



BEST PRACTICES CLEARINGHOUSE

- Lessons from the Field -

Understanding Female Genital Mutilation and Cutting and How Educators Can Help

FEBRUARY 22, 2023

3:00 - 4:30 PM ET



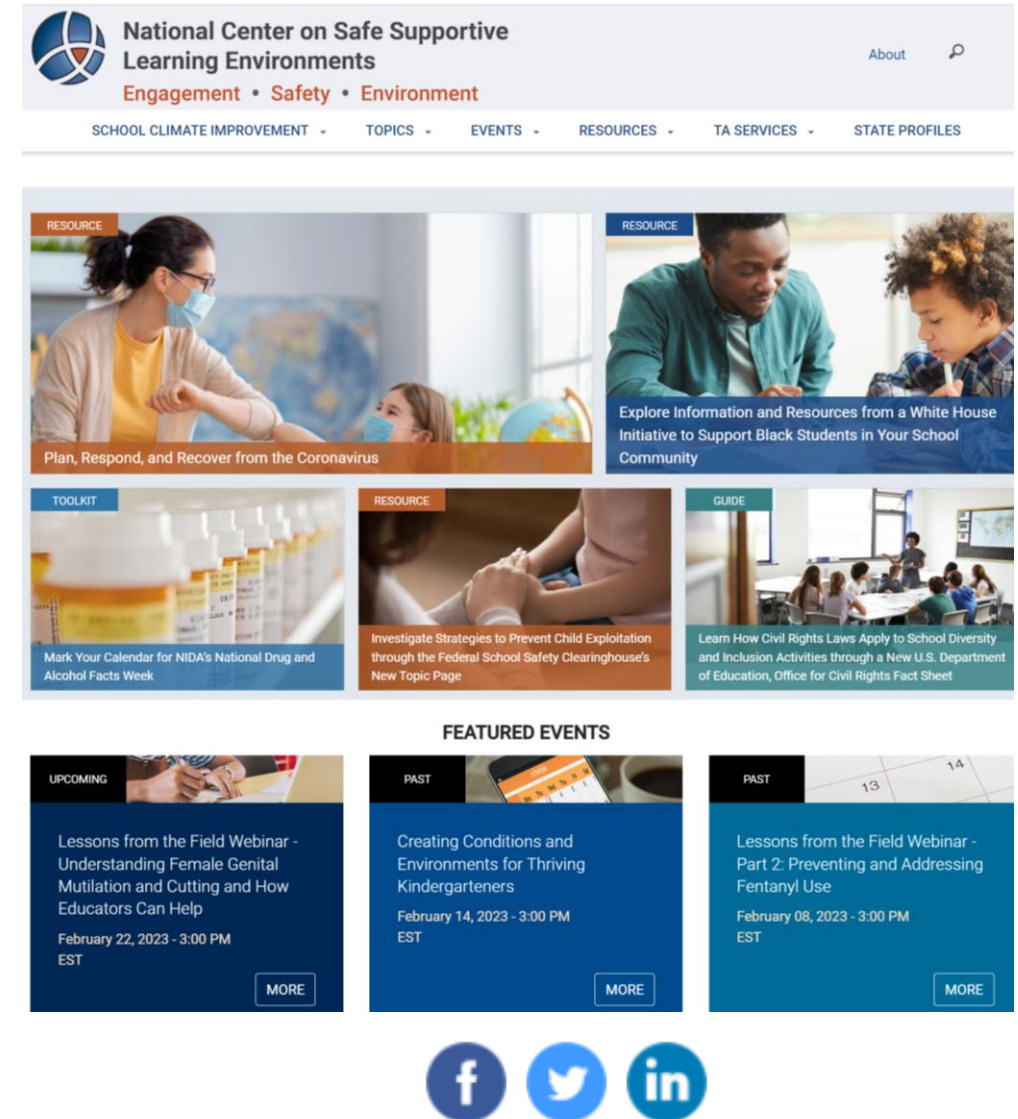
The content of this presentation does not necessarily represent the policy or views of the U.S. Department of Education, nor does it imply endorsement by the U.S. Department of Education.

NCSSLE Website

[HTTPS://SAFESUPPORTIVELEARNING.ED.GOV](https://safesupportivelearning.ed.gov)



To access information and archived materials from previous Lessons from the Field webinars, go to:
<https://safesupportivelearning.ed.gov/lessons-field-webinar-series>



This webinar is being recorded and will be archived at the following location:

<https://safesupportivelearning.ed.gov/events/webinar/lessons-field-webinar-understanding-female-genital-mutilation-and-cutting>



Agenda

- 1) Introduction and Logistics
- 2) Welcome
- 3) Understanding What FGM/C Is and Prevalence in the U.S.
- 4) Leveraging Legal Protections
- 5) Supporting Women and Girls Impacted by FGM/C
- 6) Closing Remarks
- 7) Live Q&A



Meet Our Speakers

Dr. Karen McDonnell

Associate Professor, Department of Prevention and Community Health, The George Washington University

Dr. Ekwutosi Okoroh

Commander, U.S. Public Health Service; Team Lead, Maternal and Child Health Epidemiology Program, Division of Reproductive Health, Centers for Disease Control and Prevention

Susan Masling

Senior Trial Attorney, Human Rights and Special Prosecutions Section, Criminal Division, U.S. Department of Justice

Kathryn Finley

Associate Legal Advisor, Human Rights Violator Law Division, Office of the Principal Legal Advisor, U.S. Department of Homeland Security, Immigration and Customs Enforcement (ICE)

Angela Peabody

Founder and Executive Director, Global Woman P.E.A.C.E. Foundation

Bios for the speakers are archived at the following location:

<https://safesupportivelearning.ed.gov/events/webinar/lessons-field-webinar-understanding-female-genital-mutilation-and-cutting>



