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An Introduction to FGM/C for Professionals  
in the Education Sector

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# FGM/C Resource





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# Introduction

## Purpose of this Resource

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The purpose of this outreach campaign is to educate professionals working in the education sector on their role in addressing female genital mutilation or cutting (FGM/C). This resource includes sectoral-specific strategies to foster community-based prevention of FGM/C, identify at-risk individuals, and respond to FGM/C survivors and situations in impactful, safe, and culturally appropriate ways. The information provided in this resource is a starting point for education professionals to learn about how this practice might impact their community and how to best respond.



## Why Do I Need to Know About FGM/C?

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It is critical that professionals working in the education sector are aware of FGM/C because they are likely to interact with impacted individuals and communities as they communicate with students and their families on a regular basis. It is important to understand FGM/C in order to appropriately serve those who are at risk of or have experienced FGM/C. Misinformation and lack of information about this practice can result in survivors not receiving adequate and supportive care. The more informed a person is, the better they can support impacted communities and survivors.

All individuals who engage with students play a role in FGM/C response. Although teachers, nurses, and guidance counselors might be the obvious choices to respond to FGM/C within your school, be sure to also consider the following support staff and their role in responding to FGM/C:

- School facilities staff (bus, cafeteria, volunteers)
- Administrators
- Staff at summer camps and afterschool programs
- Student support staff

## How Was this Resource Created?

This resource was produced by RTI International under 2020-V3-GX-K010, awarded by the Office for Victims of Crime (OVC), Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

### Contributing Stakeholders

Office for Victims of Crime

Direct service provider organizations working to address FGM/C

Impacted communities and survivors of FGM/C

RTI International

Experts working to address FGM/C

Professionals working in education

The U.S. End FGM/C Network

RTI International, a not-for-profit research institute based in North Carolina, is the training and technical assistance (TTA) provider under the OVC-funded Addressing Female Genital Mutilation and Cutting TTA project (AFTTAP).

RTI, in collaboration with community partners, created this toolkit as part of this project. Information provided in this toolkit was informed by interviews and focus groups with experts in the field, organizations offering services related to FGM/C, professionals from target sectors, impacted community members, and survivors of FGM/C.

