



Female Genital Mutilation/Cutting in the United States and How Educators Can Help

Students across the United States come from a myriad of family backgrounds and cultural traditions that add to the vibrancy and diversity of schools. But what can educators do when these beliefs and practices may result in physical and psychological harm to female students?

Female genital mutilation/cutting (FGM/C) is a growing practice in this country, and educators are often a first point of intervention for girls who are at high risk of the practice. Because of the secretive and sensitive nature, educators may not know that students are at risk of FGM/C or what they can do to help.

This fact sheet provides information about FGM/C and its prevalence in the United States. It highlights specific strategies educators, school-based health staff and school administrators, can use to identify and help girls who have experienced or are at risk of experiencing FGM/C. This fact sheet also provides important resources and supports for schools in preventing and addressing FGM/C.

What Is FGM/C?

FGM/C, according to the World Health Organization (WHO), “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 reason.”¹ FGM/C is sometimes referred to as female circumcision, but the term is not accepted in the medical or public health communities.²

Most victims of FGM/C are babies and girls under the age of 16, with most victims harmed before the age of 5. Although the practice happens globally, FGM/C is mainly concentrated in 30 countries in Western, Eastern, and North-Eastern regions of Africa; the Middle East; Asia; and some communities in South America.^{3, 4, 5}

¹ World Health Organization. (2020). *Female genital mutilation*. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

² United Nations Population Fund. (2020). *Female genital mutilation (FGM) frequently asked questions*. Retrieved from <https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions>

³ World Health Organization. (2020). *Female genital mutilation*. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

⁴ United States Government Accountability Office. (2016). *Female genital mutilation/cutting: Existing federal efforts to increase awareness should be improved*. Retrieved from <https://www.gao.gov/assets/680/678098.pdf>

⁵ Waigwa, S., Doos, L. Bradbury-Jones, C., & Taylor, J. (2018). Effectiveness of health education as an intervention designed to prevent female genital mutilation/cutting (FGM/C): A systematic review. *Reproductive Health*, 15(1), 62. <https://doi.org/10.1186/s12978-018-0503-x>

The origins of FGM/C are unknown. FGM/C is a centuries-old practice that predates Islam and Christianity.⁶ One misconception about FGM/C is that it is required by a particular faith, specifically Islam; in fact, it is not a prescribed practice of any faith and is conducted by followers of all religions.

In some places, FGM/C is seen as the norm among girls and is viewed variously as an initiation into womanhood or a ritual in preparation for marriage; to preserve family honor; to make girls docile, obedient, and feminine; to control female sexuality; and/or to cleanse or purify girls.⁷

“FGM/C is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.”

—The World Health Organization

FGM/C is often a cultural practice⁸ that may be performed either by “traditional circumcisers” or healthcare providers who believe FGM/C is safer when carried out in a medical setting. (It should be noted that WHO has taken a stance against healthcare providers performing FGM/C.)

Girls who have experienced FGM/C often face complications. Short-term complications of FGM/C may include pain, bleeding, swelling, infection, and shock. Long-term physical problems, such as fistulas; urinary, gynecological, and sexual problems; increased risk for childbirth complications; and the need for surgery to correct FGM/C may also occur. FGM/C can even lead to death. Global treatment costs for FGM/C complications exceed \$1.4 billion annually.⁹ The consequences are not only physical. Lasting psychological impacts can include depression, anxiety, post-traumatic stress disorder, and low self-esteem.¹⁰

FGM/C is not a problem that occurs only in far-off countries; FGM/C occurs in the United States too. As recently as the 1950s, FGM/C was practiced in the United States as a purported treatment for mental illness among women. Today, immigrants from countries where FGM/C is common may continue the practice once they arrive in the United States, and women and girls who are at risk of or who have been victims of FGM/C may live in the United States as political asylees.

