FGM/C PREVENTION: A RESOURCE FOR U.S. SCHOOLS

The Nation's Voice for Urban Education

ABOUT THE COUNCIL

The Council of the Great City Schools is the only national organization exclusively representing the needs of urban public schools. Composed of 68 large city school districts, its mission is to promote the cause of urban schools and to advocate for inner-city students through legislation, research, technical assistance, and media relations. The organization also provides a network for school districts to exchange information and to collectively address new challenges as they emerge in order to deliver the best possible education for urban youth.

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AN FGM/C PREVENTION RESOURCE FOR U.S. SCHOOLS

The Council of the Great City Schools' member districts serve a rich tapestry of children whose families hail from all around the globe. This ethnic, racial, and cultural diversity is one of the key assets of our membership, but it also presents a significant responsibility for school districts—to help orient immigrant families to the way the U.S. school system works and the overall legal framework of our nation. Much of this orientation and integration into our nation's society occurs seamlessly through the school districts' curricula and the local community. In some cases, however, the integration must take place in a manner that is more explicit to ensure that all students in our schools can thrive academically and socially, all while maintaining their cultural identity.

The latest estimate from the Centers for Disease Control indicate that in 2012 there were over half a million (512,000) young women and girls were at risk of undergoing a non-medical surgical procedure with devastating consequences for their overall health, and specifically, their reproductive health. This procedure, known as female genital mutilation or cutting (FGM/C), is the partial or total removal of a girl's external genitalia. It is a practice that remains widespread in certain nations and among certain cultures, despite being outlawed in the United States and in an increasing number of nations.

The half a million young women and girls who are at risk of FGM/C in the U.S. are most likely to reside in one of 16 major metropolitan areas, all which are served by school districts that are members of the Council of the Great City Schools. Several tools and resources have been developed to raise awareness, particularly in the medical, legal, and social services communities. Despite such efforts, however, school-aged girls remain at risk, and there is no comprehensive resource or toolkit to guide staff in U.S. schools on how to prevent FGM/C, or on how to provide culturally responsive support for at risk girls and survivors.

Because the 16 major high-risk metropolitan areas are members of our organization, the Council of the Great City Schools partnered with Global Woman P.E.A.C.E. Foundation to create this resource guide for U.S. school staff to support the prevention of Female Genital Mutilation/Cutting (FGM/C). This document is the result of the hard work and dedication of Angela Peabody from the Global Woman P.E.A.C.E. Foundation and Ashley Ison, Gabriela Uro, and David Lai from the Council, who worked in collaboration with other important stakeholders such as the Ethiopian Community Development Council, Inc., to compile this much needed resource for school districts. A number of other important resources developed across the globe were also examined to guide school stakeholders (i.e., educators, nurses, counselors, etc.) on how to help prevent FGM/C and support victims. We hope that staff in our member school districts find this resource helpful.

CULTURAL FOUNDATIONS OF FGM/C

For communities and individuals who practice FGM/C, the reasons and motivations are many. While it is difficult to identify a single rationale for the practice of FGM/C, there are several cross-cultural motivations. Some common justifications from families are the protection of family honor, love for the girl, cleanliness, preserving traditions, ensuring chastity, and preparation for marriage.

CULTURAL REASONS

TRADITION

For some, FGM/C is deeply rooted in cultural practices and is a tradition that has been passed down through generations of women. It is a core part of life and cultural practice.

IDENTITY

In many cultures where FGM/C is practiced, it is a part of a girl's coming of age. As a result, there is sometimes a deep sense of pride and belonging that comes from the practice. For immigrant populations residing in the United States, the practice can also be a means of maintaining cultural identity.

RELIGION

Although FGM/C is not required by any religious faith or group, some use religion as a rationale for the practice. However, religious leaders and advocates emphasize that there is no true religious purpose of FGM/C.

MARRIAGEABILITY

FGM/C is often a requirement for marriage among cultures where it has traditionally been practiced. Parents fear that if their daughters are not cut, they will be less likely to find a suitable husband.

HEALTH/AESTHETIC REASONS

CLEANLINESS

In some cultures, portions of the female genitalia are considered unclean, ugly, or masculine. The belief is that performing FGM/C will increase a girl's health and make her "clean."

SEXUALITY

FGM/C is considered a means of keeping women from becoming hypersexual, encouraging unwed women to remain virgins, and maintaining female fidelity within marriage.

