

# ***Optimizing Trauma-Informed Care for Women and Girl Survivors of Female Genital Mutilation/Cutting (FGM/C):***

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Professor, Obstetrics & Gynecology

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Collaborative in  
Health Equity

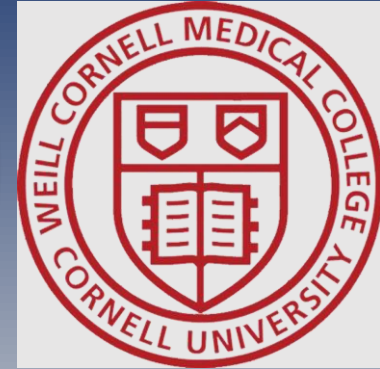
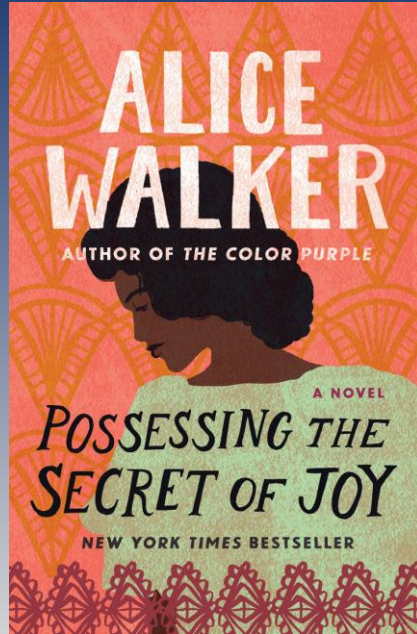
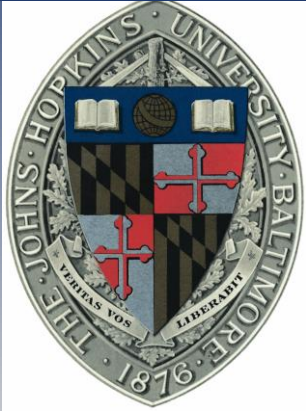
# Learning Objectives

1. **UNDERSTAND** the historical, socio-cultural context, and epidemiology of Female Genital Mutilation/Cutting (FGM/C) and its health impact and **RECOGNIZE** the human rights concerns and factors influencing health inequities and gaps in respectful care for communities affected by FGM/C.
2. **APPLY** best practice strategies to engender trust in the provision of linguistically inclusive, culturally, and trauma-informed care that optimizes health outcomes, and promotes the healing, health, and wellness of women and girls at risk of/or affected by FGM/C.

# Acknowledgment



*My positionality, intersectional identities, and lived experience informs my own advocacy advancing sexual, reproductive, and gender health equity as well as social and restorative justice for minoritized communities.*

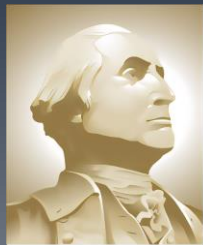


**Zeinab Eyega, MSc**



**Sauti Yetu**  
CENTER FOR AFRICAN WOMEN AND FAMILIES

Giving Voice To Our Potential



THE GEORGE  
WASHINGTON  
UNIVERSITY

WASHINGTON, DC



**Janice Blanchard, MD, PhD**

Emergency Medicine,  
George Washington University School of Medicine

**UCLA**

**CLINICAL  
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# REFUGEE **WOMEN'S** HEALTH CLINIC

Locally Accessible.  
Globally Minded.  
Overcoming Barriers.  
Empowering Women.



**Valleywise**  
Health



# Let's See Where We Are .....



Mentimeter



# Historical/Cultural Overview and Epidemiology

circumcision  
fgm/fgc  
mutilation  
operations  
cutting  
surgeries

# Female Genital Mutilation/Cutting

**“Any procedure that involves partial or total removal of external female genitalia or other injury to female genital organs whether for cultural or non-therapeutic reasons.”**

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# Family honor

Respect for Girl

Rite of passage

Status

Preserves virginity

Sense of belonging to a  
community

Custom or  
tradition

## Justifications for FGM/C

Fulfills religious  
requirement  
believed to  
exist

Helps  
cleanliness

Bad luck / evil spirits

Aesthetics

Safer childbirth

# FGM/C IS GLOBAL

**230 Million Women and Girls**

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

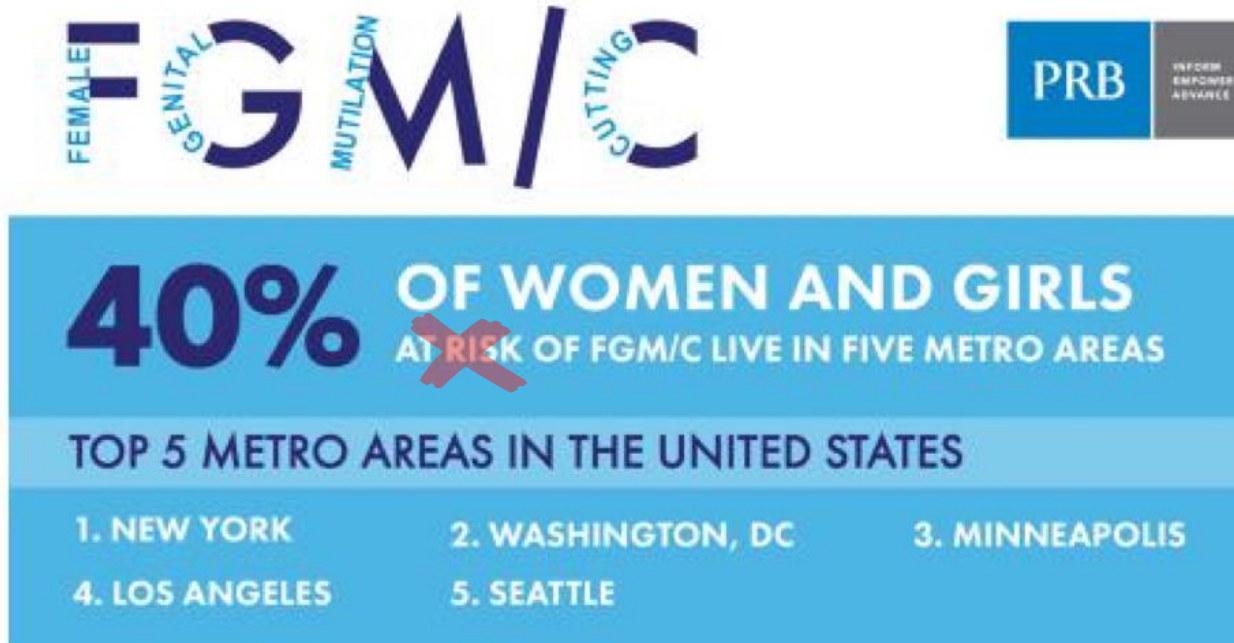


Source: FGM/C: A Call For A Global Response (2020) Equality Now, End FGM EU Network, US End FGM/C Network

[Female Genital Mutilation \(FGM\) Statistics - UNICEF Data](#)



# USA Prevalence



# Female Genital Mutilation/Cutting in the United States: Updated Estimates of Women and Girls at Risk, 2012

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HOWARD GOLDBERG, PhD<sup>a</sup>