⁶ United Nations Population Fund. (2020). *Female genital mutilation (FGM) frequently asked questions*. Retrieved from <https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions>

⁷ Sanctuary for Families. (2013). *Female genital mutilation in the United States*. New York, NY: Author. Retrieved from <https://sanctuaryforfamilies.org/wp-content/uploads/sites/18/2015/07/FGM-Report-March-2013.pdf>

⁸ Centers for Disease Control and Prevention. (2020). *Female genital mutilation/cutting (FGM/C)*. Retrieved from <https://www.cdc.gov/reproductivehealth/womensrh/female-genital-mutilation.html>

⁹ World Health Organization. (2020). *Female genital mutilation*. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

¹⁰ Ibid.

How Prevalent Is FGM/C?

The number of victims of FGM/C is unknown. According to the United Nations Children’s Fund, 31 countries have reported that at least 200 million girls and women have been victims of FGM/C.¹¹ The Centers for Disease Control and Prevention (CDC) estimated that, in 2012 (the most recent year for which modeling data are available), more than half a million girls and women in the United States had experienced FGM/C or were at risk of the practice in the future.¹²

Between 1990 and 2000, FGM/C in the United States increased by 35%.¹³ This increase was due, in part, to the influx of immigrants from areas where FGM/C is practiced.¹⁴

Girls can experience FGM/C either within the borders of the United States or abroad when visiting countries where FGM/C is practiced. Girls may be sent abroad during school breaks to undergo FGM/C, known as vacation cutting. Vacation cutting can happen without the girl’s consent and, sometimes, without her parents or guardians’ permission or knowledge of the authority of spouses, elder relatives, or community members.¹⁵ The CDC estimates that 150,000–200,000 girls living in the United States are at risk for FGM/C.¹⁶

Although FGM/C has been prohibited in the United States since 1996, compared to other countries, the United States is behind in FGM/C prevention efforts. Notably, until 2013, sending girls overseas to undergo FGM/C was legal in the United States.¹⁷ Today, loopholes, lack of implementation, and low levels of political resolve have resulted in little enforcement of existing state and federal laws. In April 2016, the U.S. Government Accountability Office stated that, historically, federal agencies were doing little to protect girls across the country or abroad from this form of violence.¹⁸

¹¹ United Nations Children’s Fund. (2020). *Female genital mutilation (FGM)*. Retrieved from <https://data.unicef.org/topic/child-protection/female-genital-mutilation/>

¹² Centers for Disease Control and Prevention. (2020). *Female genital mutilation/cutting (FGM/C)*. Retrieved from <https://www.cdc.gov/reproductivehealth/womensrh/female-genital-mutilation.html>

¹³ Goldberg, H., Stupp, P., Okoroh, E., Besera, G., Goodman, D., & Danel, I. (2016). Female genital mutilation/cutting in the United States: Updated estimates of women and girls at risk, 2012. *Public Health Reports*, 131(2), 340–347. <https://doi.org/0.1177/003335491613100218>

¹⁴ Ibid

¹⁵ Sanctuary for Families. (2013). *Female genital mutilation in the United States*. New York, NY: Author. Retrieved from <https://sanctuaryforfamilies.org/wp-content/uploads/sites/18/2015/07/FGM-Report-March-2013.pdf>

¹⁶ Centers for Disease Control and Prevention. (2020). *Female genital mutilation/cutting (FGM/C)*. Retrieved from <https://www.cdc.gov/reproductivehealth/womensrh/female-genital-mutilation.html>

¹⁷ Sanctuary for Families. (2013). *Female genital mutilation in the United States*. New York, NY: Author. Retrieved from <https://sanctuaryforfamilies.org/wp-content/uploads/sites/18/2015/07/FGM-Report-March-2013.pdf>

¹⁸ United States Institute of Peace. (2016). *End violence against girls: Summit on FGM/C*. Washington, DC: Author. Retrieved from https://d3n8a8pro7vhmx.cloudfront.net/equalitynow/pages/319/attachments/original/1527600493/2016_Violence_Against_Girls_Summit_on_FGM_C_report_web_cmprsdv4_0.pdf?1527600493#page=5

What Is Currently Being Done to Prevent FGM/C?