THE PHYSICAL AND MENTAL HEALTH CONSEQUENCES OF FGM/C

The kinds of problems that develop because of the practice depend upon the degree of the excision, the cleanliness of the tools used, and the health of the girl receiving the excision. This section lists some short-term and long-term consequences suffered by girls during and after experiencing FGM/C (*Female Genital Mutilation Factsheet*, WHO 2016).

SHORT-TERM CONSEQUENCES

- **Bleeding or hemorrhaging** – If the bleeding is severe, girls can lose their lives, either during or shortly following the procedure.
- **Infection** – The wound can become infected and develop into an abscess (a collection of pus). Fever, sepsis (a blood infection), shock, and even death can develop if the infection is left untreated or not treated in time.
- **Pain** –Girls are routinely excised without anesthetic. The worst pain tends to occur the day after the excision.
- **Trauma** – Physical and psychological trauma from girls being forcibly held down during the excision.

FGM/C is bad for women and it is bad for men–no one benefits from FGM/C.

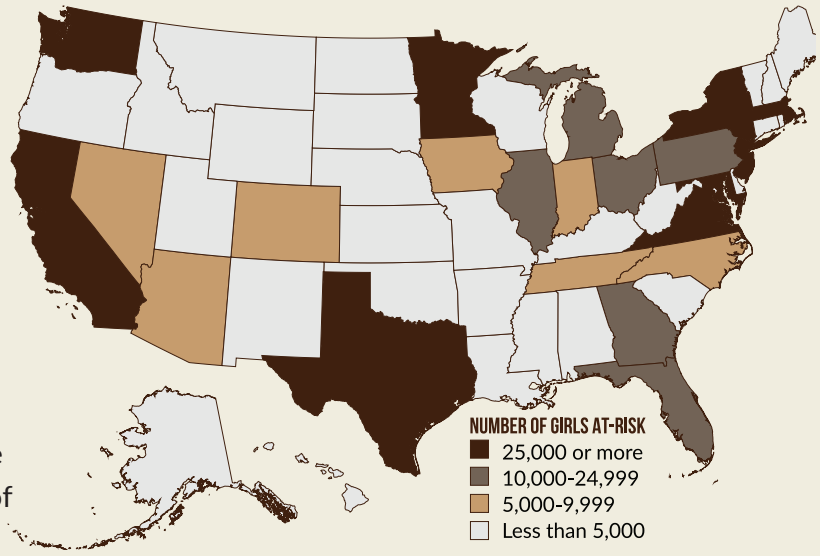
Dr. Marci Bowers

LONG-TERM HEALTH PROBLEMS

- **Problems using the bathroom** – In severe cases, (Infibulation or Excision) girls take much longer to use the bathroom. This type can slow or strain the normal flow of urine and the menstrual cycle, and can cause infection.
- **Scar tissue** – In most cases, following healing, the girls are left with heavy scarring (covering most of the vagina). The scars can also develop into large bumps (cysts or abscesses) or thickened scars (keloids), which can cause maternal and infant mortality during pregnancy. This can also cause problems in performing pap tests and other gynecological exams, including prenatal care.
- **Increased risks of sexually transmitted infections, including HIV** — Excisers with no formal medical training or untrained midwives tend to use one tool for multiple excisions, without sanitation or sterilization. These conditions greatly increase the risk of life-threatening infections such as hepatitis and HIV.
- **Infertility** – The infertility rates among post-FGM/C women in some West African countries are as high as 30 to 50 percent. Those post-FGM/C women who are fortunate enough to conceive a child can have lengthy labors, tissue tears, or excessive bleeding and infection during childbirth, which causes distress to both infant and mother.
- **Psychological and emotional stress** – The psychological effects of this experience can be closely compared to those of post-traumatic stress disorder (PTSD). Some girls suffer from insomnia, anxiety, and depression.