# FGM/C 101

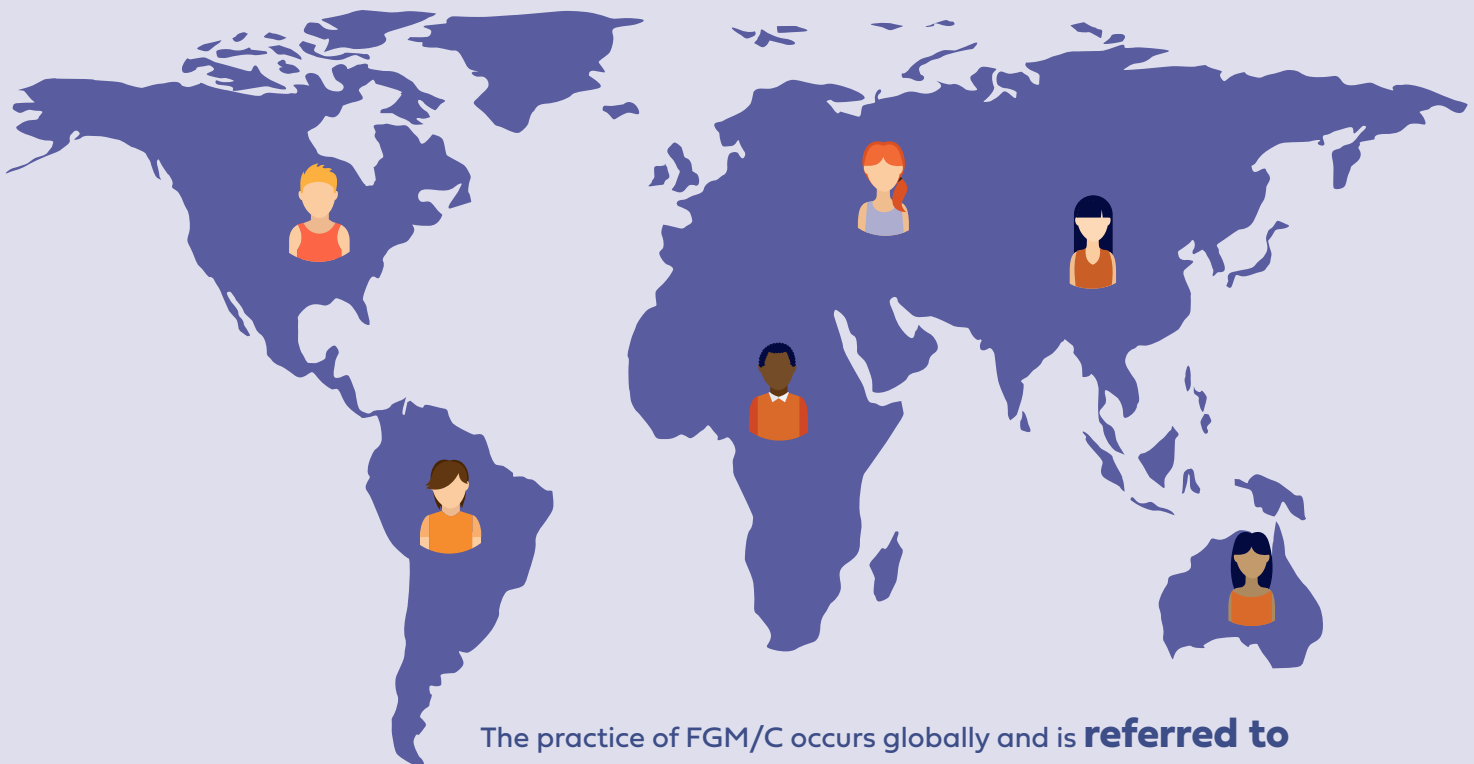
## What Is FGM/C?

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### Definition

The World Health Organization (WHO) defines FGM/C as *“all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.”* (WHO, 2012). As noted by the Centers for Disease Control and Prevention (CDC), this can refer to procedures that involve *“piercing, cutting, removing, or sewing closed all or part of a girl’s or woman’s external genitals.”* (CDC, 2023).

For more information on FGM/C and the four types of FGM/C, please see the [Supplemental Resources](#) section.



The practice of FGM/C occurs globally and is **referred to differently in different countries, populations, and cultures** (WHO, 2012). For more information on how FGM/C is referred to, please see the [Glossary on Language](#) (AHA foundation).

## Federal Law

FGM/C is a federal crime in the United States. **It is against the law to** “perform, attempt to perform, or conspire to perform FGM/C on a girl under the age of 18, or to send her outside the United States for the purpose of FGM/C (18 USC § 116). It is also against the law for a parent, guardian, or caretaker to facilitate or to consent to FGM/C. Violation of the law is punishable by up to 10 years in prison, fines, or both. There is no exception for performing FGM/C because of religion, custom, ritual, tradition or standard practice. Additionally, 41 states have laws criminalizing FGM/C and FGM/C constitutes a form of child abuse, which is prohibited in every state” ([U.S. Government Fact Sheet on FGM/C](#)).

**However, it is important to note that a girl or woman who has undergone FGM/C has not broken any laws and is not at fault.**

People of all different gender identities can experience FGM/C. However, for brevity, we primarily use the term “girl” to describe people who have experienced FGM/C. It is important to remember that a person’s gender may not align with assumptions about their biological sex organs.

## An overview of FGM/C legislation:

1996 — 2013 — 2021

Criminalization of FGM/C via U.S. statute [18 U.S.C. § 116](#) (Legal Information Institute, n.d.; U.S. Department of Justice, 2023)

Federal U.S. statute [18 U.S.C. § 116](#) amended to include vacation cutting

[STOP FGM Act of 2020](#) is passed into legislation, which expands the scope of punishable acts and increases the criminal penalty for FGM/C (U.S. GPO, 2020)



Equality Now and the U.S. End FGM/C Network have partnered to co-create an interactive map that details at a “at a state-by-state level the key legal provisions that currently exist regarding FGM/C. In addition, the map provides the latest available data on the number of women and girls impacted by FGM/C in every state: [US Laws Against FGM - State by State \(map\) - Equality Now](#).