Increasingly, government officials, community groups, and educators from countries around the world are working to address FGM/C. However, evidence is limited—especially in the United States—regarding what works and what does not. Most of the studies and prevention work related to FGM/C have been done in other countries, and researchers are still trying to assess the extent of the issue among American students.

Still, existing FGM/C prevention and intervention research offers some lessons and best practices that can be applied in the United States.

“The global Sustainable Development Goal (SDG) compact, adopted in 2015 by 193 Member States, calls for an end to FGM/C by 2030.”

—End Violence Against Girls Summit on FGM/C, 2016

First and foremost, evidence shows that protecting girls and women from FGM/C requires community outreach and education. These efforts must be culturally sensitive, competent, and collaborative and must involve advocates, community leaders, and survivors and their family members.

The most effective FGM/C prevention programs use a combination of educational strategies for families and communities, coupled with law enforcement.¹⁹ Research shows that successful efforts to prevent and reduce FGM/C include the following two factors:

- 1. Training community members as trainers and educators.** Many programs train women from the communities they are trying to reach to become educators. These women serve as educators in their communities and are able to discuss the harmful effects of FGM/C more easily with girls and women. Having community members act as educators and trainers helps ensure programming is culturally competent and respectful of the traditions and social structure of the community. Moreover, girls and women generally trust educators from their own communities and may feel comfortable discussing FGM/C openly and honestly.²⁰ Communications and training should address social norms and try to influence the attitudes and behaviors that perpetuate violence, including FGM/C, against girls and women.^{21, 22}

¹⁹ Nowak, B. (2016). The school nurse’s role in addressing female genital mutilation. *NASN School Nurse*, 31(5), 286–291. <https://doi.org/10.1177/1942602X16648193>

²⁰ Population Reference Bureau. (2007). *Abandoning female genital mutilation/cutting: An in-depth look at promising practices*. Retrieved from <https://www.prb.org/abandoningfemalegenitalmutilationcutting/>

²¹ UN Women. (2017). *Female genital mutilation/cutting and violence against women and girls: Strengthening the policy linkages between different forms of violence*. New York, NY: Author. Retrieved from <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2017/policy-note-female-genital-mutilation-cutting-and-violence-against-women-and-girls-en.pdf?la=en&vs=905>

²² Sanctuary for Families. (2013). *Female genital mutilation in the United States*. New York, NY: Author. Retrieved from <https://sanctuaryforfamilies.org/wp-content/uploads/sites/18/2015/07/FGM-Report-March-2013.pdf>

2. Passing laws against FGM/C. FGM/C is illegal in most countries around the world, including in many of the countries in which the practice is common. Penalties for violating FGM/C laws range from 6 months to life in prison, as well as monetary fines.²³ However, in the United States, FGM/C is rarely prosecuted. As of 2012, only one prosecution for FGM/C was conducted under state or federal law.²⁴ Therefore, educating the community about the illegality of FGM/C in the United States may serve as a more upstream, effective prevention measure than waiting for violators to be prosecuted.

A systematic review of 12 studies on the effectiveness of health education as an intervention to prevent FGM/C identified some promising practices. The researchers found, for example, that younger populations were more amenable to health interventions about FGM/C. Their analysis also found four main themes that predicted the effectiveness of health education programs for FGM/C prevention: sociodemographic factors; socioeconomic factors; traditions and beliefs; and intervention strategy, structure, and delivery. Therefore, targeting these factors increases the chances that health education efforts will lead to effective behavior change and sustained prevention of FGM/C.²⁵

What Can Educators Do?

Schools are an excellent channel for reaching girls and families at risk of FGM/C. School personnel can be part of collaborative prevention efforts and play a lead role in identifying girls at risk of FGM/C. Teachers are key points of intervention because they often know the whole family, including the family's cultural and social traditions.²⁶

For educators to identify and address victims of FGM/C, they must be taught the prevalence FGM/C, its impact on the physical and mental health of girls and women, and which students may be at risk. Teachers, school nurses, counselors, and administrators can be trained to monitor children who return to the classroom after long or unexplained absences and to investigate red flags that may indicate children have undergone FGM/C.

