

Information for Providers Regarding Female Genital Mutilation and Cutting



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On February 20, 2023, Governor Jay Inslee signed [Senate Bill 5453](#) creating a new path for victims of Female Genital Mutilation/Cutting (FGM/C) to bring a civil cause of action against the person who committed FGM/C. Providers who practice genital mutilation in violation of SB 5453 may be subject to disciplinary action by the WMC. The legislation further intends to establish education and outreach initiatives to prevent female genital mutilation and provide care for victims. The passage of this bill brings civic consciousness thought to be isolated to children and women outside of the United States. It is estimated that over 500,000 women in the United States are at risk of or have undergone FGM/C, of which 25,000 reside in WA state¹. The Seattle-Tacoma-Bellevue metro area is reported to be home to the nation's fifth largest impacted community². FGM/C remains prevalent as the practice is deeply rooted in cultural, religious, and social norms of immigrant communities³. It is often seen as a rite of passage⁴, a prerequisite for marriage⁵, or a means to control female sexuality⁶. These deeply entrenched beliefs make abandonment of the harmful practice challenging.

What is FGM/C?

Female genital mutilation or cutting (FGM/C) is any procedure that involves the partial or total removal and alteration of the external female genitalia for cultural, religious, or other non-therapeutic/cosmetic reasons³.

World Health Organization classifies types of FGM/C into four types which are divided into categories based on severity of tissue damage and the health risk associated with the FGM/C performed³.

Type I - Partial or total removal of the clitoral glans (Type 1a) and/or the prepuce/clitoral hood.

Type II - Partial or total removal of the clitoris and the labia minora, with or without the labia majora.

Type III (Infibulation) - Narrowing of the vaginal opening with the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora. Cutting open the sealed vaginal opening (deinfibulation) is performed to allow sexual intercourse or facilitate childbirth.

Type IV - All other harmful procedures to the female genitalia for non-medical purposes- pricking, piercing, incising, scraping, and cauterizing.

Here are sample screening questions from FGM/C Provider Toolkit

Many women from your country have been cut or "closed" as children. If you don't mind telling me, were you cut or closed as a child?

Do you have any problems peeing? Does it take you a long time to pee? Note: women with Type III may take several minutes to urinate.

Do you have any pain with your period? Do you feel that the blood gets stuck?

Do you have any itching, burning or discharge from your vaginal area?

(If sexually active) Do you have any pain or difficulty when having sex?



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Providers play a crucial role in screening, providing care, and counseling patients to prevent the practice of FGM/C.

Screen

Healthcare providers should learn to recognizing signs of FGM/C during routine examinations particularly those working with African and Middle east immigrants. This includes looking for physical signs and being aware of potential symptoms, such as recurrent urinary tract infections, menstrual irregularities, and chronic pelvic pain.^{7,8}

Providing Care

Building a trusting relationship with patients to address medical and psychological needs is critical to survivors of FGM/C. The following resources provide best practice for practitioners.

WHO Clinical Handbook- [Care for Girls & Women Living with Female Genital Mutilation](#)

WHO Guidelines - [Management of Health Complications from Female Genital Mutilation](#)

Providers can learn more about FGM/C by reviewing The George Washington University [healthcare provider toolkit](#).

Created by Dr. Crista Johnson-Agbakwu from Arizona State University's Southwest Interdisciplinary Research Center is great [visual reference and learning tool for health care professionals](#).

Education and Advocacy

Educating patients, families, and communities about the dangers of FGM/C and advocating for its abandonment of this harmful cultural practice is critical. Providers should inform patients that FGM/C is considered child abuse, and that it is illegal to perform FGM/C on a child in the United States or to take a child out of the country to undergo the procedure (vacation cutting)⁹. Physicians can work with community leaders, educators, and policymakers to raise awareness and promote behavioral change. Additional organizations working to end the practice and advocate for survivors for FGM/C are [Mother Africa](#), [Sahiyo](#) and the [US End FGM/C Network](#) which can provide more resources and context for providers.

Endnotes

1. 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 (Washington, D.C. : 1974), 131(2), 340–347. <https://doi.org/10.1177/003335491613100218>
2. U.S. Women and Girls Potentially at Risk for FGM/C, by Metro Area, 2013 Preliminary Data <https://www.prb.org/wp-content/uploads/2016/02/us-fgmc-all-metros-table.pdf>
3. WHO Female genital mutilation <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>
4. Omigbodun, O., Bella-Awusah, T., Emma-Echiegu, N., Abdulmalik, J., Omigbodun, A., Doucet, M. H., & Groleau, D. (2022). Escaping social rejection, gaining total capital: the complex psychological experience of female genital mutilation/cutting (FGM/C) among the Izzi in Southeast Nigeria. *Reproductive health*, 19(1), 41. <https://doi.org/10.1186/s12978-022-01348-3>
5. Akweongo, P., Jackson, E. F., Appiah-Yeboah, S., Sakeah, E., & Phillips, J. F. (2021). It's a woman's thing: gender roles sustaining the practice of female genital mutilation among the Kassena-Nankana of northern Ghana. *Reproductive health*, 18(1), 52. <https://doi.org/10.1186/s12978-021-01085-z>
6. Esho, T., Kimani, S., Nyamongo, I., Kimani, V., Muniu, S., Kigondu, C., Ndavi, P., & Guyo, J. (2017). The 'heat' goes away: sexual disorders of married women with female genital mutilation/cutting in Kenya. *Reproductive health*, 14(1), 164. <https://doi.org/10.1186/s12978-017-0433-z>
7. WHO Clinical Handbook- Care for Girls & Women Living with Female Genital Mutilation <https://iris.who.int/bitstream/handle/10665/272429/9789241513913-eng.pdf?ua=1>
8. CDC Sexual and Reproductive Health <https://www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/sexual-and-reproductive-health.html>
9. The George Washington University healthcare provider toolkit. <https://fgmtoolkit.gwu.edu/educators/fgmc-legal-us>