IDENTIFYING GIRLS AT-RISK

The U.S. Centers for Disease Control and Prevention (CDC) reported that over half a million U.S. girls and young women were at risk of FGM/C if their families still adhered to beliefs from the home countries where this harmful practice is common (*Female Genital Mutilation/Cutting in the United States: Updated Estimates of Women and Girls at Risk, 2012*, CDC 2016). Many of these girls and young women who are at risk live in select metropolitan areas. For example, in 2013 the Population Reference Bureau (PRB) indicated that forty percent of the population at risk lived in five metro areas: New York, the District of Columbia and adjacent states, Minneapolis-St. Paul, Los Angeles, and Seattle. Additional metro areas identified by the CDC include: Dallas/Ft. Worth, Boston, Providence, Philadelphia, Chicago, Houston, Atlanta, and San Francisco (*A State of-Art-Synthesis of Female Genital Mutilation/Cutting: What Do We Know Now?,* The Population Council 2016). The map on this page illustrates the states with the highest number of girls and young women at risk of FGM/C.



TOP 10 COUNTRIES OF ORIGIN

Egypt

Liberia

Ethiopia

Sierra Leone

Somalia

Sudan

Nigeria

Kenya

Eritrea

Guinea

Although the practice can be performed at any age, FGM/C is most commonly performed on girls between the ages of 4 and 15 (*Female Genital Mutilation Factsheet*, 2016). In other words, school-age girls are most at risk and, therefore, there is an urgent need to equip school staff—including teachers, counselors, nurses, coaches, and principals—with the knowledge to detect the socio-emotional signals of this practice and aid in its prevention.

DEMOGRAPHIC TRENDS

FGM/C has been traditionally practiced in about 28 countries in Africa, parts of Asia (including Indonesia, Malaysia, and parts of India), and parts of the Middle East (such as Iraq and Yemen). As a result of global migration, the practice has surfaced in the United States and countries in Europe (*Women and Girls At Risk of Female Genital Mutilation/Cutting in the United States*, Population Reference Bureau 2016). The prevalence of FGM/C might not be limited to recent immigrants but practiced in subsequent generations as well.

BEHAVIORAL SIGNALS

Since most girls who undergo FGM/C are quite young, it may be difficult for them to understand or describe exactly what might or has already happened to them. It is therefore important that school staff become knowledgeable about signals that

a student is at risk or is a survivor of FGM/C. Keep in mind that if a student exhibits one or several behavioral signals, it does not automatically mean that she is at risk for FGM/C or a survivor of such a practice.

The following signals have been compiled from various sources, including the World Health Organization. School staff should be prepared to see any of the behaviors below as a signal that support may be needed. Schools should also consider how suspected or confirmed cases of FGM/C will be handled given state laws and school district reporting protocols related to child safety and welfare. School staff must take measures to ensure the psychological and emotional well-being of the girl at-risk by considering the highly sensitive nature of the issue and protecting the girl's privacy.

Signals that a girl may be at risk:

- Child references FGM/C (or other terms such as “the thing,” “the secret,” or “surprise”).
- The family is preparing to take a girl to a family’s country of origin (if FGM/C is practiced there).
- Child mentions a special ceremony or procedure they will undergo either in the U.S. or abroad.

Signals that a girl is a survivor of FGM/C:

- Child becomes anxious, withdrawn or exhibits unusual behavior after a long absence from school.
- Child mentions pain or discomfort between her legs.
- Child takes an abnormally long time using the bathroom or has difficulty using the bathroom.
- Child does not want to undergo medical examinations.
- Child does not want to change clothes during gym or sports activities.
- Child says they have a secret they are not allowed to talk about.
- Child asks for help.

LEGAL CONTEXT OF FGM/C

The Federal law against FGM/C (18 U.S.C. §116) makes it a crime to perform FGM/C on a girl under the age of 18. Specifically, the law states that it is illegal to knowingly circumcise, excise, or infibulate the whole or any part of the labia majora or labia minora or clitoris of a girl under 18, if there is no medical necessity and the procedure is not performed by a medical professional. The fact that the person doing the procedure believes that it is required by custom, religion, or by ritual is not an allowable defense. And because it is a crime to order or assist in a federal crime, any family member who assists or helps the child be cut is also criminally liable.

It is also a federal crime to send a girl outside the United States to have the FGM/C performed. This practice is referred to as “vacation cutting,” because it usually takes place during school vacation periods. And it is not just a crime to send the girl away for cutting, it is also a crime to attempt to do so. The United States government believes that performing FGM/C on a girl is a form of child abuse, and, as such, it is covered by each state’s child abuse reporting laws. Violations are punishable by five years in prison, fines, or both.