BEST PRACTICES CLEARINGHOUSE



Elyse Robertson

FEDERAL PROGRAM OFFICER
OFFICE OF SAFE AND SUPPORTIVE SCHOOLS
U.S. DEPARTMENT OF EDUCATION



Her Story, Uncut: Deka's Story





BEST PRACTICES CLEARINGHOUSE



Dr. Karen McDonnell

ASSOCIATE PROFESSOR
DEPARTMENT OF PREVENTION AND COMMUNITY
HEALTH
MILKEN INSTITUTE SCHOOL OF PUBLIC HEALTH
THE GEORGE WASHINGTON UNIVERSITY

KMCDONNE@GWU.EDU



The ABC's of FGM/C

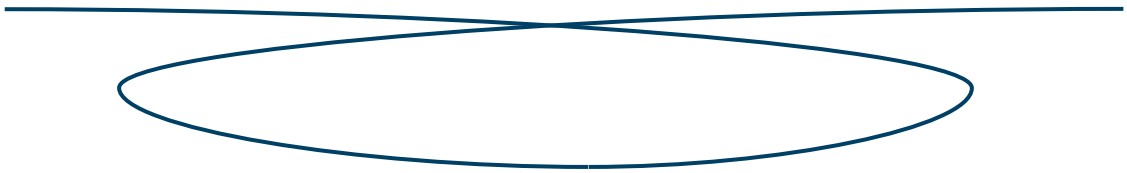
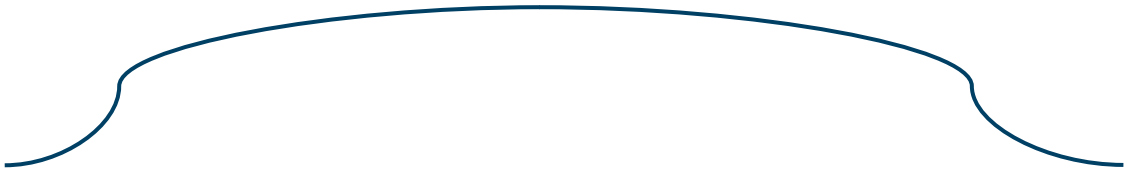


February 22, 2023

ABC's of FGM/C

What is FGM/C?





How many of you know someone
who has been affected Female
Genital Mutilation/Cutting
(FGM/C)?

What is Female Genital Mutilation/Cutting

“Female genital mutilation/ cutting (FGM/C) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.”

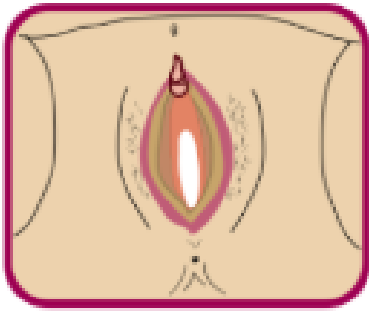
World Health Organization



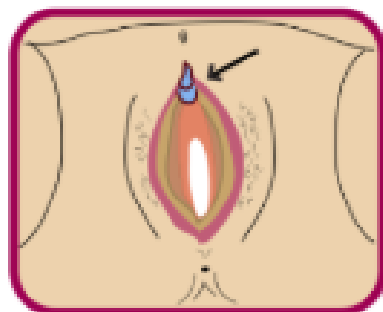
Violation of the human rights of girls and women.
United Nations General Assembly Resolution 48/104

Types of FGM/C

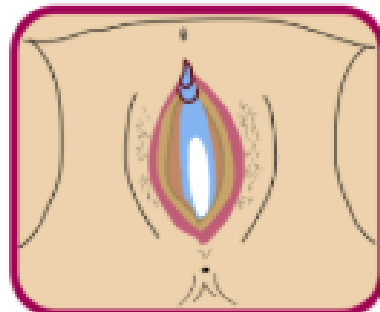
Types of FGM/C



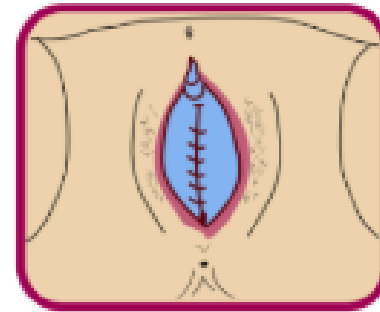
No FGM/C



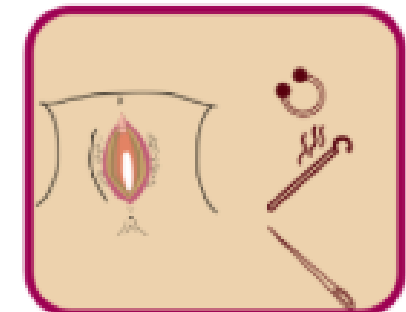
Type 1:
Clitoridectomy
refers to the partial
or total removal of
the clitoris and/or
the prepuce.



Type 2: Excision is
when the clitoris
and/or the labia
minora are
removed.



Type 3: Infibulation
occurs when the
vaginal opening is
sealed by cutting
and repositioning
the labia minora
and/or the labia
majora, with or
without the excision
of the clitoris.