PAUL STUPP, PhD<sup>a</sup>

EKWUTOSI OKOROH, MD<sup>a</sup>

GHENET BESERA, MPH<sup>a</sup>

DAVID GOODMAN, PhD<sup>a</sup>

ISABELLA DANEL, MD<sup>a</sup>

**513,000**

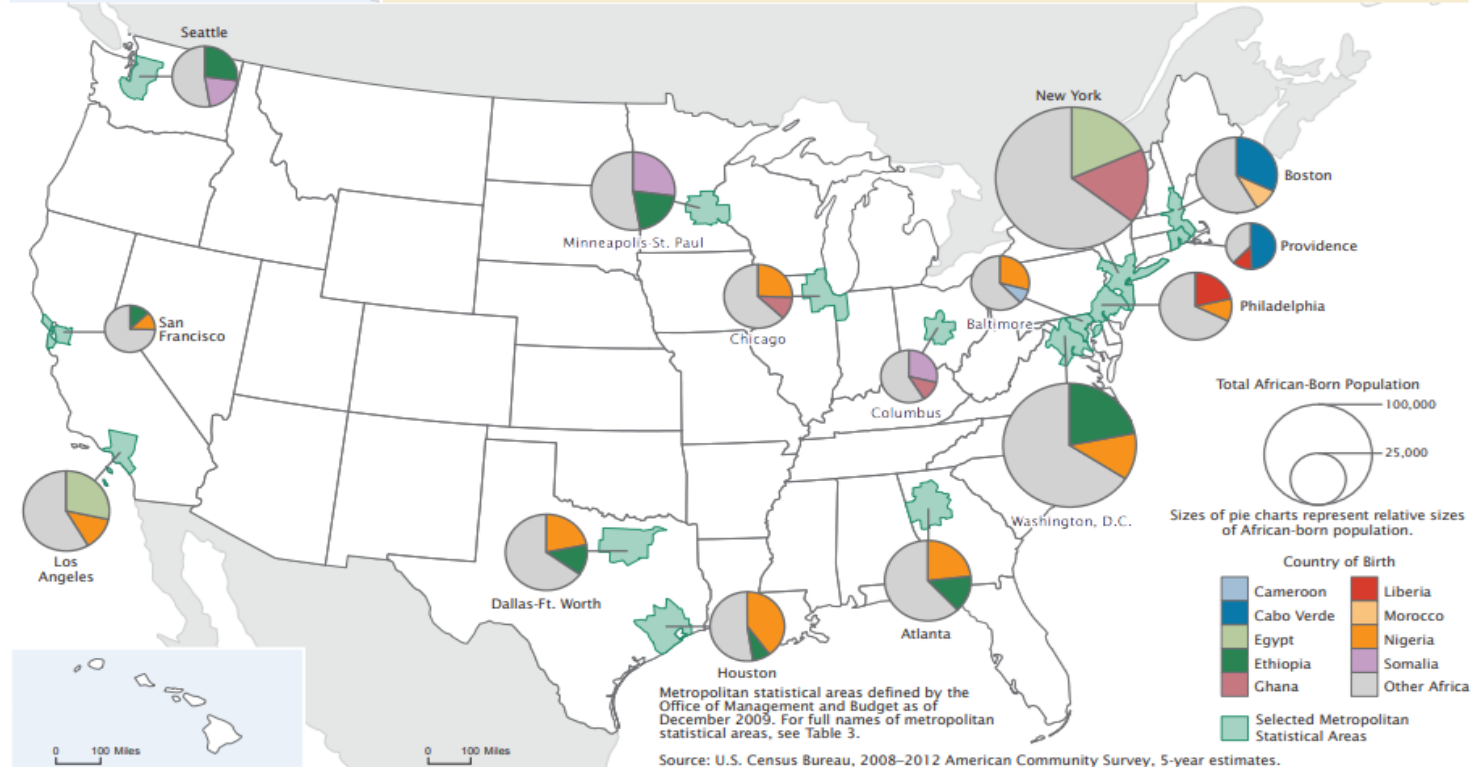
**3x** the number of all incarcerated women in the US

More than the population of **Atlanta**

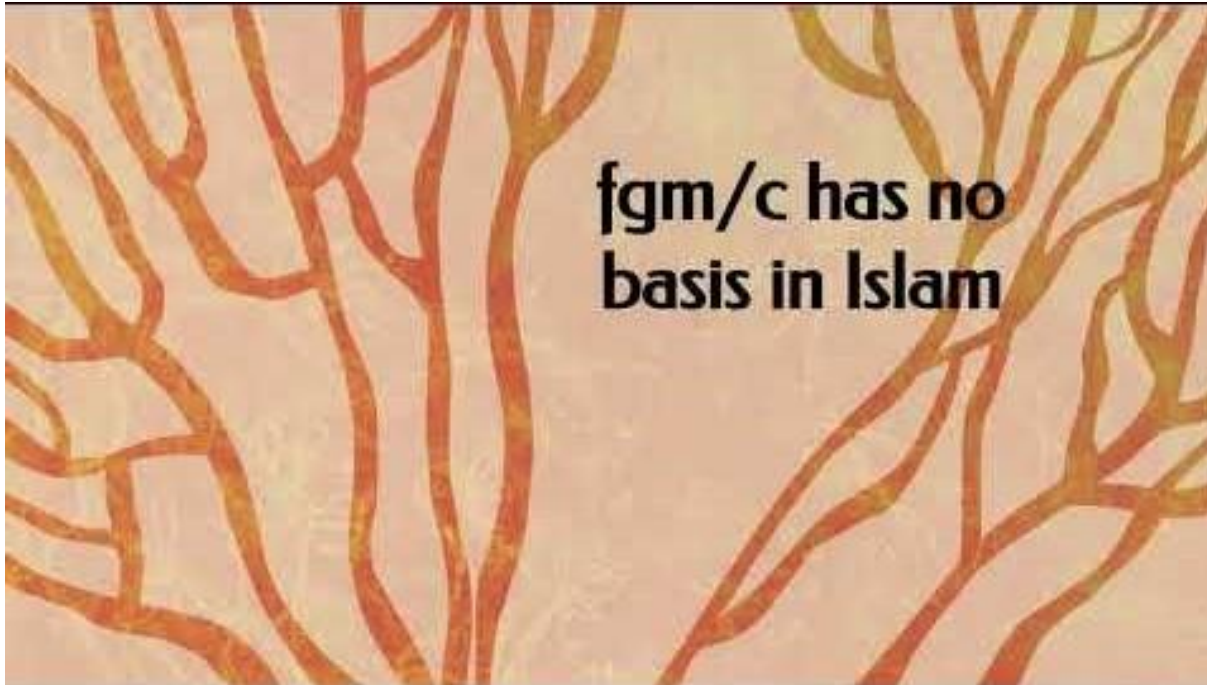
Figure 5.

**Fifteen Metropolitan Statistical Areas With the Largest African-Born Populations and Selected Countries of Birth: 2008–2012**

(Data based on sample. For more information on confidentiality protection, sampling error, and definitions, see [www.census.gov/acs/www](http://www.census.gov/acs/www))



# Voices to End FGM/C - Digital Storytelling



# FGM/C Classification Schema



# FGM/C WHO Classification Subtypes

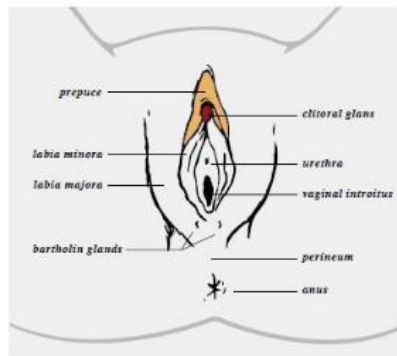
- Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy)
  - Type Ia: Removal of the clitoral hood or prepuce only
  - Type Ib: Removal of the clitoris with the prepuce
- Type II: Partial or total removal of the clitoris and labia minora, with or without excision of the labia majora (excision)
  - Type IIa: Removal of the labia minora only
  - Type IIb: Partial or total removal of the clitoris and the labia minora
  - Type IIc: Partial or total removal of the clitoris, the labia minora and majora
- Type III: Narrowing of the vaginal orifice with the creation of a covering seal by cutting and positioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)
  - Type IIIa: Removal and apposition of the labia minora
  - Type IIIb: Removal and apposition of the labia majora
- Type IV: Unclassified. All other harmful procedures to the female genitalia for non-medical purposes, for example, pricking, pulling, piercing, incising, scraping, and cauterization

***\*Clitoris – only the glans or the glans with part of the body of the clitoris is removed.***

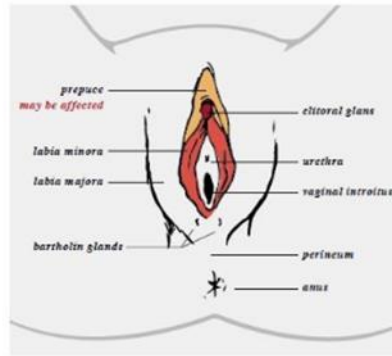
Abdulcadir, J., Catania, L., Hindin, M. J., Say, L., Petignat, P., & Abdulcadir, O. (2016). Female Genital Mutilation. *Obstetrics & Gynecology*, 128(5), 958–963. <https://doi.org/10.1097/AOG.0000000000001686>

UNICEF. (2013). END violence against children, (December). Retrieved from <https://www.unicef.org/endviolence/>

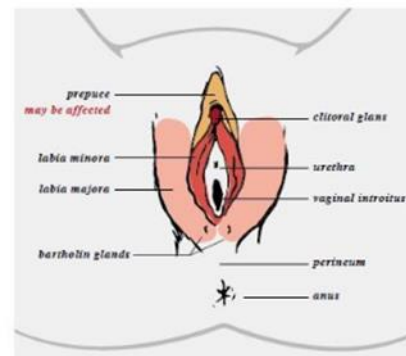
# FGM/C Types and Sub-types



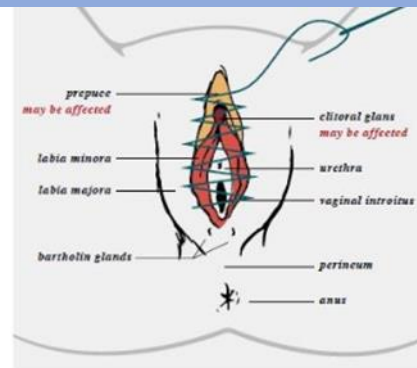
- Type Ia: removal of the prepuce/clitoral hood (circumcision)
- Type Ib: removal of the clitoral glans with the prepuce (clitoridectomy)



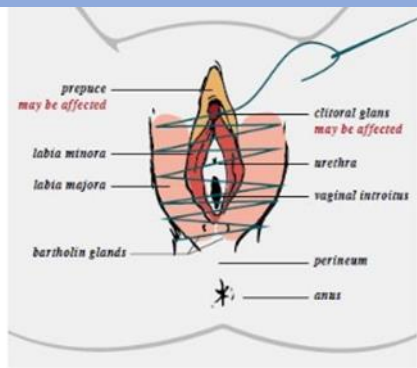
- Type IIa: removal of the labia minora only
- ■ Type IIb: partial or total removal of the clitoral glans and the labia minora (prepuce may be affected)



- ■ ■ Type IIc: partial or total removal of the clitoral glans, the labia minora and the labia majora (prepuce may be affected)



- Type IIIa:  
■ ■ ■ + appositioning of the labia minora



- Type IIIb:  
■ ■ ■ + appositioning of the labia majora

# Health Outcomes

# Immediate Complications

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- **Bleeding/Hemorrhage**
- **Infection: wound, septicemia**
- **Shock**
- **Fever**
- **Genital Swelling**
- **Urinary retention**
- **Tetanus**
- **Pain**
- **Death**



# Long-term FGM/C complications

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## Perinatal morbidity

- Prolonged labor
- Vaginal lacerations
- Hemorrhage
- Episiotomy
- Cesarean Section
- Increased length of hospital stay
- Stillbirth
- Infant resuscitation
- Low birth weight

## Sexual dysfunction

- Inability to have penile-vaginal intercourse
- Pain during sex
- Decreased desire & satisfaction
- Decreased genital sensation

## Gynecologic morbidity

- Genital tissue scarring
- Chronic vulvar or clitoral pain
- Chronic genital tract infections
- UTI (often recurrent), pyelonephritis
- Painful urination
- Cysts
- Dysmenorrhea
- Infertility
- Hematocolpos
- Hepatitis B, C, HIV??

