholic Bishops (USCCB), maintains the nation's largest online collection of resources related to refugee and immigrant children and families. BRYCS' overarching goal is to facilitate information-sharing and collaboration among service providers, strengthening the capacity of service organizations across the United States to support the safety, stability, and well-being of newcomers. Please visit [www.brycs.org](http://www.brycs.org) for more information.

This guide was authored by Jenny Siegel, BRYCS Consultant. Hilary Chester, PhD, Associate Director, Anti-Trafficking Service Program and Alissa Rubio, BRYCS Information and Research Specialist provided overall guidance and management. Jacquelin Zubko-Cunha, MA, BRYCS Program Coordinator and Kathleen Goss, Program Associate, provided support. Special thanks to SYZYGY Media for their expertise in design and layout. BRYCS also acknowledges the work of our community partners Catholic Charities of the Archdiocese of Galveston-Houston, Catholic Charities of the Archdiocese of San Antonio, Catholic Community Services of Utah, Catholic Charities of St. Paul and Minneapolis, Catholic Charities of the Archdiocese of Washington for their efforts putting together focus groups within their communities.

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Images on pages 21 & 64 are from the World Health Organization (2018). Care of girls and women living with female genital mutilation: a clinical handbook. <http://www.who.int/iris/handle/10665/272429>.



# TYPES OF FGC

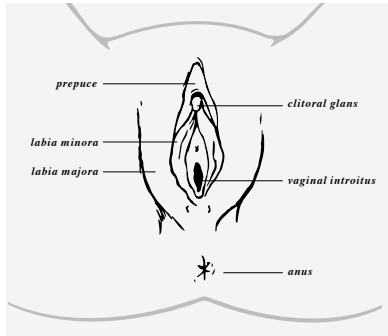
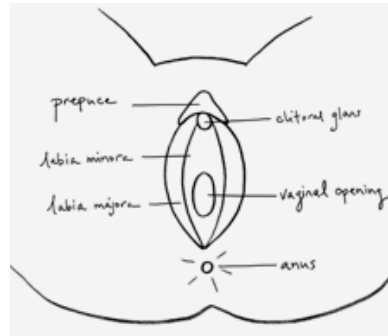
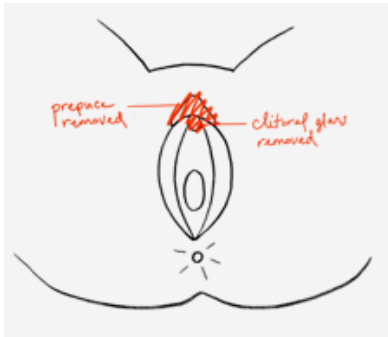


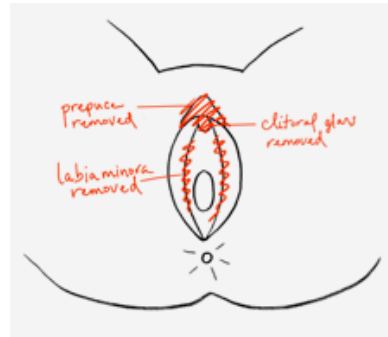
Diagram of unaltered genitalia



Drawing of unaltered genitalia



Type I: prepuce and clitoral glans removed



Type II: prepuce, clitoral glans and labia majora removed



Type IIIa: labia minora closed



Type IIIb: labia majora closed

## Your visit to the OB/GYN

In the U. S., women are encouraged to visit their OB/GYN, a doctor who specializes in women's health, every year.

You may request a male or female doctor when making an appointment.

Mothers can accompany their daughters during appointments.

For teens and women ages 15 to 21, this visit is usually a conversation about their health and a chance to ask questions about their developing bodies.

A pap smear is recommended for women ages 21 and up every 3-5 years to test for cervical cancer. If you have never had a pap smear, ask your doctor to explain the process.

For women ages 22 to 44, family planning and fertility are important topics. An internal pelvic exam and a breast exam are done.

Mammograms, an X-ray picture of the breast used to look for early signs of breast cancer, are recommended for women ages 40 and up.

Let your doctor know if you need an interpreter, are uncomfortable, or have any questions about your visit. You can see a different doctor if you remain uncomfortable or feel that your needs are not met.



COMMUNITY CONVERSATIONS

Collective Voices for Improving the Care and Reducing the Risk of FGC

Bridging Refugee Youth and Children's Services

3211 4th St NE Washington DC, 20017

Email: [info@brycs.org](mailto:info@brycs.org) [www.brycs.org](http://www.brycs.org)



## BRYCS COMMUNITY CONVERSATIONS:

### Starting a Conversation with your Doctor

For women and girls who have  
experienced Female Genital Cutting (FGC)

## Why is FGC practiced?

FGC is the collective term for a range of procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-therapeutic reasons. It is often performed to mark a girl's passage into womanhood and full membership in her community as an adult. It can also be seen as a way to ensure a daughter's marriageability, and therefore her social and economic future, as certain types of FGC can be a physical indication and proof of virginity. Other communities perform it because they believe it is prescribed by their religion, however it is important to remember that the practice is not specific to one culture or religion. In many instances, individuals may not want to continue the practice, but the threat of being ostracized and pressure to conform to the ideals of family, community, and culture are stronger.

## Considerations and Cultural Sensitivity

Health practitioners should do their best to provide culturally competent care by learning about the cultural and historical roots of FGC, the different types, and the health and psychological consequences. Additionally, a referral to a more knowledgeable physician would be appreciated, if it is in the best interest of the woman.

Prenatal care and gynecological exams should include topics focused on the woman and the girl's health, not only FGC related topics. Be communicative with the female patient during a gynecological exam, letting her know the steps and procedures, as this may be her first time visiting an OB/GYN.

## Are there laws against FGC?

It is illegal in the U.S. to perform or assist to perform FGC on anyone under the age of 18. 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.

Health providers should learn the intentions of mothers of daughters regarding FGC and work collaboratively with families to prevent the practice in their communities. If you suspect or have reason to believe that a minor has undergone FGC, mandatory reporting laws must be followed.

### I believe I have experienced Female Genital Cutting \_\_\_\_.

- Type 1: partial or total removal of the clitoris (clitoridectomy)
- Type 2: partial or total removal of the clitoris and the labia minora/majora (excision)
- Type 3: narrowing of the vaginal opening through the creation of a covering seal (infibulation)
- Type 4: other (e.g. pricking, piercing, incising, scraping and cauterizing the genital area)

### I have questions or concerns about:

- Pain/discomfort
- Urination
- Menstruation
- Prenatal care
- Pregnancy
- Childbirth
- Fertility
- Decreased satisfaction during intercourse
- Defibulation/Reconstructive surgery

- I would like an interpreter.
- This is my first visit to the OB/GYN.
- I would prefer a female physician/nurse.

**Please prioritize confidentiality over education and training needs of medical students or colleagues.**



# Appendix

## *Additional Resources*

To learn more about our project, *Community Conversations: Collective Voices for Improving the Care & Reducing the Risk of Female Genital Cutting (FGC)* visit [www.brycs.org](http://www.brycs.org).

For additional information and resources on Female Genital Cutting, take a look at our [highlighted resource list](#).