Type 4: All other
damaging
procedures done to
female genitalia for
nonmedical reasons
(e.g., pricking,
piercing, incising,
scraping,
cauterization)

Health Impacts of FGM/C



Short-term Health Impacts

Severe pain
Excessive bleeding
Difficulties with urination
Shock
Risk of infections
Swelling of genital tissues
Risk of death



Long-term Health Impacts

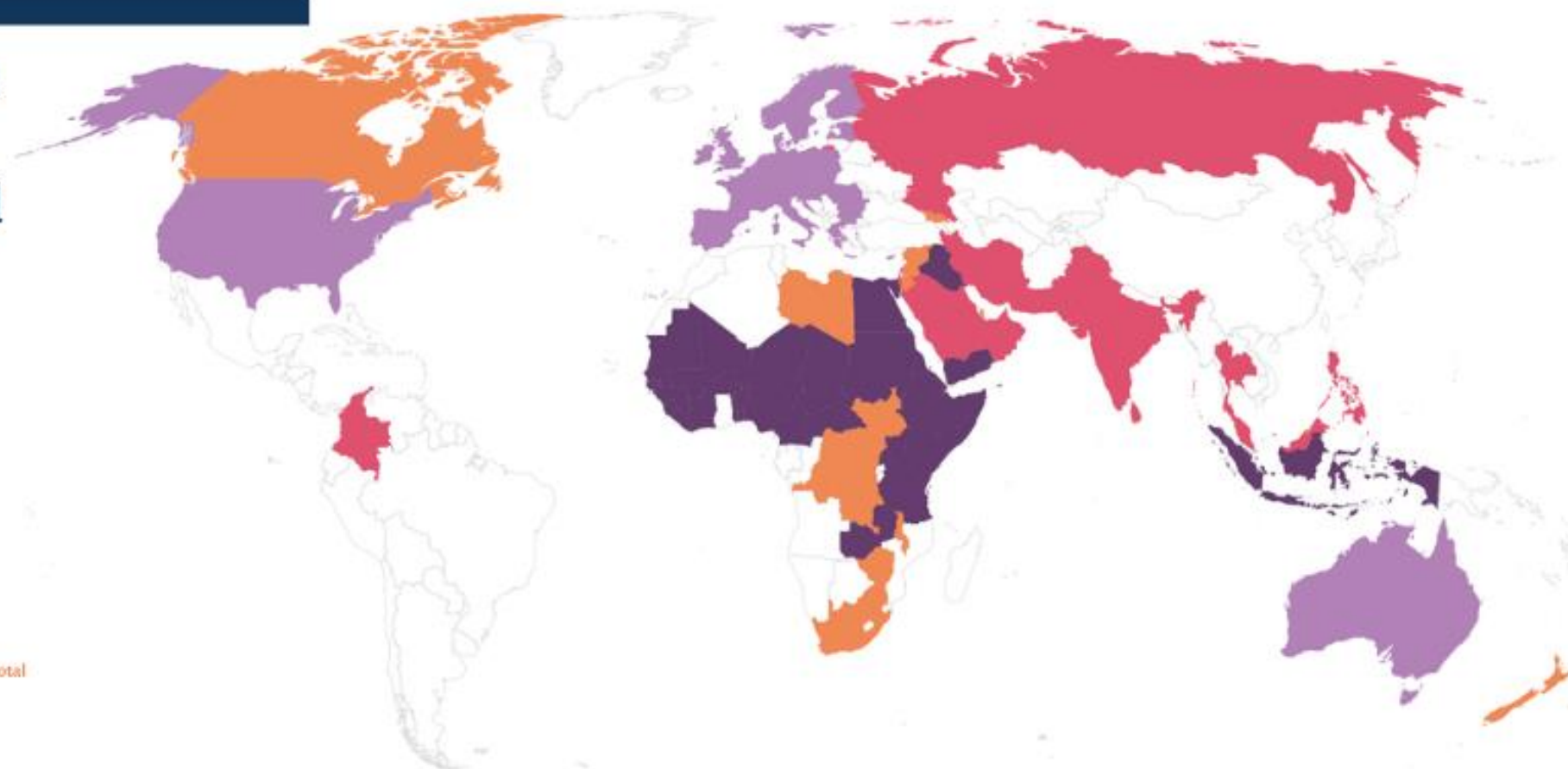
Obstetric complications
Pain or lack of pleasure during sex
Problems with menstruation
Mental health concerns
Urinary tract infections
Infertility
Chronic infections

“It's just always a taboo. Even if you talk, it's like let's change the subject.”

FGM/C IS GLOBAL

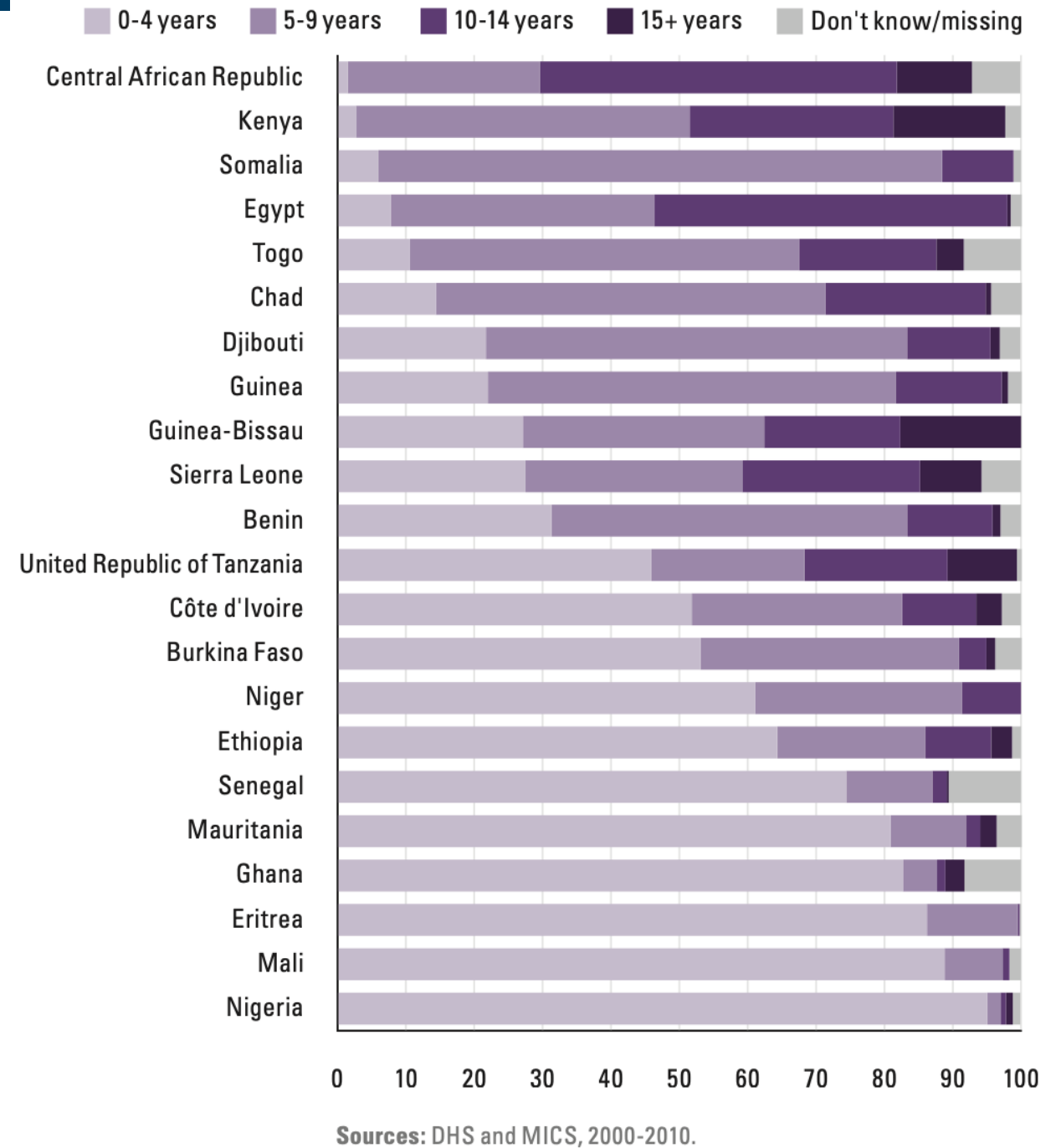
FGM/C is present in at least 92 countries around the world.