## Who Is Impacted by FGM/C?

Girls and women who live in the countries where FGM/C is practiced, or who are from countries or have family from countries where FGM/C is practiced, often have the highest risk. **Girls are most at risk between birth and 15 years of age**, although it is important to note that the practice varies across communities ([Office on Women's Health](#)).

## How Prevalent Is FGM/C in the United States?

In **2012**, CDC estimated that there were **over half a million** girls and women living **in the United States** who had experienced or were at risk of FGM/C. For more information on FGM/C in the United States, please see the Women's Health Needs Study: [Women's Health Needs Study \(WHNS\) \(norc.org\)](#).

Women and girls living in the United States can be at risk for FGM/C or for

### **"vacation cutting,"**

which refers to the practice of families taking children from their place of residence to another town, city, state, or country to be cut ([Office on Women's Health](#)).

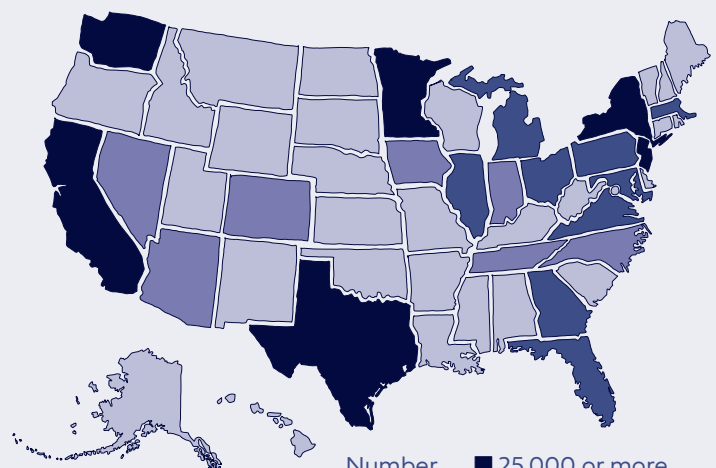


Although prevalence data for FGM/C is not precise, some agencies have conducted studies to obtain a better understanding of

### **how often this practice occurs within the United States**

For example, the AHA Foundation released a [study in October 2023](#) that highlights their estimated prevalence of FGM/C by state. To learn more about the estimated prevalence in your state based on the AHA Foundation's study, please visit the [AHA Foundation's State by State and DC Fact Sheets](#).

### **The Number of Women and Girls at Risk of FGM/C Varies Widely Across the States.**



Source: [Population Reference Bureau, 2013 data](#).

Number of Women and Girls at Risk:

- 25,000 or more
- 10,000 - 24,999
- 5,000 - 9,999
- Less than 5,000

## Cultural Considerations

It is important to be familiar with the specific sociocultural norms that exist around FGM/C. Most importantly, FGM/C is not the same for each group that practices it. The practice is not tied to any one specific religion or culture and can be dynamic due to changing cultural norms with immigration to countries such as the United States ([Johnson-Agbakwu & Manin, 2020](#)).

However, many communities that practice FGM/C have some shared context about the practice:

### Context to consider around the practice of FGM/C

#### Acculturation

Acculturation is the dynamic process of adapting new norms, practices, and beliefs after migration/relocation. Some practices or traditions from a person's country of origin, such as FGM/C, are considered stigmatizing or harmful in the United States which can be a difficult dynamic for an individual to navigate.

#### Taboo Topic

FGM/C is a sensitive and often taboo topic.

#### Fear of Exploitation

There can be a fear of exploitation or unwanted attention on impacted communities by any negative portrayal of the culture.

#### Apprehension About Elder Disrespect

FGM/C can be practiced by elders who are esteemed, so there can be apprehension about questioning elders, which is seen as being disrespectful.