Risk of FGM/C in the United States

Although FGM/C can happen anywhere, these charts can help school staff understand where students are particularly at risk across the country.

- [Girls and women living in the U.S. estimated to be at risk of FGM/C, by state](#)
- [Girls and women living in the U.S. estimated to be at risk of FGM/C, by metropolitan area](#)

²³ United Nations Population Fund. (2020). *Female genital mutilation (FGM) frequently asked questions*. Retrieved from <https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions>

²⁴ Sanctuary for Families. (2013). *Female genital mutilation in the United States*. New York, NY: Author. Retrieved from <https://sanctuaryforfamilies.org/wp-content/uploads/sites/18/2015/07/FGM-Report-March-2013.pdf>

²⁵ Waigwa, S., Doos, L. Bradbury-Jones, C., & Taylor, J. (2018). Effectiveness of health education as an intervention designed to prevent female genital mutilation/cutting (FGM/C): A systematic review. *Reproductive Health, 15*(1), 62. <https://doi.org/10.1186/s12978-018-0503-x>

²⁶ Sanctuary for Families. (2013). *Female genital mutilation in the United States*. New York, NY: Author. Retrieved from <https://sanctuaryforfamilies.org/wp-content/uploads/sites/18/2015/07/FGM-Report-March-2013.pdf>

School staff can also educate students and families about state and federal laws against FGM/C. Educators must also be made aware of their duties as mandated reporters to report suspected or confirmed cases of FGM/C through the appropriate channels.²⁷

It is important to point out that all communication and efforts must be culturally sensitive. Otherwise, interventions and strategies can prevent progress among affected communities and have negative implications on immigrants and communities of color.²⁸

Warning Signs

School and district staff and administrators can be trained to look for signs and red flags of FGM/C victimization, particularly among girls who are part of a community in which FGM/C is practiced. Special consideration must be taken to ensure that staff are not racially profiling students or families and putting undue attention on immigrant students.

Warning signs that teachers, school staff, school psychologists and counselors, school nurses, or administrators may notice or be told about include the following:

- Physical indicators
 - Severe pain from the cutting of nerve ends and sensitive tissue
 - Hemorrhaging
 - Shock from pain or hemorrhage
 - Difficulty in urination or defecation due to swelling, edema, or pain
 - Signs of infection, including tetanus and sepsis
 - Slow and painful menstruation and urination, accumulation of menstrual blood in the vagina (hematocolpos), or urinary retention, especially in cases of Type III FGM/C or infibulation
- Psychological indicators
 - Changes in behavior or demeanor; signs of psychological trauma
 - Deep feelings of shame, depression, anxiety, multiple phobias, memory loss, and post-traumatic stress disorder
- Other indicators
 - Girls with a sibling who has undergone FGM/C
 - Girls who say they are undergoing a procedure or attending a ceremony to “become a woman”
 - Long, unexcused absence from school
 - Not wanting to change in gym class
 - Resistance to any sort of physical examination
 - Child asks for help or shares that they have undergone FGM/C^{29, 30}

²⁷ Sanctuary for Families. (2013). *Female genital mutilation in the United States*. New York, NY: Author. Retrieved from <https://sanctuaryforfamilies.org/wp-content/uploads/sites/18/2015/07/FGM-Report-March-2013.pdf>

²⁸ United States Institute of Peace. (2016). *End violence against girls: Summit on FGM/C*. Washington, DC: Author. Retrieved from https://d3n8a8pro7vnmx.cloudfront.net/equalitynow/pages/319/attachments/original/1527600493/2016_Violence_Against_Girls_Summit_on_FGM_C_report_web_cmprsdv4_0.pdf?1527600493#page=5