-  CATEGORY 1
Countries with nationally representative surveys on FGM/C
-  CATEGORY 2
Countries with indirect estimates on FGM/C
-  CATEGORY 3
Countries with small-scale studies on FGM/C
-  CATEGORY 4
Countries where media reports and anecdotal evidence refer to occurrence of FGM/C



Source: FGM/C: A Call For A Global Response (2020) Equality Now, End FGM EU Network, US End FGM/C Network

Age girls are cut as reported by mothers



Justifications

- To Control Sexuality
- Marriageability
- Tradition and Culture
- 'Cleanliness'
- Religion
- Others...



Common Misconceptions



Islamophobia

Despite the fact that FGM/C has no religion, some people incorrectly think that it only happens in Muslim communities.



Only in Africa

While we have data from the UN on FGM/C from 32 countries, mostly in Africa and the Middle East, it is reported in 92 countries globally.



It doesn't happen here

Many in Europe & United States don't believe it happens where they live, but that is false.

FGMToolkit.gwu.edu

What is the GW Toolkit and
how can it be used?



FGMTOOLKIT.GWU.EDU

[ABOUT US](#)[SURVIVORS](#)[HEALTH CARE PROVIDERS](#)[EDUCATORS](#)[LAW ENFORCEMENT](#)[COMMUNITY](#)

Female Genital Mutilation/Cutting in the United States

Important facts you need to know

[LEARN MORE](#)

Our Project

Goals, aims, and team

What is FGM/C?

Understand the different types

Resources

Videos, stories, and reports

Milken Institute School
of Public Health

THE GEORGE WASHINGTON UNIVERSITY

FGMToolkit.gwu.edu

Educational Toolkits



Up-to-date and
evidence-based
content



Factsheet with General
FGM/C Information



Screening Forms and
Do's and Don'ts



Diverse Content Types
Including Videos



Case Studies and
Survivor Stories



Resources for FGM/C
Survivors

Milken Institute School of Public Health

THE GEORGE WASHINGTON UNIVERSITY



BEST PRACTICES CLEARINGHOUSE



Dr. Ekwutosi Okoroh

COMMANDER, U.S. PUBLIC HEALTH SERVICE
TEAM LEAD, MATERNAL AND CHILD DISEASE
PREVENTION AND HEALTH PROMOTION
CENTERS FOR DISEASE CONTROL AND PREVENTION

EOKOROH@CDC.GOV

FEMALE GENITAL MUTILATION/CUTTING (FGM/C) IN THE UNITED STATES

NATIONAL CENTER ON SAFE SUPPORTIVE LEARNING ENVIRONMENTS WEBINAR

FEBRUARY 22, 2023

EKWUTOSI OKOROH

MD, MPH, CDR, USPHS

CDC DIVISION OF REPRODUCTIVE HEALTH

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion



CDC Role in Measuring Burden of FGM/C

- Provide estimates of U.S. women potentially at risk of FGM/C (1997, 2016).
- Participate in U.S. government interagency efforts to combat FGM/C (2014 – current).
- Convene FGM/C experts to discuss strategies for measuring the extent to which FGM/C occurs among women living in the U.S. (2015).
- Design, pilot, and implement a study to understand women's health experiences and needs from selected communities in the U.S. with high concentrations of residents from countries where FGM/C is prevalent (2019 – 2021).

Estimates of FGM/C in the U.S.

- Potential numbers at risk of FGM/C
 - In 1997 Office of Women's Health/CDC estimated approximately 168,000 "at risk" of having had FGM/C.
 - In 2016 CDC estimated approximately 513,000 "at risk".
- Estimates based on indirect measurement
 - "At risk" = potentially having undergone FGM/C in the past or at risk for undergoing FGM/C in the future.
 - Applied country-specific prevalence of FGM/C to the estimated number of U.S.-resident women and girls born in that country or who live with a parent born in that country.
 - Limitations include the assumption that FGM/C prevalence in country of origin can be applied to U.S. residents.