## Mental health

- PTSD, anxiety, depression, somatization



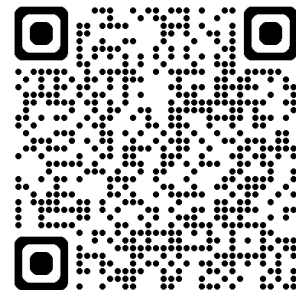
# Defibulation

|                                                                                                                                                                                                                          |                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>BENEFITS</b> <ul style="list-style-type: none"><li>• Urinary</li><li>• Menstrual</li><li>• Sexual</li><li>• Facilitates childbirth</li></ul>                                                                          | <b>TIMING</b> <ul style="list-style-type: none"><li>• Precoital v. pregnancy</li><li>• Antenatal v. intrapartum</li><li>• First v. second stage</li></ul>                          |
| <b>COUNSELING</b> <ul style="list-style-type: none"><li>• Faster, louder urine stream</li><li>• Physiologic discharge</li><li>• Heavier menstruation</li><li>• Increased sensitivity</li><li>• Color of tissue</li></ul> | <b>TO CONSIDER</b> <ul style="list-style-type: none"><li>• Genital self-image</li><li>• Pain control</li><li>• Reinfibulation requests</li><li>• What if she gets a C/S?</li></ul> |

# Educational Resource For Patients



Surgical Defibulation



[Desinfibulation - ENGLISH – YouTube](#)

[GAMS Belgique GAMS België - YouTube](#)

***Available in 9 languages: Afar, Amharic, Arabic, Dutch, English, French, Fula, Somali, and Tigrinya***

# Legal & Ethical Considerations

# The New York Times

## Michigan Doctor Is Accused of Genital Cutting of 2 Girls

By JACEY FORTIN APRIL 13, 2017

A Michigan doctor has been accused of performing [genital cutting](#) on two 7-year-old girls at a medical clinic, in a case that federal officials believe to be the first prosecution under a law banning the brutal practice.

The doctor, Jumana Nagarwala, 44, was arrested on Wednesday on charges that she performed the genital cutting at an unnamed medical clinic in Livonia, Mich.; transported minors with intent to engage in criminal sexual activity; and lied to federal agents.



Dr. Jumana Nagarwala  
Henry Ford Hospital

According to a criminal complaint filed in federal court on Wednesday, Dr. Nagarwala performed the procedure on two girls from Minnesota who traveled to the clinic with their parents in February. The complaint also said that “multiple” other girls, including some from Michigan, may have been victimized between 2005 and 2007.

One of the girls told investigators that she thought she and the other girl had gone to the doctor because “our tummies hurt.” The other said the cutting procedure was so painful that she screamed and could barely walk afterward. She drew a picture of the room where the procedures were allegedly carried out, marking an “X” on

### RELATED COVERAGE



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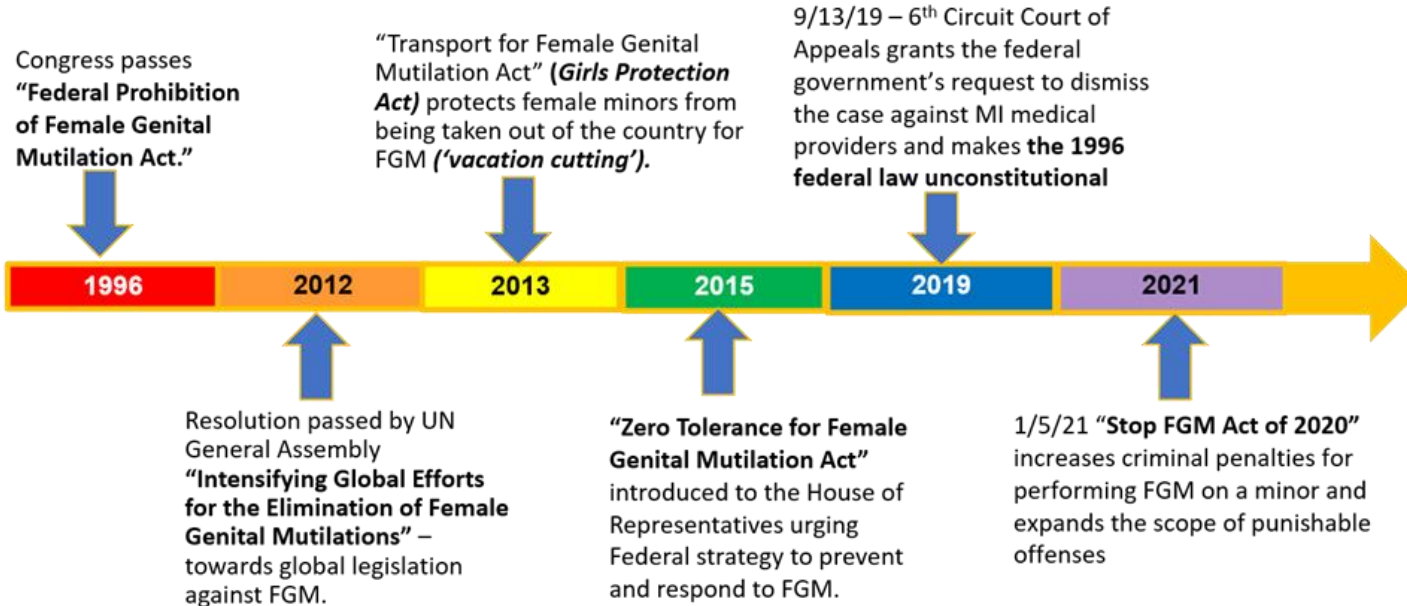
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# Legal Status

## U.S. Timeline of Legislation

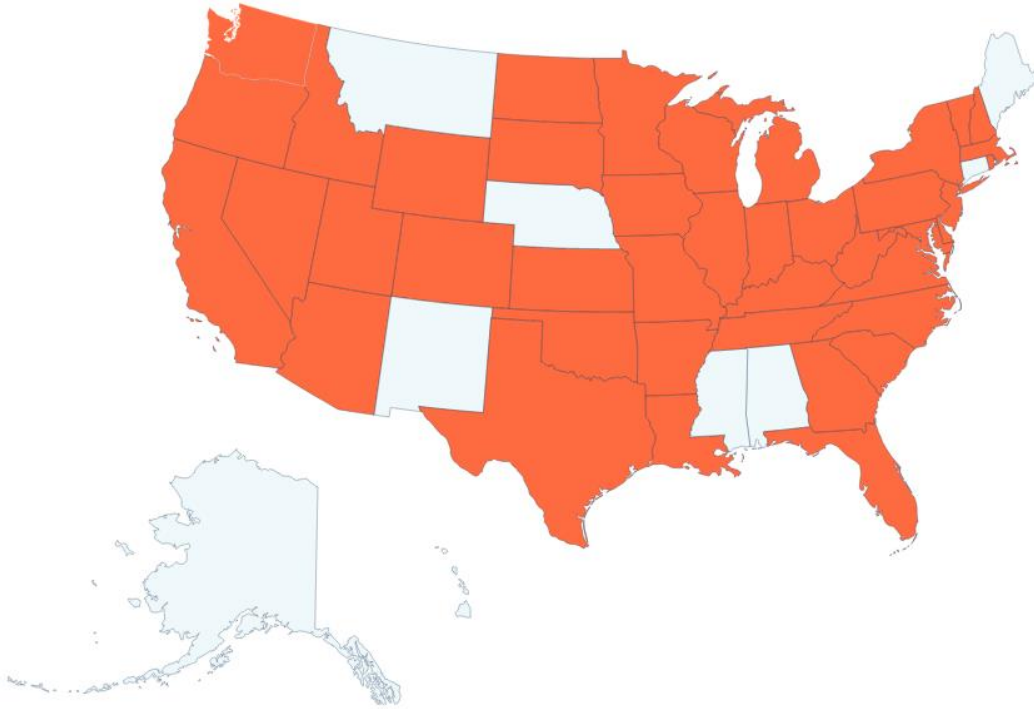


- FGM/C is a form of child abuse
- Child abuse/Sexual assault is prosecutable in every state
- Vacation Cutting
- Grounds for Asylum



## Current FGM/C Legislation by State

- 41 states have passed legislation (and DC)
- Individual state laws vary in terms of:
  - Ban on Vacation Cutting
  - Inclusion of female minors and adults
  - Parents/Guardians penalized even if they did not perform actual FGM/C
  - Community Education & Outreach



← Go Back

## Massachusetts



### Individuals affected by FGM/C

14,211



### Applies to Adults as well as Minors:

No



### Parent/Guardian & Cutter subject to prosecution:

No



### "Vacation provision" banning travel outside the state for FGM/C:

Yes



### Cultural/ritual reason and/or consent not a defence:

Yes



### Provisions for community education and outreach:

Yes



### Applicable Law

[Chapter 149 of Acts of 2020](#) Effective 8/6/2020

### Penalty

Imprisonment 2.5-10 years and fine up to \$10,000

### Statute Of Limitation:


6 Years.

### Good Practice Provisions:







mandatory reporting; civil remedy for damages; promotes inter-agency partnerships to prevent FGM; explicit exception for gender-affirming surgery.