As of this writing, 24 states also have laws that make it a crime to perform FGM/C on a girl. While these laws largely mirror the federal law, schools should be familiar with the requirements of their state’s laws, as some are more restrictive than the federal law. Most notably, Tennessee and Illinois require mandatory reporting of any suspected FGM/C. In addition, five states also make it a crime to cut any women - not just girls.

PREVENTION AND SUPPORT STRATEGIES: ENGAGING FAMILIES AND COMMUNITIES

FGM/C prevention requires widespread efforts at multiple levels of school management and throughout the district community. The following pages identify some potential strategies schools and districts can use to prevent FGM/C.

COMMUNITY ENGAGEMENT STRATEGIES

Some ways to employ sensitivity and build relationships within communities

Engaging parent-teachers associations and speaking to them at their meetings

Speaking to women's groups at churches, mosques and community centers

Engaging inter-faith leaders, such as Imams, Pastors or Rabbis

Hosting training through webinars, workshops in communities

Speaking at ethnic beauty salons and ethnic restaurants

BREAKING TABOOS, BREAKING SILENCE

One of the most important parts of the campaign against FGM/C is eliminating the secrecy and isolation that accompanies it. The girls are often sworn to secrecy at the time of ceremonial excision, and taught never to speak of what they experienced. The testimonies of women are therefore crucial in assisting women and girls who have been silenced through fear. With the growing movement across the world, including in the United States, against FGM/C, many young women have spoken out against the practice, and have vowed not to have their own daughters excised. When women break their silence and disclose their experiences, the secrecy around FGM/C, and the misunderstanding and myths begin to be dispelled. The result of more open discussions and awareness in communities around the U.S. has been a slow change in attitudes in affected communities.

Schools can participate in breaking the taboo against speaking out by creating safe spaces to spread awareness about the legal and health consequences of FGM/C. By working with and alongside communities, schools can help create widespread change and keep girls safe.

COLLABORATING WITH COMMUNITY ORGANIZATIONS

Centuries-old cultural practices will not change overnight. Change is a learned behavior, and community organizations can be well equipped to convey this message to communities at risk of practicing FGM/C. Community organizations are likely to have the cultural and linguistic sensitivity to work with at-risk communities, and may have better knowledge and context of the FGM/C practice than school staff members. Community organizations can educate school staff about the cultural, economic, and emotional needs of the community. They can also serve as bridges between the school and the communities they serve.

As community organizations advocate for cultural awareness and respect for their communities, some include FGM/C prevention in these efforts.

TERMS USED TO REFERENCE FGM/C

Across the globe many cultures and ethnic groups have practiced FGM/C as a sacred ritual in a woman's rite of passage. FGM/C is often performed on girls between infancy and 15 years old. FGM/C is known by various names across different cultures. The direct, literal translation of most of these terms refers to acts of "circumcision," "cutting," purifying," and "cleaning." In English, the practice is typically referred to as "female genital mutilation," "female genital cutting," or "female circumcision."

"Cutting" is typically a safe word to use around both those who practice FGM/C and those who are against it.

"Mutilation" is a term used almost exclusively among advocates against the practice. U.S. Law uses the term female genital mutilation, or FGM (18 U.S. Code §116). However, some practicing communities find this term judgmental.

"Female genital mutilation/cutting (FGM/C)" is used here to acknowledge the harmfulness of the practice, while simultaneously respecting those whose cultural traditions include or have included FGM/C.

It is crucial to be culturally sensitive when referring to the practice, including mirroring the language and terms based upon an individual's cultural reference, or using general terms such as "cutting."

The role of community organizations is often to provide culturally and linguistically appropriate services to the community. Schools can partner with these organizations to refer students in need of services or offer additional information on FGM/C to the school. Community organizations could also provide additional resources to women and girls affected by FGM/C.

CULTURAL RESPONSIVENESS:

Recognition, respect, honor, and inclusion for another's cultural beliefs and practices

Although communication is key to the FGM/C prevention process, it is vital for school staff to acknowledge that FGM/C is often viewed as a sensitive issue that is never openly discussed. 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.

FGM/C is an unlawful practice and a human rights violation, yet school staff must acknowledge that, for practicing communities, FGM/C is often associated with cultural ideals of femininity and modesty, which include the notion that girls are clean and beautiful after the removal of body parts that are considered "unclean." It is significant to educate practicing communities that FGM/C is illegal in the U.S. and is considered child abuse, violence against women and girls, a human rights violation, and an indicator of gender inequality. Nevertheless, the discussion about FGM/C also needs to be addressed in a respectful manner.