²⁹ Population Reference Bureau. (2007). *Abandoning female genital mutilation/cutting: An in-depth look at promising practices*. Retrieved from <https://www.prb.org/abandoningfemalegenitalmutilationcutting/>

³⁰ Council of the Great City Schools. (n.d.). *FGM/C prevention: A resource for U.S. schools*. Washington, DC: Author. Retrieved from <https://safesupportivelearning.ed.gov/sites/default/files/fgm-c-prevention-school-resource-final.pdf>

Roles for Education Agencies, Administrators, School Nurses, School Psychologists and Counselors, and Teachers

State and local education agencies, district and school administrators, and school staff can work together to prevent and identify FGM/C. The following is a list of strategies that people in each role can do, as part of prevention and intervention efforts, to identify and help girls who have experienced or are at risk of experiencing FGM/C. Please note this is not a comprehensive list.

State and Local Education Agencies

State and local education agencies need to set the tone that FGM/C is not an acceptable or legal practice and ensure that districts have the education and tools to recognize and respond as necessary. Recommendations for state and local agencies include the following:

- Disseminate information about national and state laws against FGM/C to educators and administrators, especially those individuals who serve at-risk populations.
- Create a publicly accessible database of resources and organizations for girls affected by or at risk of the practice.
- Develop and disseminate an education toolkit to all school districts to help ensure school personnel are aware of the practice and know how to identify and help girls at risk.³¹

Administrators

School administrators can create the educational programming and supports that school staff need to understand and identify FGM/C. Recommendations for administrators include the following:

- Develop tailored guidelines and training to assist in identifying and protecting girls at risk.
- Educate school staff about their roles as mandated reporters.
- Work with community members and groups to prevent the practice in the communities in which students live.
- Ensure staff have the resources needed to identify and help students who are at risk and their families.
- Engage with families from at-risk communities.³²
- Speak about the practice at parent-teacher association meetings.
- Host community information sessions, trainings, and workshops.³³

³¹ United States Institute of Peace. (2016). *End violence against girls: Summit on FGM/C*. Washington, DC: Author. Retrieved from https://d3n8a8pro7vhm.cloudfront.net/equalitynow/pages/319/attachments/original/1527600493/2016_Violence_Against_Girls_Summit_on_FGM_C_report_web_cmprsdv4_0.pdf?1527600493#page=5

³² Sanctuary for Families. (2013). *Female genital mutilation in the United States*. New York, NY: Author. Retrieved from <https://sanctuaryforfamilies.org/wp-content/uploads/sites/18/2015/07/FGM-Report-March-2013.pdf>

³³ Council of the Great City Schools. (n.d.). *FGM/C prevention: A resource for U.S. schools*. Washington, DC: Author. Retrieved from <https://safesupportivelearning.ed.gov/sites/default/files/fgm-c-prevention-school-resource-final.pdf>

School Nurses

School nurses are in “an optimal position to identify children at risk and build collaborative relationships to treat the students affected by” FGM/C.³⁴ Recommendations for school nurses include the following:

- Understand the cultural and social contexts of FGM/C among students’ communities.
- Look for the warning signs of the practice among students they see.
- Work with administrators to create guidelines for identifying and safely addressing the practice with students and their families.
- Understand their roles as mandated reporters.

School Psychologists and Counselors

School mental health providers are ideal candidates for receiving training on how to recognize and assist girls who have undergone or are at risk for FGM/C. Recommendations for school psychologists and counselors include the following:

- Identify and provide services for girls who have been victimized or are at risk.
- Create a platform to share resources about the practice.
- Use counseling methods that have been shown to be successful, such as “multidisciplinary approaches that include physiological therapy and counseling to address sexual functions holistically in women.”³⁵
- Start community conversations about and raise awareness of the practice.
- Address the needs of affected girls with sensitivity and compassion.