Women's Health Needs Study (WHNS) Purpose

- Identify and document health needs and experiences of women in selected U.S. communities who are potentially affected by FGM/C, including:
 - Experiences and attitudes related to FGM/C
 - FGM/C-associated health conditions
 - Access to health care services and reproductive health characteristics (contraceptive use, childbearing, use of preventive care)
- Generate findings to inform prevention efforts and public health strategies to meet identified needs.

WHNS Design

Study population

- Women aged 18 to 49 who were born, or whose mother was born, in a country where FGM/C is widely practiced (goal of N=~1,100 completed interviews).
- One community study site for the PILOT study. Four community study sites: Atlanta, New York, DC/Baltimore, Minneapolis for main study.

Sample design

- Non-probability sampling combined Venue-Based sampling (VBS) with Respondent-Driven sampling (RDS),
 - Methods used in studies of geographically concentrated populations on stigmatized issues.
- Standardized questionnaire administered by telephone at one point in time.
- Includes women with and without FGM/C, allowing for comparison on key outcomes.

WHNS Pilot Study

- A pilot study was completed in late 2019 in preparation for the main WHNS study.
- The WHNS pilot study objectives:
 - Test the sampling design and procedures to determine whether the methods are feasible for the study population.
 - Determine whether eligible women would be willing to participate in the WHNS pilot study.
 - Pilot test the study questions to determine whether women would understand and respond in a face-to-face interview.
 - Determine whether women would discuss FGM/C with an interviewer.

WHNS Pilot Study

- Successfully included women from multiple countries of origin and age groups.
- Demonstrated approach and recruitment was feasible.
- Standardized questionnaire worked well and will allow for quantitative and comparative analysis for the multi-site study.
- Demonstrated that women were willing to answer sensitive questions.

Main Study (Nov 2020 - June 2021)

- Changes due to COVID-19
 - Trained female interviewers ask women survey questions over the phone.
 - Responses and observations recorded by interviewer on a web survey via tablet.
 - Locations where women already gather “virtually”.
 - Participants asked to help recruit more women from their social network.
- Data collection completed
 - Completed 1,132 interviews.
 - Data analyses and report preparations are underway.
- Disseminate findings through peer-reviewed literature, on-line study report, community workshops, and health care provider forums.

WHNS Main Study: FGM/C Status

Over half of women in the study reported experiencing FGM/C



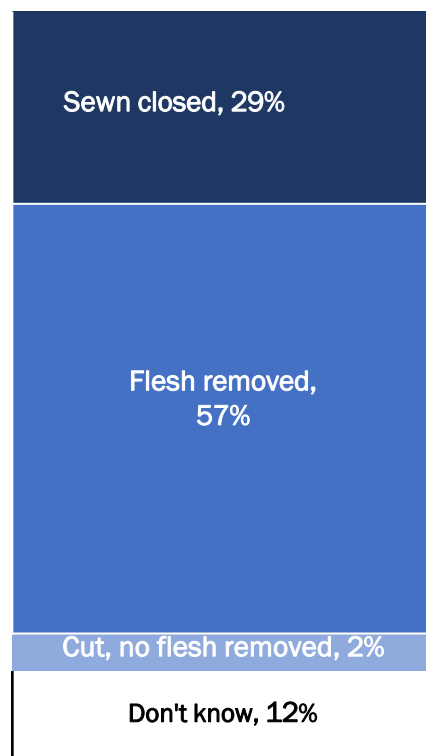
55%
experienced
FGM/C.

45%
did not experience
FGM/C.



WHNS Main Study: FGM/C Type

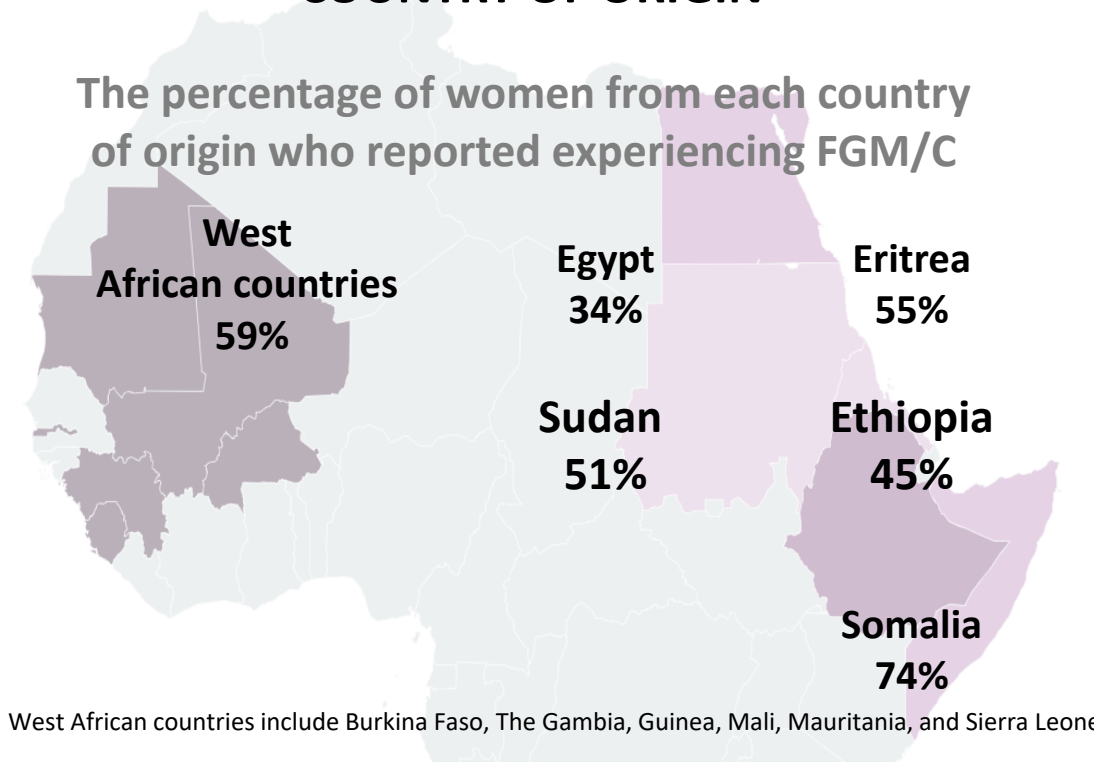
BY TYPE OF FGM/C



- 29% said their genital area was sewn closed.
- 57% said flesh was removed from their genital area.
- 2% said their genital area was cut, no flesh removed.
- 12% did not know the type of FGM/C they experienced.