# Local Demand for “FGM/C”?

FLORENCE MUSSAT M.D., S.C.  
COSMETIC & RECONSTRUCTIVE PLASTIC SURGERY  
680 N LAKE SHORE DR. #1030 CHICAGO, IL 60611

TRANSLATOR  Select Language ▼

312.751.9000


     

HOME ABOUT BREAST BODY FACE NON-SURGICAL FOR MEN GALLERY PATIENT RESOURCES BLOG CONTACT

## BOOST SELF-CONFIDENCE WITH LABIAPLASTY IN CHICAGO

BODY

- › Liposuction
- › Mommy Makeover
- › Fat Transfer



Do you feel embarrassed or self-conscious about your most intimate area, due to unusually shaped labia? Perhaps you suffer pain and discomfort due to elongated labia that rub against tight-fitting clothing or certain types of exercise machines. Whether elongated or oddly shaped labia are causing you physical or emotional discomfort, [female cosmetic surgeon](#) Dr. Florence Mussat can help. The female plastic

<https://www.fmussatmd.com/body-procedures-chicago/labiaplastyrevision-labiaplasty/>

# Local Demand for “FGM/C”?

Research Letter

## National Estimates of Labiaplasty Performance in the United States From 2016 to 2019

Douglas Luchristt, MD, MPH, David Sheyn, MD, and C. Emi Bretschneider, MD

The objective of this analysis was to provide national estimates of rates and patterns of labiaplasty performance among all payers in the ambulatory surgery setting. We used the Nationwide Ambulatory Surgery Sample database from 2016 to 2019 and estimated the annual rate of labiaplasty in the United States, along with the demographic characteristics of patients undergoing the procedure and characteristics of the facilities where the procedure was performed. The highest rate of cases was observed among adolescent and young women in the United States, with nearly 20% of all cases being performed in girls younger than age 18 years. Given the limited outcome data and potential long-term adverse events associated with this procedure, as well as the high rate of minors undergoing this procedure, more dedicated research assessing the prevalence and associated outcomes is warranted.

(Obstet Gynecol 2022;140:271–4)

DOI: 10.1097/AOG.0000000000004853

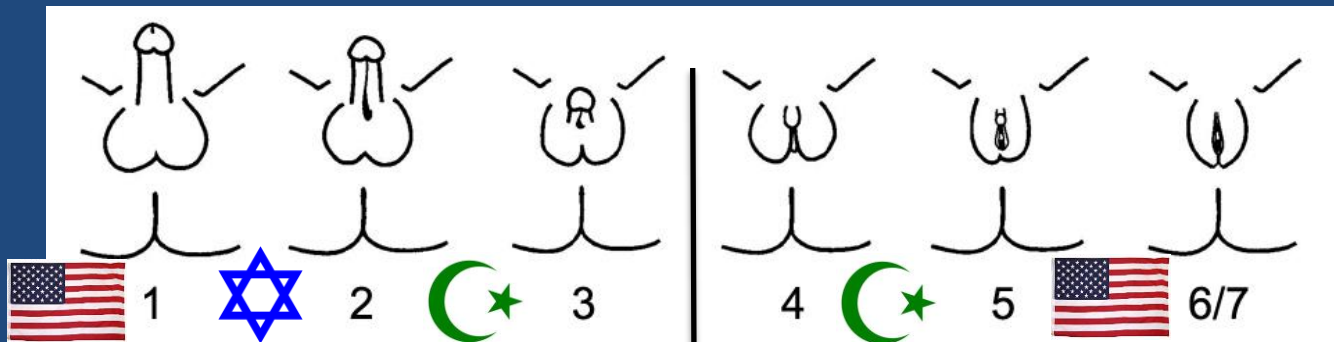
on elective female genital cosmetic surgery, noting “a lack of clear information on incidence and prevalence and limited data on risks and benefits” of these procedures.<sup>1</sup> Data from the Aesthetic Society<sup>2</sup> suggest rising rates of labiaplasty—the most common form of female genital cosmetic surgery—thought to be related to changes in female grooming patterns and perceptions of normal genital anatomy.<sup>1,3–5</sup> However, prior national estimates were derived from a paper-based questionnaire of board-certified plastic surgeons, with a response rate of 4.7%, and are not likely to be an accurate representation.<sup>2</sup> The objective of this analysis was to provide national estimates of rates and patterns of labiaplasty performance among all payers in the ambulatory surgery setting.

### METHODS

This study was found to be institutional review board-exempt, as reviewed by the Northwestern University

“The highest rate of cases was observed among adolescent and young women ...with nearly **20%** of all cases being performed in **girls younger than 18 years of age**”

# Childhood Genital Cutting and Religious Freedom: Where to Draw the Line?



- There is not a clear and obvious binary, genitals come in all shapes and sizes. All of these genitals can be modified for non-medical, cultural and/or religious reasons.

Brian D. Earp, PhD

[Senior Research Fellow](#), Oxford Uehiro Centre for Practical Ethics  
[Associate Director](#), Yale-Hastings Program in Ethics & Health Policy  
University of Oxford || Yale University || The Hastings Center

Sex-based distinctions untenable, with defenders of male *and* female genital cutting citing religious freedom

At what point does a small penis (legal to cut) become a large clitoris (illegal to cut)?

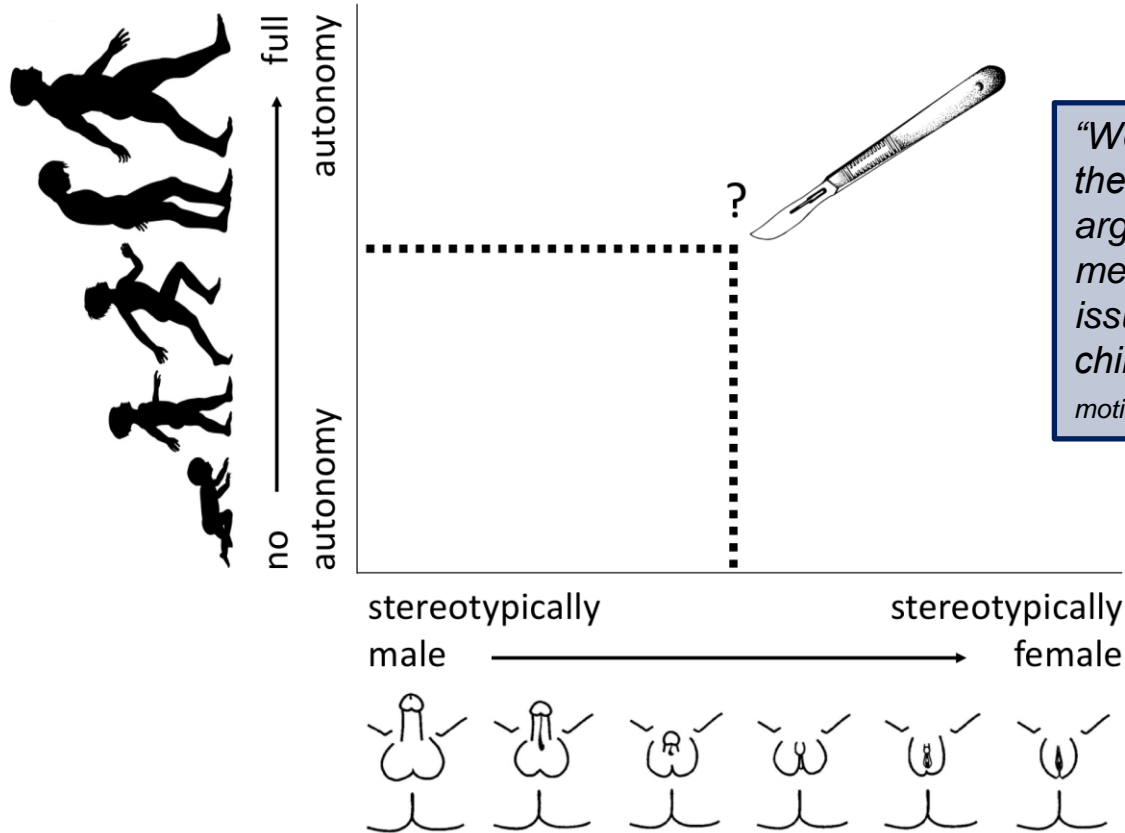


Legal everywhere;  
mostly unregulated  
(no medical license)