#### Layers of Distrust

There can be layers of distrust in the community due to existing stigma against refugees, experiences of marginalization, and trauma from migration. This can result in reluctance to engage with the health system and other services.

#### Exacerbated Stigmatization

Stigmatization of FGM/C can be exacerbated by Islamophobia, racism, and anti-immigrant sentiment in the United States.

Source: [Johnson-Agbakwu & Manin, 2020](#)



## What to Do Next

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### 1. Learn More About Your Community

Although prevalence data for FGM/C is not precise, learning more about the different populations who live in your community can provide you with a better sense of those who might be aware of the practice or potentially impacted by it. It's important to note that just because a child/family is from a country impacted by FGM/C does not mean they are at risk or have been impacted. For more information, please see [Impacted Communities in the Supplemental Resources section](#).



Actionable Resource

Consider **conducting a community mapping exercise to identify resources in your community** that could be useful to a survivor of FGM/C or for someone from an impacted community (please see the [Community Mapping section of our Supplemental Resources](#)).

### 2. What Can You Do Now?

Consider taking the following steps to equip your school to best respond to instances of FGM/C:

#### Step 1

Provide your staff, particularly school nurses, with training on the topic.

#### Step 2

Discuss including an FGM/C response protocol in existing student welfare protocols.

#### Step 3

Educate relevant partners, such as the Board of Education, on the topic.



Actionable Resource

### Did you know?

- There are organizations that specialize in FGM/C and offer trainings.
- For a list of organizations that specialize in FGM/C, please see the OVC Addressing FGM/C Grantees under the [Additional Resources](#) section.

### 3. Establish a Plan if Someone Is Seeking Support

Conduct a scan to compile FGM/C-related resources for your state and community.

Look up and document material relevant to FGM/C that can be utilized in suspected or confirmed cases.



This might include:

- Local child welfare laws
- Mandated reporting requirements
- Federal statutes on FGM/C

*Note: This information must be revisited and updated as needed throughout your response plan.*



Actionable Resource

**Hint:** The [Supplemental Resources](#) section of this document is a great place to start your scan!



Actionable Resource

It is critical that individuals who are at risk of or have experienced FGM/C are referred to **culturally specific services** to address the complex context of this practice. If you are not aware of such services in your area, you can call the Asian Women's Shelter's FGM/C support line at **1-877-751-0880**. You will be connected to trained advocates who are knowledgeable on FGM/C and the cultural and social connotations in which it continues.

## 4. Establish an FGM/C Response Plan

### Determine if a person is at risk for or has recently experienced FGM/C

*Hint: Consult the “Know What to Look For” section in the Supplemental Resources to get started.*

#### At risk or unsure

Take the following steps if a student is identified as being at risk for FGM/C

##### System Response

- Enact any relevant school protocols.
- Enact any relevant local child welfare laws.
- Review and understand relevant federal statutes.
- Document relevant local mandated reporting requirements.

##### Service Response

- Identify or create informational material for family members of the at-risk child.
- Identify referrals for the family to utilize to seek services (see Community Mapping in the Supplemental Resources section).

#### Experienced FGM/C

Take the following steps if there is a person who has experienced FGM/C. *To learn more about the potential needs of a person who has experienced FGM/C, consult the “Impact of FGM/C” section in the Supplemental Resources.*

##### System Response

- Document and enact any relevant school protocols.
- Document and enact relevant local child welfare laws.
- Document and enact any relevant locally mandated reporting requirements.

##### Service Response

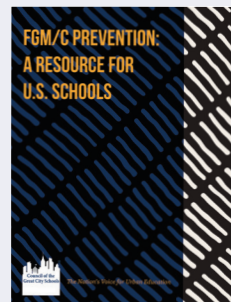
- Identify and provide relevant referrals for family to seek services.
- Determine whether other children are at risk in the home and provide informational material, customized templates, and other preventative resources.
- Provide resources for culturally specific services. If you are not aware of such services in your area, you can call the Asian Women Shelter’s FGM/C support line at 1-877-751-0880.