COUNTRY OF ORIGIN

The percentage of women from each country of origin who reported experiencing FGM/C



WHNS Main Study: Health Concerns



67% reported a problem with childbirth compared to **49%** of women without FGM/C. This includes postpartum bleeding, extensive vaginal tears from childbirth, or emergency C-sections.



47% reported a reproductive health problem compared to **23%** of women without FGM/C. This includes difficulty passing period blood, difficulty passing urine, pain with urination, or many urinary tract infections.



44% reported a sexual health problem compared to **17%** of women without FGM/C. This includes pain or bleeding during sex.

35% reported feeling sad for many weeks at a time compared to **24%** of women without FGM/C.



WHNS Main Study: FGM/C Attitudes

COMFORT OF WOMEN WITH FGM/C IN TALKING TO PROVIDER

58% would feel comfortable discussing their FGM/C with a health care provider.



31% have discussed their FGM/C with a health care provider.



FGM/C ATTITUDES OF ALL WOMEN SURVEYED

91% believe FGM/C should be stopped

87% believe FGM/C can cause health problems later in life

82% do not believe FGM/C is required by religion



WHNS Strengths and Limitations

Strengths:

- Includes women from multiple countries of origin, immigrant generations, and length of time in the United States.
- Standardized questionnaire will allow for quantitative and comparative analysis.

Limitations:

- Cannot generalize to entire U.S. population of affected/at-risk women and girls – WHNS will not produce “prevalence” estimates.
- Relies on women’s self-reported FGM/C status.
- Restricted to age 18+ due to mandatory reporting laws for child maltreatment.
- Does not document “vacation cutting” (taking girls to a foreign country for FGM/C).

Acknowledgements

- We would like to thank and acknowledge:
 - WHNS implementing partner
 - NORC
 - WHNS participants
 - WHNS community partners
 - WHNS advisory group of national subject matter experts
 - WHNS funders:
 - CDC Division of Reproductive Health
 - Department of Health and Human Services Office on Women's Health
 - Department of Justice, National Institute for Justice, Office for Victims of Crime



BEST PRACTICES CLEARINGHOUSE



Susan Masling

SENIOR TRIAL ATTORNEY
HUMAN RIGHTS AND SPECIAL PROSECUTION
SECTION, CRIMINAL DIVISION
U.S. DEPARTMENT OF JUSTICE

SUSAN.MASLING@USDOJ.GOV

LEGAL OVERVIEW



FEDERAL LAW AGAINST FGM/C (1996, 2013, 2021)

Applies to girls **under 18 years old**

Taking a girl out of the country
for FGM is also covered

Basis in custom, religion or ritual
is not a defense

Punishable by up to 10 years



FEDERAL LAW AGAINST FGM/C

STOP FGM ACT (2021)

- Performs, attempts to perform, conspires to perform FGM/C on a girl under 18;
- Parent, guardian, or caretaker who facilitates or consents to FGM/C; or
- Definition of FGM/C aligned with WHO definition

PROSECUTING FGM/C IN THE UNITED STATES

Federal Cases:

- Badri
- Nagarwala
- 2004 – Bertrang & Faulkinbury

State Cases:

- 2010 - People v. Santiago (Illinois)
- 2009 – Adem (Georgia)

STATE LAWS CRIMINALIZING FGM/C

Arizona (Mandatory Reporting)	Georgia	Maryland	New Jersey	Rhode Island	Virginia
Arkansas (Mandatory Reporting)	Idaho	Michigan	New York	South Carolina (Mandatory Reporting)	West Virginia
California	Illinois (Mandatory Reporting)	Minnesota	North Dakota	South Dakota	
Colorado	Iowa	Missouri	Ohio	Tennessee (Mandatory Reporting)	Wisconsin
Delaware (Mandatory Reporting)	Kansas	Nevada (Mandatory Reporting)	Oklahoma	Texas	
Florida (Mandatory Reporting)	Louisiana (Mandatory Reporting)	New Hampshire	Oregon	Utah (Mandatory Reporting)	

CHILD ABUSE LAWS

- Even though only 40 states specifically criminalize FGM/C, child abuse is punishable in every state and territory.
- At a minimum, the events that constitute FGM/C generally meet the legal definition of assault consummated by a battery on a child.
- Also, every state has some version of mandatory reporting requirement for child abuse.