Mostly seen as  
legal, albeit with  
uncertainty and  
growing criticism

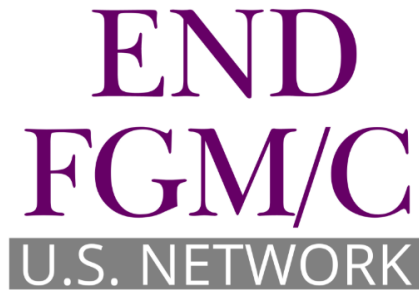
Criminal offense in  
US, UK; "banned"  
by United Nations

# What can we do to protect all children from unnecessary harm?



*"We need a coherent and conjoined effort on the part of advocates of children's rights to argue that it is the lack of consent for non-medical reasons, which is the ethical and moral issue and not where along the spectrum a child's sex or genitals may fall (regardless of the motivation of the parents)." – Brian Earp, 2018*

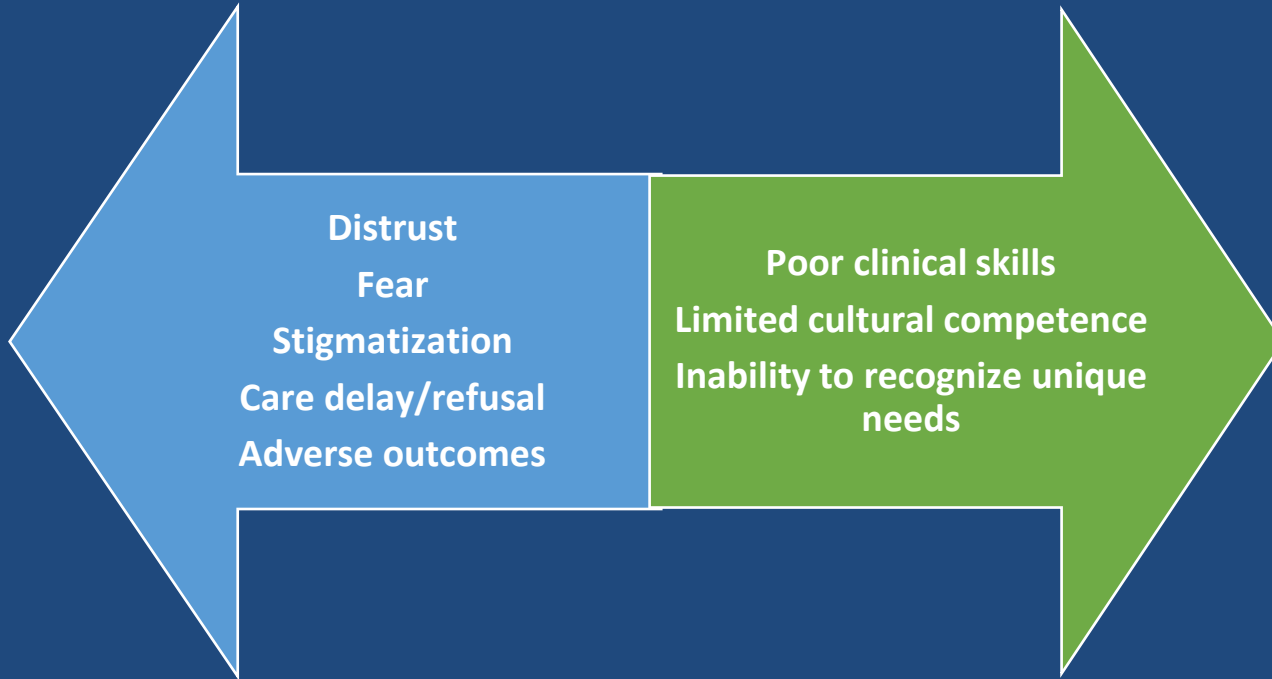




**Trump's Executive Order Hijacks the Real and Serious  
Issue of Female Genital Mutilation/Cutting to Target  
Transgender Youth**

*The U.S. End FGM/C Network Condemns Using the Issue of FGM/C to  
Stigmatize and Harm Individuals and Communities*

# Identifying the Gaps in Respectful Care



# “Tradition in Transition”

Acculturation: dynamic process of adapting new norms, practices and beliefs after migration/relocation.

## **FGM/C in culture of origin:**

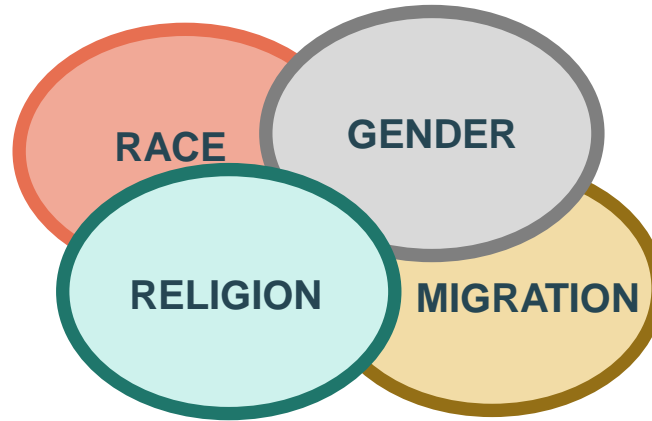
Norm and rite of passage.  
Impacts marriageability.  
Conforming to cultural traditions.

## **FGM/C in U.S. culture:**

Harmful, denigrated practice.  
Considered human rights abuse and gender-based violence. Criminalized and stigmatized.

# Experiences of Discrimination

## *Quadruple Jeopardy*



**Intersectional relationships influence adverse health consequences among migrant communities**

# Intersectionality of race, class, gender, religion, age, and sexuality

Race, sex and gender bias and racism are interwoven in society and impact women's sexual health.

- Structural racism
- Implicit bias
- Racial/ethnic stereotypes
- Cultural imperialism
  - 'Barbaric', 'savage', 'primitive'
- **'Othering' of Black women's bodies**
  - *Linguistic accents, scents, hairstyles, head coverings, attire, cultural norms, religious practices, cultural practices (i.e. FGC)*



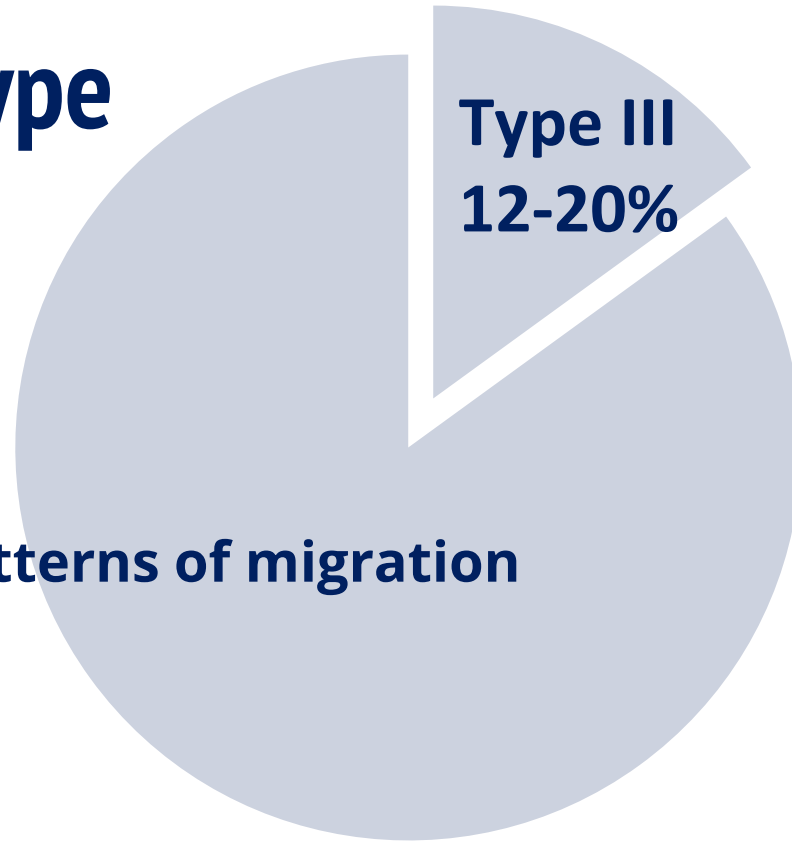
Sweden's Culture Minister in action

Lena Adelsohn Liljeroth, Sweden's Minister for Culture has caused outrage after photographs of her on World Art Day were posted on Facebook showing the Minister with a cake in the form of a grotesque parody of an African woman.