# Supplemental Resources

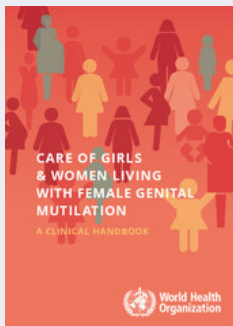
## Resources for School Nurses

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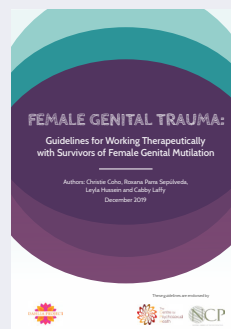
[The School Nurse's Role in Addressing Female Genital Mutilation](#) by Barbara Nowak, DNP, RN, FNP-C



[FGM/C Prevention: A Resource for U.S. Schools](#) developed by The Council of the Great City Schools and Global Women P.E.A.C.E. Foundation



[World Health Organization Care of Girls and Women Living with Female Genital Mutilation Clinical Guidebook](#) developed by the World Health Organization



[Female Genital Trauma: Guidelines for Working Therapeutically with Survivors of Female Genital Mutilation](#) developed by The Dahlia Project

[The Story of Fatu and Crissy: High School Version Short Reading Exercise](#) developed by Global Women P.E.A.C.E. Foundation

## Know What to Look for (Indicators and Symptoms for Children)

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The following are some signs a child may have recently experienced FGM/C (Nowak, 2016):

- Difficulty walking, sitting, or standing
- Spending longer than normal in the bathroom
- Frequent urination, menstrual, or stomach problems
- Prolonged or repeated absences from school
- Noticeable behavior changes such as emotional withdrawal or anxiety or depression after an extended absence or trip
- Sudden decline in performance, aspirations, or motivations after a prolonged absence or trip
- Reluctance to undergo medical examinations
- Pain or discomfort between the legs
- A desire to confide, but embarrassment over the subject



For more detailed indicators of FGM/C for school-aged children, please visit [this resource \(FGM/C, 2023\)](#).

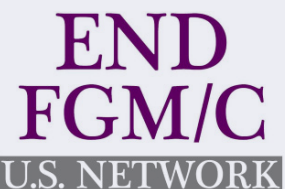


[What is cultural sensitivity or cultural awareness?](#)

## The U.S. End FGM/C Network

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[The U.S. End FGM/C Network](#) (the Network) is a collaborative group of survivors, civil society organizations, foundations, activists, policymakers, researchers, healthcare providers, and others committed to promoting the abandonment of FGM/C in the United States and around the world. The Network functions as a platform that facilitates collaboration and information sharing, empowers grassroots organizations and supports survivors, builds bridges between U.S.-based and international efforts to end FGM/C, influences policies and laws on FGM/C, and leads both national and global efforts to frame the issue of FGM/C in a broad and intersectional manner.



The Network is a resource hub of information related to FGM/C. To view their resources, please visit their website: [Resources | U.S. End FGM/C Network](#).

## Types of FGM/C

Female genital mutilation is classified into four major types (WHO, 2023):

**Type 1:** This is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals) and/or the prepuce/clitoral hood (the fold of skin surrounding the clitoral glans).

**Type 2:** This is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva) with or without removal of the labia majora (the outer folds of skin of the vulva).

**Type 3:** Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans.

**Type 4:** This includes all other harmful procedures to the female genitalia for non-medical purposes (e.g., pricking, piercing, incising, scraping, and cauterizing the genital area).

## Impacts of FGM/C

FGM/C impacts several aspects of one's life. The table below details some, but not all, of the high-level physical, mental, and emotional impacts one might face as a result of FGM/C.