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.

PREVENTION AND SUPPORT STRATEGIES: ESTABLISHING PREVENTION PROTOCOLS

1 ASSESS RISK & CAPACITY

What is the size of our school's or district's "at-risk" population?

Use the "Identifying Girls At Risk" section on pages four and five to create criteria for "at-risk" students.

2 ASSESS RISK & CAPACITY

Do any staff members have specialized knowledge (e.g., nursing, counseling, connection to practicing community, etc.) relevant to FGM/C?

3 BUILD RESPONSE CAPABILITY

Who will be the team or person responsibile for initiating prevention protocols?

Designate "liaisons" to organizations that specialize in FGM/C prevention, or work with practicing communities.

4 BUILD RESPONSE CAPABILITY

What should all staff members know about FGM/C prevention? How do we spread this knowledge?

Consider school- or district-wide training on FGM/C in addition to staff "Summary One-Pagers" in this resource.

5 BUILD RESPONSE CAPABILITY

What are our school's or district's reporting protocols according to state law?

Use the sample Prevention and Support Protocol on page nine.

DISTRICT AND SCHOOL REPRESENTATIVES SHOULD CONSIDER THESE QUESTIONS WHEN FORMING FGM/C PREVENTION PROTOCOLS

SAMPLE: PREVENTION & SUPPORT PROTOCOL

STEP 1: IDENTIFY POSSIBLE FGM/C SURVIVOR

- School staff make note that there are behavior signals of possible FGM/C practice
- Student conveys concern about travelling with family to home country

SUGGESTED KEY PLAYERS

Teacher
Counselor
Coach
Principal
Parents
Nurse

STEP 2: ACTIVATE SCHOOL RISK ASSESSMENT PROTOCOL

- School staff member notifies school-designated FGM/C prevention lead of concern
- School includes culturally-appropriate and supportive community consultant to help determine student status

SUGGESTED KEY PLAYERS

Counselor
Nurse
FGM/C Consultant
Social Workers

STEP 3: CONFIRM GIRL'S STATUS

- Confirm that the girl is not at risk for FGM/C. **STOP PROCESS.**
- Confirm that the girl is at-risk
- Confirm that the girl is a survivor of FGM/C

SUGGESTED KEY PLAYERS

Principal
Counselor

STEP 4: INITIATE SUPPORT & REPORTING PROTOCOL

SUGGESTED KEY PLAYERS

Principal
Counselor
Nurse
Social Worker
FGM/C Consultant

FGM/C AT-RISK

- Provide family with information and services around FGM/C laws and consequences
- Monitor the well-being of the student and any additional signals

FGM/C SURVIVOR CONFIRMED

- Report
- Provide support to family and community for next steps

PRIVACY RIGHTS: Schools need to consider the privacy rights of students, protected under the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), and under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that provides rights over individuals' health information.

MANDATORY REPORTING: All states/territories require child abuse reporting by medical professionals and teachers. Many states/territories also require reporting by other professionals like clergy, law enforcement, public officials, social workers, legal counsel, child care professionals, etc.

States that require reporting by ALL persons who have reason to suspect abuse include: DE, IN, ID, KY, MD, MN, NE, NH, NJ, NM, NC, OK, RI, TN, TX, UT, WY.

Mandatory reporting for FGM/C is required by law in IL (minors) and TN (minors and adults).

DISTRICT-LEVEL STRATEGY WORKSHEET

Use this space to customize ideas for your own district/school...

DISTRICT WIDE INITIATIVES

EARLY WARNING SYSTEMS

PROFESSIONAL DEVELOPMENT OPPORTUNITIES

SUMMARY ONE-PAGER

TEACHER'S ROLE IN FGM/C PREVENTION

Teachers, coaches, and mentors must be able to identify the “signals” that indicate a girl might be at-risk of FGM/C.

PROTECTING STUDENTS

Ensuring a girl's psychological and emotional well-being should be a priority when addressing the issue.

STUDENT PRIVACY
Laws such as HIPAA and FERPA provide guidance on what information can be shared. Beyond these legal requirements, use discretion to avoid sharing sensitive student information unless necessary.

