

Applicable U.S. Federal and State Laws

For more information on U.S. state criminal statutes, visit:
https://www.equalitynow.org/sites/default/files/FGM_USA_map_Unicef2016_Sept2017.pdf

In the U.S., the Federal Prohibition of Female Genital Mutilation Act of 1986 criminalizes circumcising, excising, or infibulating “the whole or any part of the labia majora or labia minora or clitoris of another person who has not attained the age of 18 years,” unless the procedure is deemed medically necessary

Vacation Cutting

Under the Transport for Female Genital Mutilation Act of 2013, vacation cutting, which entails transporting a child out of the U.S. for the purpose of FGM/C, is illegal in the U.S.

It is important to develop a supportive and trusting relationship with your patients in order to identify children who may be at-risk of FGM/C.

Who is at-risk?

- Patients who are traveling to a country where FGM/C prevalence is high
- Family history of mother and/or sisters who have already undergone FGM/C performed prior to U.S. immigration

Process:

AVOID STEREOTYPING

- Many families who originate from countries with high prevalence of FGM/C may travel back to country of origin for a host of reasons wholly unrelated to FGM/C.
- Engage in an open and supportive discussion with the family about their beliefs about FGM/C. This may involve inquiring as to the family’s plans for their daughter
- Expressed intention to engage in FGM/C should prompt a report to Child Protective Services, as there may be more subtle indications such as a girl confiding that on an upcoming trip to her home country she is going to have a special procedure or attend a special celebration for her.
- **Note: FGM/C that occurred prior to immigration to the U.S. and ‘vacation cutting’ prior to criminalization in 2013 does not meet the legal requirement for breaching confidentiality by reporting to state agencies.**

Young J., Nour, N., Johnson-Agbakwu C, Abdulcadir, J, Narang, S., Macauley R. Female Genital Mutilation/Cutting in Girls: Guidelines for diagnosis, management and treatment. AAP Clinical Report. 2018. Under Peer Review

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Reporting Child Abuse in the U.S.

Healthcare professionals are mandated reporters of suspected child maltreatment – this includes FGM/C that occurred in the U.S. or ‘vacation cutting’ outside the U.S. after it was criminalized in 2013.

Physicians need to establish and document normal genitalia in order to determine suggestive of FGM/C. Increased vigilance is required in other circumstances, such as

- a girl whose family originates from a country where FGM/C is prevalent and who has recently had a prolonged absence from school with noticeable behavior changes upon return to school;
- a girl whose family originates from a country where FGM/C is prevalent and who has recently had a prolonged absence from school with subsequent urinary or menstrual problems

Note: FGM/C that occurred prior to immigration to the U.S. and ‘vacation cutting’ prior to criminalization in 2013 does not meet the legal requirement for breaching confidentiality by reporting to state agencies.

“Reasonable cause to believe”

Most states require healthcare providers to report if there is “reasonable cause to believe” that child abuse may occur in the future. Immediate or imminent risk warrants notification of local law enforcement authorities, as well.

For example: If one child experienced FGM/C prior to immigration to the U.S.—which is not reportable—a pediatrician might be concerned for other female children who might subsequently be subjected to FGM/C.

1. Refer to ‘Process’ steps on the reverse page to determine risk
2. Complete reports including the identity of the student, alleged offender, a description of the abuse or neglect, and the name and address of the reporter can be made confidentially to the parties below

Child Protective Services

- **24/7 Toll-Free Phone Line: 1-888-767-2445**
- **Refer to CPS in your state/jurisdiction for further guidance**

Link to U.S. Government Resources:

<https://www.uscis.gov/fgmc>

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