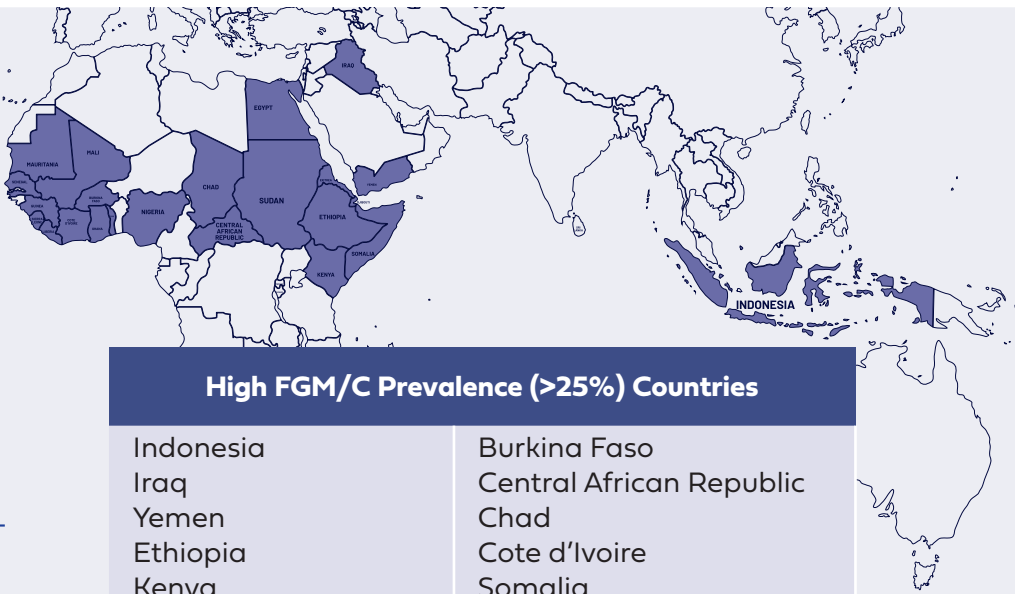
Source: [WHO](#).

Physical Impacts	Mental/Emotional Impacts
Infection and/or injury	Depression
Hemorrhage	Post-traumatic stress disorder (PTSD)
Urinary tract infections	Guilt
Incontinence	Generalized body pain
Cysts and scarring	Anxiety
Failure to heal	Fatigue
Difficulty in childbirth	Limitations in daily activities
Infertility	Shame
Pelvic inflammatory disease	Poor self-perceived well-being

## Impacted Communities

Although prevalence data for FGM/C does not exist, learning more about the different populations who live in your community can provide you with a better sense of those who might be aware of the practice, or potentially impacted by it. [The Center for Disease Control and Prevention](#) and [UNICEF](#) have documented countries where there is a high prevalence of FGM/C. These are defined as countries with rates of more than 25% of known or suspected FGM/C. It is important to note that FGM/C

occurs outside of these countries, including the United States. Within the context of the education sector, screening should occur for ALL students, not just students from the countries listed, to avoid discrimination and racial bias.



### High FGM/C Prevalence (>25%) Countries

Indonesia  
Iraq  
Yemen  
Ethiopia  
Kenya  
Djibouti  
Eritrea  
Guinea  
Mali  
Mauritania  
Togo  
Senegal

Burkina Faso  
Central African Republic  
Chad  
Cote d'Ivoire  
Somalia  
Egypt  
Sudan  
Ghana  
Liberia  
Nigeria  
Sierra Leone

## Community Mapping

Community mapping is the process of reviewing resources in your community to better understand what is available. You can conduct a community mapping process to identify resources in your community that could be useful for a survivor of FGM/C or someone from an impacted community. Examples of support service needs related to FGM/C include the following (Akinsulture-Smith & Min, 2021):

- Sexual and reproductive health education
- Gynecological and healthcare services
- Defibulation and other procedures
- Legal services
- Counseling or mental health services
- Supportive services for concurrent issues



To learn more about community mapping, visit the [Community Toolbox](#) to get started on identifying the resources and assets available for people impacted by FGM/C in your community (Center for Community Health and Development at the University of Kansas, 2023).

## Glossary on Language

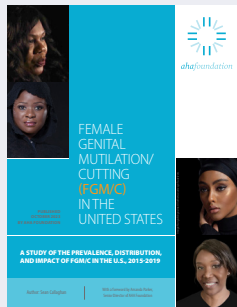
The practice of FGM/C is referred to differently depending on the language and culture of those practicing it. The table below, developed by the AHA Foundation, provides an overview of the different terms used to describe FGM/C.