STUDENT EMOTIONAL/ MENTAL HEALTH
Be mindful of how every interaction may affect a girls' emotional well-being. If a girl is at risk, or a survivor, monitor her behavior and guide her towards the appropriate mental health resources if necessary.

STUDENT SUPPORT
Show empathy in a culturally responsive manner.

Some of these signals include:

DEMOGRAPHIC TRENDS

- A girl is an immigrant or first generation U.S. citizen from a practicing country.
- A student is between 4 and 15 years old.

SIGNALS A GIRL MAY BE AT-RISK

- Child references FGM/C (or other terms such as “the thing” or “the secret” or “surprise”).
- The family is preparing to take a girl to a family’s country of origin (if FGM/C is practiced there).
- Child mentions a special ceremony or procedure they will undergo either in the U.S. or abroad.

SIGNALS A GIRL IS A SURVIVOR OF FGM/C

- Child becomes anxious, withdrawn or exhibits unusual behavior after a long absence from school.
- Child mentions pain or discomfort between legs.
- Child takes an abnormally long time using the bathroom or has difficulty using the bathroom.
- Child does not want to undergo medical examinations.
- Child does not want to change clothes during gym or sports activities.
- Child says they have a secret they are not allowed to talk about.
- Child asks for help.

Keep in mind...just because a student shows one, or even several, of the signals does not mean that she is at-risk for FGM/C.

IF YOU THINK A GIRL IS AT-RISK...

- Talk to your school-designated leader on FGM/C prevention.
- Activate school student risk assessment protocol.
- See "Prevention and Support" on page 9.

SUMMARY ONE-PAGER

SCHOOL NURSE'S ROLE IN FGM/C PREVENTION

Nurses and other healthcare providers should be well-versed in the four classifications of FGM/C, the health effects of FGM/C, as well as the indicators that a girl is at risk-of or a survivor of FGM/C.

CLINICAL CLASSIFICATIONS OF FGM/C

TYPE 1: CLITORIDECTOMY
The partial or total removal of the clitoris.

TYPE 2: EXCISION
The partial or complete removal of the clitoris and the labia minor and/or the labia majora.

TYPE 3: INFIBULATION
The labia is cut and rearranged so that the vaginal opening may be completely or nearly completely sewn shut. The clitoris may or may not be removed during this process.

TYPE 4: ALL OTHER
This category contains all other non-medical "harmful procedures" to the female genitalia.

Some of these signals include:

DEMOGRAPHIC TRENDS

- A girl is an immigrant or first generation U.S. citizen from a practicing country.
- A student is between 4 and 15 years old.

SIGNALS A GIRL MAY BE AT-RISK

- Child references FGM/C (or other terms such as “the thing” or “the secret” or “surprise”).
- The family is preparing to take a girl to a family’s country of origin (if FGM/C is practiced there).
- Child mentions a special ceremony or procedure they will undergo either in the U.S. or abroad.

SIGNALS A GIRL IS A SURVIVOR OF FGM/C

- Child becomes anxious, withdrawn or exhibits unusual behavior after a long absence from school.
- Child mentions pain or discomfort between legs.
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- Child does not want to change clothes during gym or sports activities.
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- Child asks for help.

Keep in mind...just because a student shows one, or even several, of the signals does not mean that she is at-risk for FGM/C.

IF YOU THINK A GIRL IS AT-RISK...

- Talk to your school-designated leader on FGM/C prevention.
- Activate school student risk assessment protocol.
- See "Prevention and Support" on page 9.

SUMMARY ONE-PAGER

SCHOOL ADMINISTRATOR'S ROLE IN FGM/C PREVENTION

PROTECTING STUDENTS

Effective FGM/C prevention requires extreme sensitivity to a student's privacy and cultural background. Staff must also recognize that a girl may fear that her parents will be arrested or even deported.

To protect the physical, psychological and emotional well-being of girls at-risk, staff members must incorporate considerations of student privacy, mental health, and cultural norms.

Some strategies include:

- Protecting the girl from any possible bullying/ harassment or shaming
- Monitoring a girl's mental health and social interactions
- Using discretion when discussing an at-risk student

FOUR ACTION ITEMS

BUILD PARTNERSHIPS AND SECURE SUPPORT

Build relationships with professional service providers, community organizations, and stakeholder groups to enhance district/school prevention efforts.