Inter-Agency U.S. Government Efforts

- DOJ
- DHS
- HHS
- DOS
- ED



QUESTIONS/CONTACT

Susan Masling, Trial Attorney

Susan.masling@usdoj.gov

Human Rights and Special Prosecutions Section



BEST PRACTICES CLEARINGHOUSE



Kathryn Finley

ASSOCIATE LEGAL ADVISOR
HUMAN RIGHTS VIOLATOR LAW DIVISION
OFFICE OF THE PRINCIPAL LEGAL ADVISOR
U.S. IMMIGRATION AND CUSTOMS
ENFORCEMENT, U.S. DEPARTMENT OF
HOMELAND SECURITY

KATHRYN.FINLEY@ICE.DHS.GOV



**U.S. Department of Homeland Security
ICE Office of the Principal Legal Advisor
Human Rights Violator Law Division**

U.S. Immigration Law

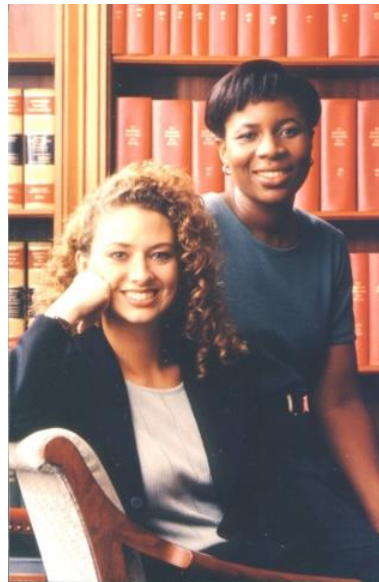
DHS ICE Office of the Principal Legal Advisor

1996

1996 was a watershed year regarding recognition of the persecutory/criminal nature of FGM.

Matter of Kasinga, 21 I&N Dec. 357 (BIA 1996)

- Seminal case recognizing FGM-related claims as a basis for asylum.



DHS ICE Office of the Principal Legal Advisor

U.S. Immigration Law

- **Immigration benefits** are available for FGM survivors: e.g., asylum, withholding of removal, cancellation of removal, nonimmigrant status, refugee resettlement, Violence Against Women Act (VAWA).
- **Immigration consequences** apply to perpetrators: e.g., persecutor bar entry into the United States, negative discretion, removal from the country.
- **Inadmissibility and removability grounds** No inadmissibility or removability grounds specific to FGM found in the Immigration and Nationality Act (INA).



Operation Limelight USA

Homeland Security Investigations (HSI)

Operation Limelight USA

- Public awareness and outreach campaign at U.S. airports.
- Goals
 - Education
 - Prevention
- Started in the United Kingdom.
- Run by HSI, with other U.S. Government partners, NGOs, FGM survivors, Congressional members and media invited to participate.



Homeland Security Investigations (HSI)

Operation Limelight USA

FEMALE GENITAL MUTILATION IS CHILD ABUSE

The U.S. government is committed to ending Female Genital Mutilation

The U.S. government opposes female genital mutilation (FGM), cutting or circumcision regardless of the type, degree or severity, or the motivation for performing it.

FGM is a serious human rights abuse. It is culturally-based, gender-specific violence and when done to children, a serious form of child abuse. This harmful cultural practice negatively affects millions of girls and women around the world and is concentrated in twenty-nine countries, predominantly in Africa, Asia and the Middle East. In addition, women and girls living in the United States may be cut on U.S. soil or sent abroad for FGM.

FGM is a federal crime

U.S. federal law prohibits individuals from:

- conducting, assisting, attempting or conspiring to conduct female genital mutilation, cutting or circumcision, or
- facilitating the international travel of female children to be cut outside the United States.

Together we can end FGM

Homeland Security Investigations is dedicated to working with communities, survivors, medical professionals, child protective services and other law enforcement to end the practice of FGM.

Report Suspected FGM

TIP LINE: 1-866-347-2423 (U.S. and Canada)
1-802-872-6199 (international)
Email HRV.ICE@ice.dhs.gov

National Child Abuse Hotline 24/7:
1-800-4-A-Child - 1-800-422-4453



FEMALE GENITAL MUTILATION IS CHILD ABUSE

The U.S. government is committed to ending Female Genital Mutilation

The U.S. government opposes female genital mutilation (FGM), cutting or circumcision regardless of the type, degree or severity, or the motivation for performing it.

FGM is a serious human rights abuse. It is culturally-based, gender-specific violence and when done to children, a serious form of child abuse. This harmful cultural practice negatively affects millions of girls and women around the world and is concentrated in twenty-nine countries, predominantly in Africa, Asia and the Middle East. In addition, women and girls living in the United States may be cut on U.S. soil or sent abroad for FGM.

FGM is a federal crime

U.S. federal law prohibits individuals from:

- conducting, assisting, attempting or conspiring to conduct female genital mutilation, cutting or circumcision, or
- facilitating the international travel of female children to be cut outside the United States.

Together we can end FGM

Homeland Security Investigations is dedicated to working with communities, survivors, medical professionals, child protective services and other law enforcement to end the practice of FGM.

Report Suspected FGM

TIP LINE: 1-866-347-2423 (U.S. and Canada)
1-802-872-6199 (international)
Email HRV.ICE@ice.dhs.gov

National Child Abuse Hotline 24/7:
1-800-4-A-Child - 1-800-422-4453



DHS ICE Office of the Principal Legal Advisor

What is Gender-Based Violence?

Gender-based violence (GBV) is defined as any harmful threat or act directed at an individual or group based on their actual or perceived:

- Biological sex;
- Gender identity;
- Gender expression;
- Sexual orientation; or
- Difference from social norms related to masculinity or femininity

GBV can include physical, sexual, psychological, economic, and emotional abuse. It is rooted in structural gender inequalities, coercive control, and power imbalances.

Perpetrators can be government officials or organizations, individuals including family members, religious leaders, others you may know, or strangers. GBV such as arbitrary killings, torture, sexual violence, and forced marriage may also be used as a tactic of war or during periods of societal instability.

Who Is Affected by GBV?

Those of any age, socio-economic status, culture, gender identity or expression, sexual identity or orientation, race, ethnicity, nationality, or religion can experience or perpetrate GBV. Women of color (particularly American Indian/Alaska Native/Indigenous women and Black women), immigrant women (especially those without lawful status), impoverished women, minors, individuals with disabilities, and sexual minorities (i.e., individuals whose sexual identity, orientation or practices differ from the majority) often face increased vulnerability and barriers to accessing resources.