[\(99\) Racist Swedish Feminists, perform mock female genital mutilation on cake of african woman - YouTube](#)



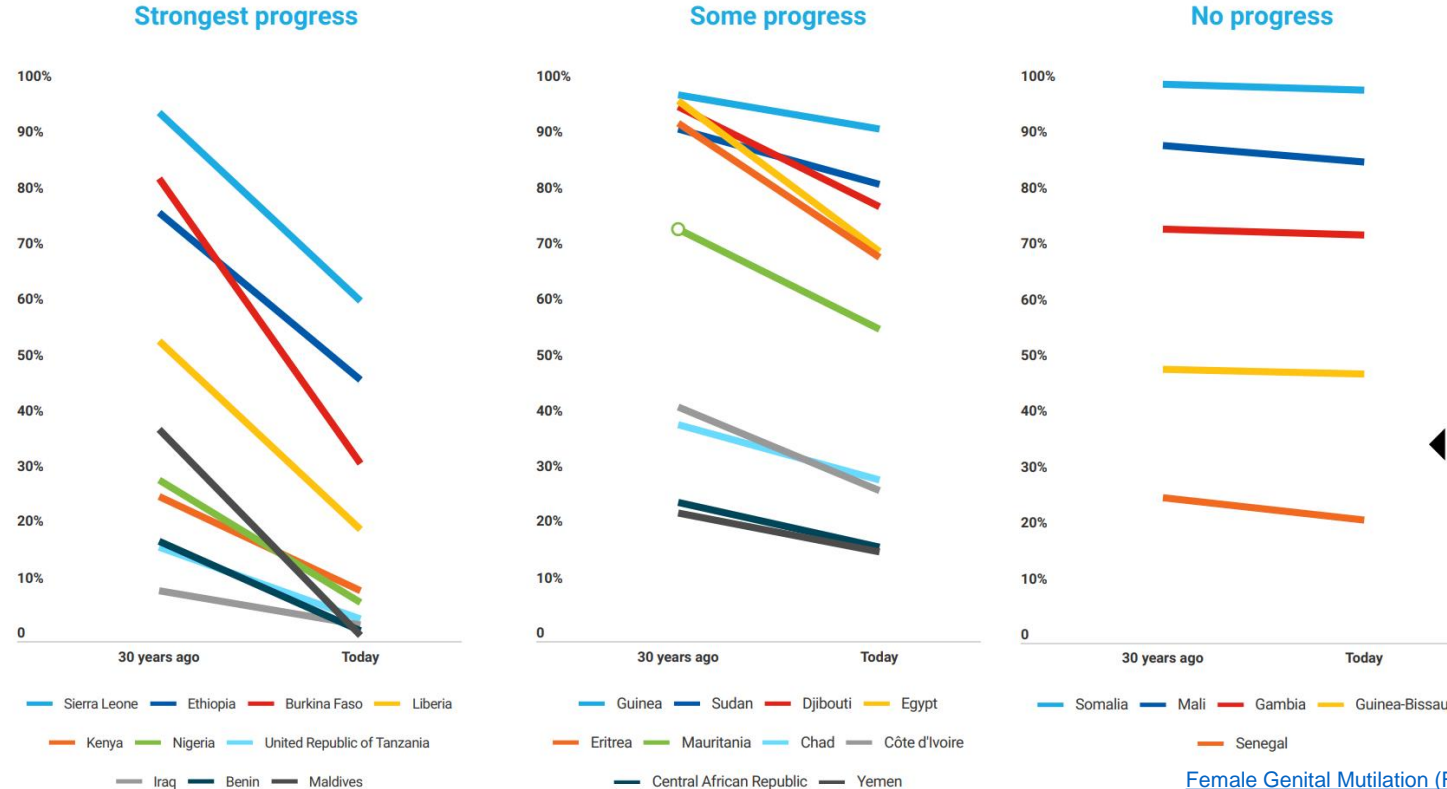
# Prevalence by Type



**...but consider patterns of migration**

# In many countries, communities are moving towards abandoning female genital mutilation, although progress takes decades; in other countries, levels have stagnated

Percentage of adolescent girls aged 15 to 19 years who have undergone female genital mutilation





# Prevention *(Unintended Harms)*



U.S. Immigration  
and Customs  
Enforcement

## OPERATION LIMELIGHT

A multi-agency safeguarding operation at the UK border responding to Female Genital Mutilation (FGM)



Call [1-866-DHS-2-ICE](tel:1-866-DHS-2-ICE) to report sus

About Us

Immigration Enforcement

Combating Transnational Crime

ICE ► OUTREACH PROGRAMS

### Operation Limelight USA

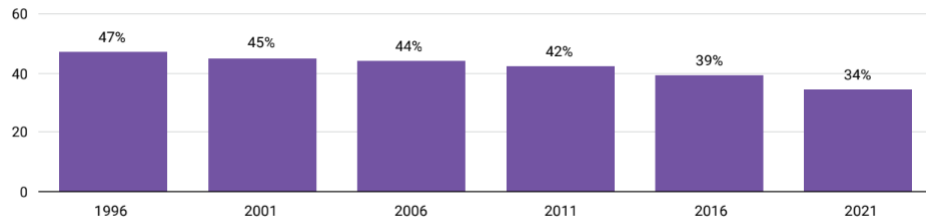
Operation Limelight USA (OLLUSA) is HSI's premier Female Genital Mutilation (FGM) outreach and education program. OLLUSA was created in 2017 to educate and provide outreach on the health, criminal, and immigration consequences of FGM to the traveling public at international airports across the U.S. Since its creation, OLLUSA has been conducted at 14 airports across the country with thousands of passengers reached and informed on FGM. OLLUSA has been recognized both domestically and internationally as an important outreach effort to combat FGM by the Women in Federal Law Enforcement and the World Class Policing Awards.

The HSI-led [Human Rights Violators and War Crimes Center](#) is the primary U.S. government entity charged with responding to allegations of FGM and conducts investigations into allegations of FGM committed by domestic practitioners, parents who intend to subject their daughters to FGM and instances of taking a child abroad for the purposes of committing FGM. FGM is recognized internationally as a form of gender-based violence, a serious human rights abuse, and when practiced on children, a serious form of child abuse. FGM on children is a crime under federal law (18 U.S.C. § 116) and in 40 states.

<https://www.ice.gov/outreach-programs/operation-limelight>

# Careful Considerations to Avoid Unintended Harm

Percentage of adolescent girls aged 15-19 years who have undergone FGM



**Source:** UNICEF global databases, 2020, based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national surveys, 2004-2018

**Note:** This is a weighted average based on comparable data from 31 practising countries with nationally representative data on the prevalence of FGM.

- Need reliable metrics for determining ‘girls-at-risk’
  - Family from FGM/C-prevalent region
  - Mother and/or siblings who may have undergone FGM/C
    - Girls who have immigrated to the USA as a young child
    - Girls born in the USA
- Health care providers ill-equipped to identify, document, counsel, and refer girls/families affected or at-risk for care/services in a culturally, linguistically, and trauma-informed manner

# Voices to End FGM/C - Digital Storytelling



[The Female Cut by Sharan Abdul Rahman | Voices to End Female Genital Mutilation/Cutting \(youtube.com\)](#)

# **Best Practice Strategies, Research & Health Policy Directives**

# Multi-pronged Strategy



# Community-Based Participatory Research (CBPR)

## *Promotes Equitable, Trust-based, Community Partnerships*

- Centers those with lived experience
- Community Advisory Boards – empower local champions
- Accountability and transparency
- Educational outreach, capacity-building
- CBPR throughout all phases of research, including dissemination
- Cultivate, nurture and sustain safe spaces
- Bi-directional, open dialogue
- Representation matters
- Public-private partnerships, multi-center, multi-national collaborations



# Community Engagement

- Community outreach/education
- Trust-building is paramount
- Bi-directional learning
- Engage multiple stakeholders
  - Men
  - Women
  - Youth
  - Elders
  - Religious leaders
- Ethnic Community-based Organizations
- Social Service Agencies (e.g., Refugee resettlement agencies)
- Schools, law enforcement, social work
- Economic empowerment, gender equity, intimate partner violence, stigma-reduction





# Asset-Based Strength Approach

- Build, nurture, sustain TRUST
- Create safe spaces
- Mutual respect
- Dignity
- Empathy
- Effective communication
- Autonomy
- Advocacy
- Empowerment



# Cultural Humility

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- Trauma-Informed Approach
- Friendly
- Non-Judgmental
- Respectful
- Person-Centered
- Patient preferences
- Company of relatives vs. Confidentiality
- Community Involvement (stigma reduction)



# Voices to End FGM/C - Digital Storytelling



[Not Medicine by Anonymous | Voices to End Female Genital Mutilation/Cutting \(youtube.com\)](#)

# Discussing FGM/C

- Country of origin
- Risk factors
- Possible Complications
- Patient's Desires
- Treatment Options
- Timing of Surgical Interventions
- Legal Issues
- Relationship building