ASSESS YOUR AT-RISK POPULATION

Use the "demographic trends" on page four to determine the number of girls who may be at risk of FGM/C. Assess your schools' capacity to provide a safe environment that ensures the psychological and emotional well-being of girls.

EDUCATE AND SPREAD AWARENESS

Educate yourself and school staff about how to identify at-risk students and implement prevention protocols. Build community awareness through outreach campaigns information sessions or events, and/or public notices.

CREATE AN FGM/C RESPONSE TEAM

Identify appropriate staff member(s) to lead FGM/C prevention efforts and coordinate prevention strategies. Support response team staff in furthering their knowledge and dedicating time to the effort.

LOCAL CONTACTS

Use this space to note helpful professional contacts.

SUMMARY ONE-PAGER

SCHOOL COUNSELOR'S ROLE IN FGM/C PREVENTION

QUESTIONS TO ASK

STUDENTS

1. Is there anything you would like to share with me?
2. Are you worried about something?
3. Is there anything hurting you?
4. What will you do for summer vacation? Did you do something fun for your summer vacation?

FAMILIES

1. What is your country of origin?
2. Do you have other family members here in the U.S?
3. Do you have any cultural rites of passage ceremonies?
4. Are you aware that circumcision of a girl is against the law?
5. Did you know Americans regard circumcision as child abuse?

Some of these signals include:

DEMOGRAPHIC TRENDS

- A girl is an immigrant or first generation U.S. citizen from a practicing country.
- A student is between 4 and 15 years old.

SIGNALS A GIRL MAY BE AT-RISK

- Child references FGM/C (or other terms such as “the thing” or “the secret” or “surprise”).
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- Child does not want to change clothes during gym or sports activities.
- Child says they have a secret they are not allowed to talk about.
- Child asks for help.

LOCAL CONTACTS

Use this space to note helpful professional contacts.

REFERENCES AND RESOURCES

REPORTS

Traditional and local terms for FGM – FORWARD UK, 2016

Women and girls at risk of female genital mutilation/cutting in the United States – Population Reference Bureau, 2016

Female Genital Mutilation/Cutting in the United States: Updated Estimates of Women and Girls at Risk, 2012 – Public Health Reports, U.S. Centers for Disease Control, 2016

Women and Girls At Risk of Female Genital Mutilation/Cutting in the United States – Population Reference Bureau, 2016

Female Genital Mutilation Fact Sheet — the World Health Organization's webpage for information and resources related to FGM/C, 2016

Female genital mutilation (FGM) frequently asked questions – United Nations Population Fund, 2015

Changing a harmful social convention: Female genital mutilation/cutting – United Nations Children's Fund (UNICEF), 2005

Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change — United Nations Children's Fund (UNICEF), 2013

STAFF TRAINING MATERIALS

United to END FGM e-learning Course — United to End FGM

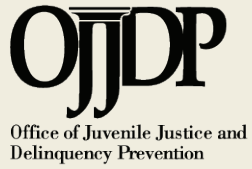
FGM Prevention Webinar — U.S. Office of Juvenile Justice and Delinquency Prevention

The School Nurse's Role in Addressing Female Genital Mutilation — National Association of School Nurses

Female Genital Mutilation: A Teacher's and Student's Guide — World Health Organization (WHO)

Engaging Schools on Female Genital Mutilation and Forced Marriage — FORWARD UK

ADDITIONAL RESOURCES



U.S. DOJ – OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION

U.S Department of Justice FGM/C Brochure: Brochure in English, Arabic, and French detailing the U.S. FGM/C law, consequences of FGM/C, and contact information for support and information

SCHOOL NURSE ASSOCIATIONS

School Nurses' Role in Addressing Female Genital Mutilation: National Association of School Nurses' podcast on what school nurses can do to prevent FGM. Associated article with guidance on how nurses to educate staff members and incorporate FGM/C prevention into their practice.

UNICEF

Female Genital Mutilation/Cutting: A comprehensive UNICEF report on FGM/C internationally including background information on the practice, its consequences, and the state of contemporary prevention efforts.

Changing a Harmful Social Convention: UNICEF report that provides information on FGM/C including policy recommendations.

SURVIVOR NARRATIVES

Desert Flower: The Extraordinary Life of a Desert Nomad, Waris Dirie

Female Mutilation: the Truth Behind the Horrifying Global Practice of Female Genital Mutilation, Hillary Burrage

Cut, Hibo Wardere

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