Teachers

Teachers can identify risk factors and red flags among their students, as well as learn about cultural contexts of the communities where their students live. Recommendations for teachers include the following:

- Incorporate education and prevention messaging into existing curricula, such as sex education classes.
- Understand their role as mandated reporters and how and to whom to report suspected or confirmed FGM/C.
- Teach students about sexual and child abuse, grooming, and forced marriage, and include information about the practice.³⁶
- Start these lessons early, because research shows those students exposed at a younger age and with higher levels of exposures are more influenced by health education interventions and, as adults, are less inclined to have their daughters undergo the practice.³⁷

³⁴ Nowak, B. (2016). The school nurse’s role in addressing female genital mutilation. *NASN School Nurse*, 31(5), 286–291. <https://doi.org/10.1177/1942602X16648193>

³⁵ United States Institute of Peace. (2016). *End violence against girls: Summit on FGM/C*. Washington, DC: Author. Retrieved from https://d3n8a8pro7vnm.cloudfront.net/equalitynow/pages/319/attachments/original/1527600493/2016_Violence_Against_Girls_Summit_on_FGM_C_report_web_cmprsdv4_0.pdf?1527600493#page=5

³⁶ British Broadcasting Company. (2019). *Female genital mutilation: Children to be taught dangers*. Retrieved from <https://www.bbc.com/news/uk-47348878>

³⁷ Waigwa, S., Doos, L. Bradbury-Jones, C., & Taylor, J. (2018). Effectiveness of health education as an intervention designed to prevent female genital mutilation/cutting (FGM/C): A systematic review. *Reproductive Health*, 15(1), 62. <https://doi.org/10.1186/s12978-018-0503-x>

What Resources Can Educators Use to Help Address FGM/C?

District and school staff can use these resources to plan and implement FGM/C prevention and intervention initiatives.

[FGM/C Prevention: A Resource for U.S. Schools](#)

Council of the Great City Schools

This toolkit provides information to support schools in preventing FGM/C, including data on the practice, reasons it is performed, and its impact; how to identify girls at risk; and steps schools can take to support a safe and healthy learning environment.

[US End FGM/C Network in House Resources](#)

END FGM/C—U.S. Network

This comprehensive clearinghouse includes FGM/C resources related to research, advocacy, programs, and United States policy about the practice. It includes links to resources for educators and healthcare providers, as well as survivor testimonials.

[FGM Schools Resource Pack](#)

FORWARD

This resource pack covers the harmful effects of FGM/C, the reasons why it happens, and the legal status of the practice in the United Kingdom. The resource pack provides guidelines to support a safe and supportive learning environment and highlights best practice in the event of a disclosure by a student.

[Female Genital Mutilation \(FGM\) Teaching Resources](#)

ActionAid

These resources focus on dispelling myths regarding FGM/C. They also include powerful stories from those who have been affected by FGM/C and individuals who are working to eradicate the practice, as well as teacher notes.

Communication Guidelines for School Staff

“School staff members have to be culturally competent, avoid stigmatization, and use culturally appropriate language when they address FGM/C with girls and families who are survivors or at risk of FGM/C . . . School staff must avoid using culturally inappropriate and insensitive approaches that might drive the practice further underground. Schools should always discuss the topic based on fact, without judging or stigmatizing the practicing community. Schools and school personnel should avoid reinforcing a community’s stereotypes. When school staff discuss FGM/C, it is important to be cognizant of the individual’s circumstances, listening with compassion and valuing the individual’s dignity.”

—[Council of the Great City Schools](#)

Female Genital Mutilation: Guidance for Schools

National FGM Centre

The purpose of this guidance is to equip professionals in education settings to respond to concerns regarding girls at risk of FGM/C. Within this document, you will find general information on FGM/C; FGM/C risk indicators; how to explore concerns with children and parents/caretakers; and a resource on how to explore concerns and make referrals to children's social care.

Female Genital Mutilation: Resource Pack

Gov.UK

This resource package highlights examples from areas where effective FGM/C practice has been identified and emphasizes what works in protecting survivors and individuals at risk of the practice.

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