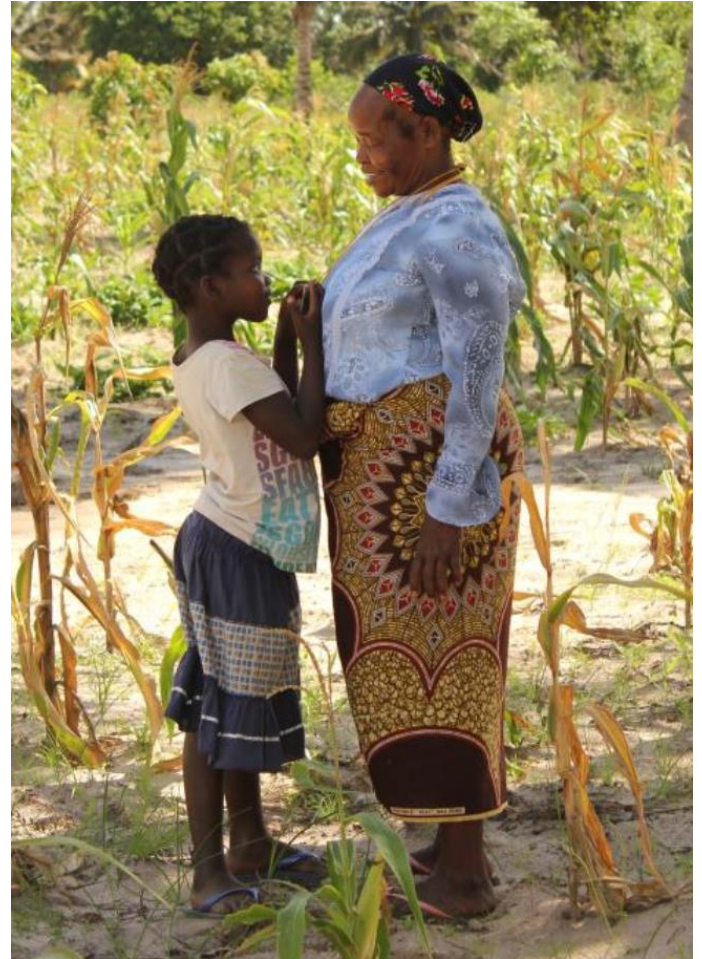


Photo credit: CDC PHIL #22399



# Optimizing Clinical Care



## Women/Adolescents/Girls

- Address Social Determinants of Health
  - ☐ Health Literacy
  - ☐ Distrust
  - ☐ Western vs Traditional health beliefs
  - ☐ Patient autonomy in decision-making
  - ☐ Stigma reduction
  - ☐ Community trust and embeddedness
- Address structural barriers to care
  - ☐ Insurance coverage
  - ☐ Language barriers/Interpretation
  - ☐ Transportation
  - ☐ Cultural/gender/linguistic concordance
- Engage the partner/spouse

## Healthcare providers

- Sustained Provider Education
  - ☐ Appropriate clinical documentation/coding
  - ☐ Culturally sensitive counseling
  - ☐ Clinical/Surgical skills competency (*within scope of practice*)
  - ☐ Culturally appropriate treatment paradigms
  - ☐ Ethical dilemmas
- Patient-Centered Multidisciplinary Care
  - ☐ Pediatrics, OB/GYN, Family Medicine, Urology, Emergency Medicine, Pas, CNMs NPs, RNs, MSWs,
  - ☐ Psychiatrist/Psychologist
  - ☐ Sexuality Educator/Therapist/Counselor/Sexologist
  - ☐ Pelvic Floor Physical Therapist
  - ☐ Peer Mentor/Support/Community Advocate/Navigator

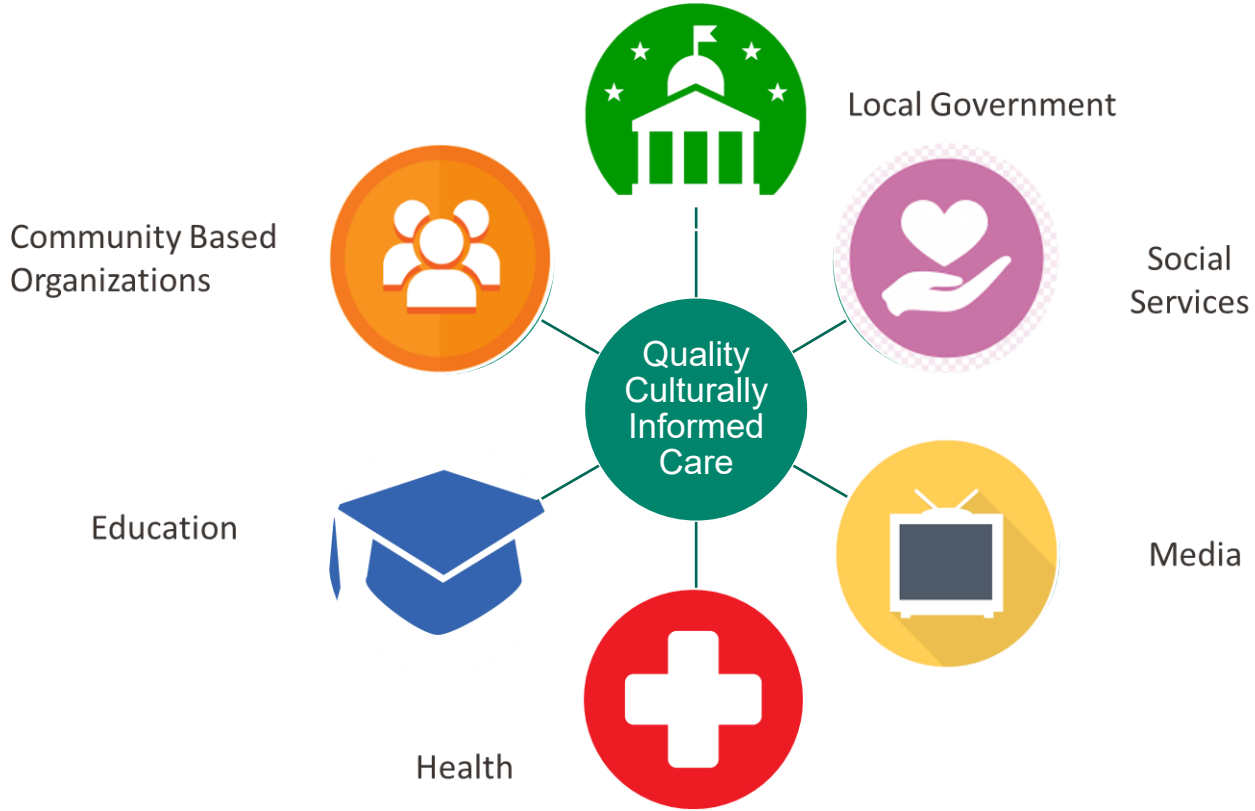


# Health Policy Directives

- Joint/Consensus Clinical Practice Guidelines across professional societies (SSTAR, AASECT, ISSWSH, SMSNA, AUA, ACOG, AAP, AAFP, ACNM, NASPAG)
- Standardized culturally-informed training
  - Across sexual and behavioral health, and other clinical specialties and trainees
  - Nurses and social workers
  - Law enforcement, schools and Child Protective Services workers
- Guidelines for mandatory reporting, and ethics of surgical interventions, timing, autonomy and informed consent
- Library of educational photos and surgical videos of FGM/C in pre-pubertal/pubertal girls and women, 3D anatomic models
- Update ICD-10/CPT Codes, accurate WHO FGM/C typology, appropriate terminology
- Funding to support community engagement and outreach for FGC-affected communities
- Funding for research on U.S. FGM/C prevalence in pediatric, adolescent and adult populations



# It Takes a Community





# Resource Sharing

# endfgmnetwork.org

END FGM/C  
U.S. NETWORK

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## Uniting Together Against FGM/C

[ABOUT US](#)



## PATIENT SELF-ADVOCACY: GENERAL MEDICAL VISIT FORM

This form is for people who have experienced **female genital mutilation/cutting (FGM/C)** to use with healthcare providers during **general medical visits** (such as urgent care, emergency room, women's health checks, well-child visits, and primary care visits). Healthcare providers may review these answers to become more familiar with their patient's visit needs.

My preferred name is \_\_\_\_\_

I am from (name the country) \_\_\_\_\_

My preferred language/dialect is \_\_\_\_\_

The term I use for FGM/C is \_\_\_\_\_

My support system includes \_\_\_\_\_

I would like to have an interpreter at this visit. ☐ Yes ☐ No

I prefer female clinicians only. ☐ Yes ☐ No ☐ No preference

I permit students and/or colleagues to be part of a teaching experience during this visit.

☐ Yes ☐ No ☐ No preference

My top priorities for this visit are \_\_\_\_\_

Please select if you experience any of the following symptoms or concerns (check all that apply):

|                                                         |                                                  |
|---------------------------------------------------------|--------------------------------------------------|
| Repeated urinary or vaginal infections                  | Flashbacks, anxiety, depression related to FGM/C |
| Pain urinating (peeing)                                 | Fear of discussing FGM/C with medical providers  |
| Difficulty with urination or fully emptying the bladder | Fear of not being "normal"                       |
| Pain with periods                                       | Fear of childbirth                               |
| Pain with sex                                           | Fear of telling my partner that I am cut         |

## PATIENT SELF-ADVOCACY: COMPREHENSIVE WOMEN'S HEALTHCARE FORM

If an internal exam is part of today's visit, I prefer that you:

- ☐ Do not use a speculum ☐ Talk me through the process  
☐ Do not attempt a bimanual exam (hands) ☐ Show me the tools you plan to use and describe my options (e.g., small speculum)

☐ Other \_\_\_\_\_

With respect to my FGM/C, I want to know more about:

- ☐ How my body was affected ☐ Contraception/preventing pregnancy  
☐ If/how I can be opened again ☐ How to get pregnant  
☐ Best timing of being opened again ☐ How to improve my sexual wellbeing  
☐ How to be treated for pelvic pain ☐ How to talk to my partner about FGM/C and my body  
☐ How to treat painful periods ☐ Cosmetic or corrective procedures related to FGM/C  
☐ How to have sex without pain

☐ Other \_\_\_\_\_

I am interested in the following resources/information:

Your medical provider may not have all of these answers and resources readily available.  
Please see the QR codes below for additional resources.