Confidential Help Is Available in Your Language

If you are experiencing domestic abuse or violence, stalking, or dating violence, contact the National Domestic Violence Hotline at 800-799-7233, 800-787-3224 (TTY for people who are deaf or hard of hearing), or at thehotline.org.

If you have experienced sexual violence, call the Rape, Abuse & Incest National Network (RAINN) National Sexual Assault Hotline at 800-656-4673. You can also visit their website for more information at hotline.rainn.org.

If you have experienced or are at risk of experiencing a forced marriage, call the National Human Trafficking Hotline at 888-373-7888, or contact the Tahirih Justice Center's Forced Marriage Initiative at 571-282-6187. You can also email FMI@tahirih.org.

If you have experienced, are at risk of, or know someone who may be at risk of FGM/C, child abuse, or neglect, call 800-4-A-CHILD (800-422-4453). You can also email the End FGM/C Network at info@endfgmnetwork.org or visit their website for more information at endfgmnetwork.org.

Information on immigration options available to victims of GBV or human trafficking can be found on the website at www.uscis.gov/humanitarian. Additional information and resources for victims of human trafficking is available at www.dhs.gov/blue-campaign.

These resources can help you identify safety, legal, financial, and immigration options that may be available to you.



Gender-Based Violence (GBV)



Homeland
Security

M-1783

DHS ICE Office of the Principal Legal Advisor

Questions?

Kate Finley, Associate Legal Advisor

DHS ICE OPLA

Human Rights Violator Law Division

Kathryn.Finley@ice.dhs.gov

(202) 306-4733



BEST PRACTICES CLEARINGHOUSE



Angela Peabody

FOUNDER AND EXECUTIVE DIRECTOR
GLOBAL WOMAN P.E.A.C.E. FOUNDATION

INFO@GWPFND.ORG



Virginia Education Law

How did we get an Education Law in Virginia?

Curriculum?

A Dream Comes True In Virginia

- Senator Richard Black
(One last deed against FGM/C)
- A Second Opportunity
(Working together again)



The Workings of Bill SB1159

- Important Clauses
- High Schools
- Middle Schools

Here are the details of SB1159:

A. Any family life education curriculum offered by a local school division shall require the Standards of Learning objectives related to dating violence and the characteristics of abusive relationships to be taught at least once in middle school and at least twice in high school, as described in the Board of Education's family life education guidelines.

B. Any high school family life education curriculum offered by a local school division shall incorporate age-appropriate elements of effective and evidence-based programs on the prevention of dating violence, domestic abuse, sexual harassment, including sexual harassment using electronic means, and sexual violence and may incorporate age-appropriate elements of effective and evidence-based programs on the law and meaning of consent. Such age-appropriate elements of effective and evidence-based programs on the prevention of sexual violence may include instruction that increases student awareness of the fact that consent is required before sexual activity.

C. Any family life education curriculum offered in any middle school, or high school shall incorporate age-appropriate elements of effective and evidence-based programs on (i) the importance of the personal privacy and personal boundaries of other individuals and tools for a student to use to ensure that he respects the personal privacy and personal boundaries of other individuals *and (ii) the harmful physical and emotional effects of female genital mutilation; associated criminal penalties; and the rights of the victim, including any civil action pursuant to § 8.01-42.5.*

D. Any family life education curriculum offered by a local school division may incorporate age-appropriate elements of effective and evidence-based programs on the prevention, recognition, and awareness of child abduction, child abuse, child sexual exploitation, and child sexual abuse.

SB 1159 Passes Senate Committee & General Assembly

- Testimonies
- Making History



Day of Testimonies in Richmond

SB 1159 Passed – What's Next?



Confusion



Lack of Information



What to Teach

Establishing the Curriculum

Trainings & Workshops

Work In Progress

(Fairfax County)

Important Points In Your Message

Championing
In Your School

Family Life
Education

Help Dispel
Myths

Secondary Lecture



A Practicum
Student's Project



Chantilly High
School, Chantilly



Wakefield High
School, Arlington



Centreville High
School, Centreville



Alexandria City High
School, Alexandria

Educating GWPF's Support Group

Screening

Group counseling (licensed psychologist)

Individual counseling (licensed psychologist)

Confidentiality

Education Through The Group



Gaining Trust & Confidence



Select Monthly Topics



Public Speaking Training



Survivors' Retreat

Contact Us

Global Woman P.E.A.C.E. Foundation

14001-C Saint Germain Drive #453

Centreville, VA 20121

703.832.2642

info@gwpfnd.org



Thank You!

Should you have any questions, please contact us at NCSSLE@air.org or 800-258-8413. We are happy to help!

NCSSLE Website

<https://safesupportivelearning.ed.gov>

Best Practices Clearinghouse

<https://bestpracticesclearinghouse.ed.gov/>

Next Lessons from the Field Webinars

- **March 8:** Nutrition
- **March 22:** Marijuana
- **April 12:** Forced Criminality in Human Trafficking
- **April 26:** Full-Service Community Schools



Feedback Form



[NCSSLE] 2023 - Lessons from the Field - Understanding Female Genital Mutilation and Cutting and How Educators Can Help

Thank you for attending the webinar, *Understanding Female Genital Mutilation and Cutting and How Educators Can Help*, on February 22, 2022. To best serve you, we would greatly appreciate receiving your feedback on the webinar.

1. Prior to the webinar, how knowledgeable were you about the webinar's topic?

- ☐ Not At All Knowledgeable
- ☐ Somewhat Knowledgeable
- ☐ Very Knowledgeable

2. Overall this webinar was a good use of my time.

- ☐ Strongly Disagree
- ☐ Somewhat Disagree
- ☐ Somewhat Agree
- ☐ Strongly Agree

[https://www.surveymonkey.com/
LFTF_Session38](https://www.surveymonkey.com/LFTF_Session38)



BEST PRACTICES CLEARINGHOUSE



Live Q&A