Country	Terms Used for FGM/C	Language	Meaning
<b>Egypt</b>	Thara	Arabic	Deriving from the Arabic word "tahar" meaning to clean/purify
	Khitan	Arabic	Circumcision: used for both FGM and male circumcision
	Khifad	Arabic	Deriving from the Arabic word "khafad" meaning to lower (rarely used in everyday language)
<b>Ethiopia</b>	Megrez	Amharic	Circumcision/cutting
	Absum	Harrari	Name giving ritual
<b>Eritera</b>	Mekhnishab	Tigreigna	Circumcision/cutting
<b>Kenya</b>	Kutairi	Swahili	Circumcision: used for both FGM and male circumcision
	Kutairi was ichana	Swahili	Circumcision of girls
<b>Nigeria</b>	Ibi/Ugwu	Igbo	The act of cutting: used for both FGM and male circumcision
	Sunna	Mandingo	Believed to be a religious tradition/obligation by some Muslims
<b>Sierra Leone</b>	Sunna	Soussou	Believed to be a religious tradition/obligation by some Muslims
	Bondo	Temenee/ Mandingo/ Limba	Integral part of an initiation rite into adulthood
	Bondo/ Sonde	Mendee	Integral part of an initiation rite into adulthood
<b>Somalia</b>	Gudiniin	Somali	Circumcision: used for both FGM and male circumcision
	Halalays	Somali	Deriving from the Arabic word "halal" (i.e., "sanctioned"): implies purity. Used by Northern and Arabic speaking Somalis
	Qodiin	Somali	Stitching/tightening/sewing refers to infibulation

Source: [AHA Foundation](#)



## Additional Resources

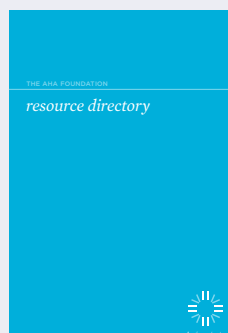


[Female Genital Mutilation and Cutting \(FGM/C\) In the United States: A Study of the Prevalence, Distribution, and Impact of FGM/C in the U.S., 2015-2019](#) created by Sean Callaghan and the AHA Foundation



**World Health Organization**

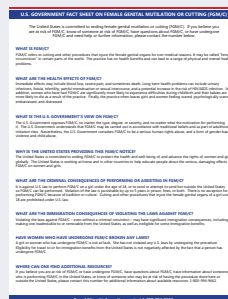
[Female Genital Mutilation Key Fact Sheet](#) created by the World Health Organization



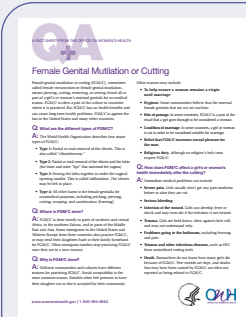
[FGM/C Related Resource Directory](#) created by the AHA Foundation



[FGM/C: An Educational Toolkit for Providers and Survivors](#) developed by RAHMA, Milken Institute of Public Health at George Washington University



[The U.S. Government Fact Sheet on Female Genital Mutilation or Cutting](#)



## A Fact Sheet from the Office on Women's Health



## Survivor Support Resources created by Sahiyo

### **Organizations focused on addressing FGM/C:**

- [U.S. Network to End FGM/C](#)
- [Global Women's P.E.A.C.E. Foundation](#)

### **Organizations that currently have or have previously had FGM/C-focused programming:**

- [AHA Foundation](#)
- [International Institute of Minnesota \(IIM\)](#)
- [Sauti Yetu](#)
- [US Together](#)
- [Asian Women's Shelter](#)
- [African Cultural Alliance of North America](#)
- [African Family Health Organization](#)
- [Sanctuary for Families](#)
- [Colorado Department of Human Services](#)
- [Milken Institute School of Public Health at  
the George Washington University \(GWU\)](#)

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