- ☐ Emotional health counseling ☐ FGM/C support groups or community groups  
☐ Impacts of FGM/C for my daughter or female relatives  
☐ Legal implications of FGM/C for: ☐ me (e.g., asylum) ☐ for my daughter or female relatives  
(Note: performing or facilitating FGM/C in the US or abroad is illegal)  
☐ How to talk to my family about the US laws related to FGM/C  
☐ Travel to a FGM/C prevalent country with my daughter or female relatives  
☐ Other \_\_\_\_\_

# Educational Resource For Patients



Clitoral Reconstruction



["It's my life" - ENGLISH \(youtube.com\)](https://www.youtube.com/watch?v=...)

[GAMS Belgique GAMS België - YouTube](https://www.youtube.com/watch?v=...)

***Available in 6 languages: Arabic, Dutch, English, French, Pular, and Somali***

# Educational Resource For Patients




<https://ssi.unige.ch>

Anatomy   Vulva   **Types of FGM/C**   FGM/C sub-type   Care

← WHO differentiates 4 types of FGM/C. Select one.

**FGM/C TYPE I**

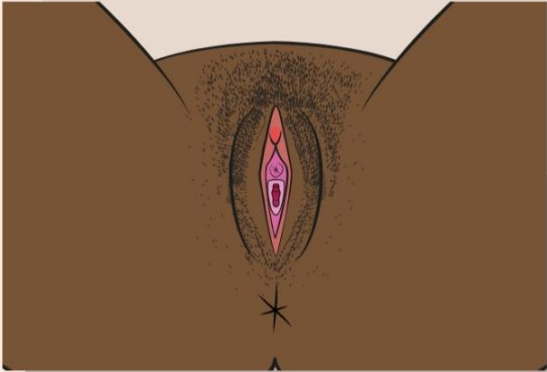
Partial or total removal of the clitoral glans more or less part of the body of the clitoris (the external and visible part of the clitoris), and/or the prepuce/ clitoral hood (the fold of skin surrounding the clitoral glans).



**SELECT FGM/C TYPE I**

**FGM/C TYPE II**

Partial or total removal of the clitoral glans more or less part of the body of the clitoris and the inner labia (the inner folds of the vulva), with or without removal of the outer labia (the outer folds of skin of the vulva).



**SELECT FGM/C TYPE II**

*Available in 8 languages: Amharic, Arabic, English, French, German, Italian, Somali, and Tigrinya*

# Reliable Statistics



<https://www.popcouncil.org/research/evidence-to-end-fgm-c-research-to-help-girls-and-women-thrive1>

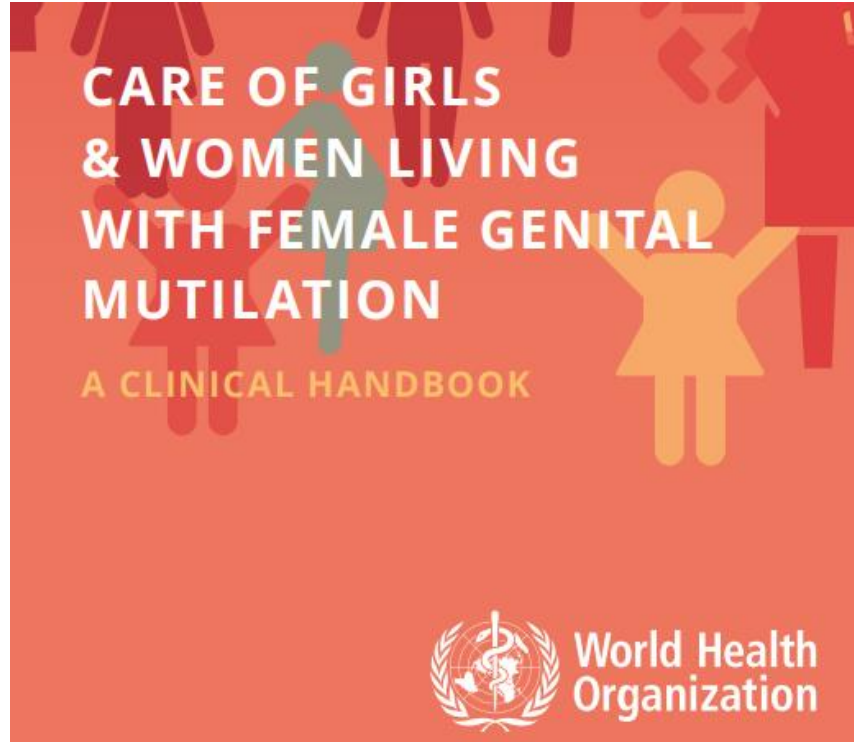


<https://data.unicef.org/topic/child-protection/female-genital-mutilation/>

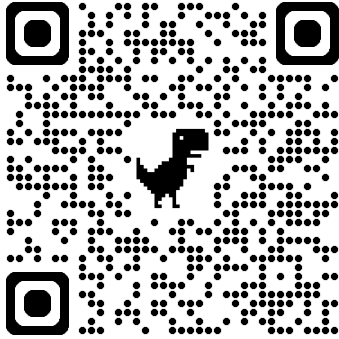
# “Go-to” guidance for care



[Publication Item](#)



<https://www.who.int/reproductivehealth/publications/health-care-girls-women-living-with-FGM/en/>



[Female Genital Mutilation/Cutting in Children and Adolescents: Illustrated Guide to Diagnose, Assess, Inform and Report | SpringerLink](#)

# Female Genital Mutilation/Cutting in Children and Adolescents

Illustrated Guide to Diagnose,  
Assess, Inform and Report

Jasmine Abdulcadir  
Noémie Sachs Guedj  
Michal Yaron  
*Editors*

OPEN ACCESS

 Springer



American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

# Diagnosis, Management, and Treatment of Female Genital Mutilation or Cutting in Girls

Janine Young, MD, FAAP,<sup>a</sup> Nawal M. Nour, MD, MPH, FACOG,<sup>b</sup> Robert C. Macauley, MD, FAAP,<sup>c</sup> Sandeep K. Narang, MD, JD, FAAP,<sup>d</sup>  
Crista Johnson-Agbakwu, MD, MSc, FACOG,<sup>e</sup> SECTION ON GLOBAL HEALTH, COMMITTEE ON MEDICAL LIABILITY AND RISK  
MANAGEMENT, COMMITTEE ON BIOETHICS



# Provider Training Toolkit

## Download Online

<https://sirc.asu.edu/content/resources>

### FGM/C Pocket Guide



Insert on U.S. Federal  
and State Laws and  
Child Abuse  
directives.

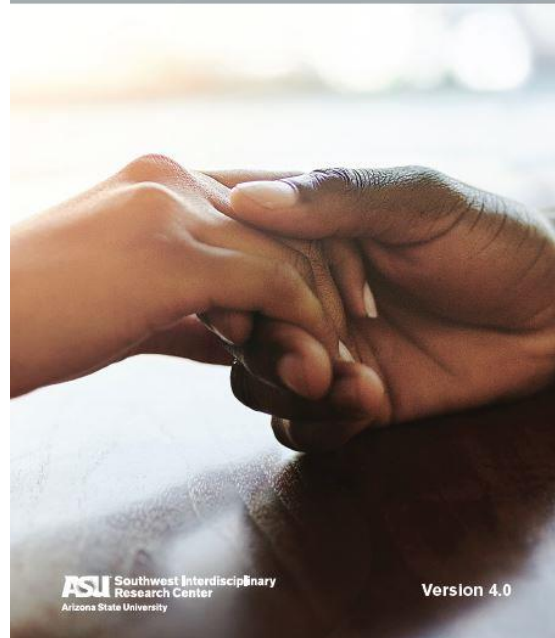
Insert on U.S.  
Policy, Advocacy  
recommendations,  
and future ethical  
discourse.

### Posters



### Female Genital Mutilation/Cutting (FGM/C)

A Visual Reference and Learning Tool  
for Health Care Professionals



# Defibulation: a visual reference and learning tool

Jasmine Abdulcadir<sup>1,2</sup>, Sandra Marras<sup>1</sup>, Lucrezia Catania<sup>3</sup>, Omar Abdulcadir<sup>3</sup>, Patrick Petignat<sup>1</sup>

<sup>1</sup> Department of Obstetrics and Gynecology. Geneva University Hospitals. Geneva. Switzerland

<sup>2</sup> Faculty of Medicine. University of Geneva. Geneva. Switzerland

<sup>3</sup> Regional Referral Centre for the Treatment and Prevention of FGM, health promotion of immigrant woman. Department of Maternal and Child integrated activity. University of Florence. Florence. Italy



[Defibulation: a visual reference and learning tool - YouTube](#)

# Voices to End FGM/C - Digital Storytelling



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## Storyteller Videos

[Voices to End FGM/C Website](#) / [Storyteller Videos](#)



[Storyteller Videos - Voices to End FGM/C Website \(voicestoendfgmc.org\)](https://voicestoendfgmc.org)

# US-based Resources for Families



<http://www.sautiyetu.us/>



<https://sahiyo.org/>



<https://sanctuaryforfamilies.org/>

These organizations are led by women from FGM/C-affected countries and provide support to women and families in the diaspora to help end FGM/C.



**#endFGC**

# Thank You



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