

U.S. FOREIGN POLICY CAN AND SHOULD ADDRESS FEMALE GENITAL MUTILATION/CUTTING (FGM/C)

OVERVIEW: CAUSES AND CONSEQUENCES OF FEMALE GENITAL MUTILATION/CUTTING, OR FGM/C

Every year, 3 million girls are compelled to undergo a procedure to remove or modify their genitalia in order to satisfy social norms that seek to suppress women's sexual desire or expression. The World Health Organization (WHO) defines female genital mutilation/cutting (FGM/C) as "all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs."ⁱ The practice has no known health benefits, as it involves the removal of part or all of healthy and normal female genitaliaⁱⁱ and it most frequently occurs to girls from infancy to age 15, though adult women are also at risk.ⁱⁱⁱ

Approximately 200 million girls and women alive today have survived FGM/C and an estimated 3 million girls are at risk of FGM/C each year.^{iv} Although 43 countries globally have banned FGM/C,^v it still occurs globally. FGM/C occurs at high rates in at least the 30 countries where it is measured, located mainly in Africa, the Middle East and Asia.^{vi} While it is considered to be both child abuse and a violation of girls' and women's human rights, FGM/C is a deeply entrenched, harmful practice with roots in inequitable gender norms.^{vii,viii,ix,x,xi,xii}

Despite misconceptions to the contrary, FGM/C is not rooted in any religious or theological tradition. In fact, FGM/C is not limited to any one country, region, religion or culture.^{xiii} Most frequently, the practice is tied to cultural traditions and norms related to perceived purity and family honor around virginity and girls' sexuality.^{xiv} Since these beliefs are rooted in cultural norms, immediate change is difficult even where strong laws and policies exist.^{xv,xvi}

FGM/C has both immediate and life-long effects. Negative health consequences include: infection, obstetric fistula, excessive bleeding, difficulties related to menstruation, sexual problems, infertility, cysts, scarring, increased risk of complications during pregnancy and childbirth and, in some

cases, death.^{xvii,xviii} FGM/C is most frequently performed on minors, often before meaningful consent can be obtained and/or on unwilling participants, thereby violating girls' and women's rights.^{xix} Many survivors of FGM/C experience physical trauma, pain and complications, which can lead to psychological harms such as post-traumatic stress, flashbacks, fear, anxiety and depression.^{xx} Research also suggests that in countries or communities where FGM/C is prevalent, individual girls who do *not* undergo the process are at risk for trauma and isolation as a result of social stigmas stemming from their non-conformity.^{xxi} Programs that seek only to outlaw FGM/C or change individual behavior without addressing the root causes and social norms may do more harm than good.^{xxii}

FGM/C is not only a foreign issue, but a domestic one as well. According to the CDC, an estimated 513,000 women and girls have been cut or are at risk of being cut in the United States, a figure that has tripled since 1990.^{xxiii} However, efforts to address the practice at home or abroad have been ad hoc or very limited at their best, per the U.S. Government Accountability Office (GAO) and advocates working domestically¹. Not only are girls cut or mutilated in the United States, but they are taken abroad in a practice called "vacation cutting" which was banned at the federal level in 2013. Despite being illegal, too many American girls and residents are still taken abroad and undergo FGM/C, often while in isolation from familiar authority figures and health systems. Further research and data is necessary to better understand how common vacation cutting is and to implement the best systems to prevent and respond to it. Domestic responses must address the issue in a survivor-centered and community-led manner.

FGM/C is an internationally recognized human rights violation and one which violates a number of other important human rights: the right to bodily autonomy, the right to live free of violence, and the right to health to name a few. In addition, the practice is sometimes associated with the human rights violations of gender-based violence (GBV)

¹ For more information on state-by-state efforts to address FGM/C in the United States, please visit US End FGM/C Network member Equality Now's website at: http://www.equalitynow.org/us_laws_against_fgm_state_by_state and http://www.equalitynow.org/fgm_in_the_us_learn_more.

and child marriage, which means that the human rights violations following the procedure compound, and lead to other life-long consequences.^{xxiv,xxv}

U.S. ACTIONS TO ADDRESS FGM/C IN FOREIGN POLICY

In 2019, the U.S. House of Representatives passed a unanimous resolution condemning FGM/C as a human rights violation. The 393 to 0 vote was co-sponsored by 28 members of Congress and calls for “coordinated efforts to eliminate the harmful practice.”^{xxvi}

However, two reports by the U.S. Government Accountability Office from 2016 found U.S. efforts to end the practice lacking and in need of significant improvement both at home and abroad.^{xxvii,xxviii} Despite the clear recommendations outlined in those reports, very little has changed since they were issued. The United States has only one program explicitly dedicated to ending FGM/C through foreign assistance; a three-year program in Kenya due to expire in 2021.^{xxix} Congress allocated \$5 million dollars in FY17, FY18 and FY19 for the U.N. Joint Program to Eliminate FGM/C, the largest international program focused on eliminating FGM/C.^{xxx} The Joint Program supports 17 countries, and led to national laws banning the practice in 13 of those countries, and 12 countries have appropriated funds from their respective national budgets to specifically address FGM/C through investigation, prosecution, intervention, prevention and care services.^{xxxi,xxxii}

The United States has, however, issued a number of policy statements and recommendations.

- In 2017, the *USAID Guidance on Female Genital Mutilation/Cutting (FGM/C)*, was released.
- In 2016, the State Department launched the *U.S. Global Strategy to Empower Adolescent Girls*, which included specific goals and objectives to ensure adolescent girls were able to reduce their risks and vulnerability to FGM/C.^{xxxiii}
- The State Department’s Office of Global Women’s Issues has worked closely with high-prevalence countries such as the Gambia and Egypt on partnerships with local leaders and community outreach to combat the practice via legal reforms, public education and awareness campaigns.^{xxxiv,xxxv}
- The 2016 *U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally* defined

FGM/C as a form of gender-based violence but did not recommend specific actions to address the practice.^{xxxvi,xxxvii,xxxviii}

Although the State Department includes information on FGM/C in their annual Human Rights Country Reports, under the Trump administration reporting on women’s rights issues has been curtailed, especially in countries that generate asylum petitions and have the greatest levels of gender inequality.^{xxxix} As a result, reporting on FGM/C appears to be less robust since 2018, the first year for which the Trump Administration was responsible for country reports.^{xl}

While the U.S. has a federal law prohibiting transporting minors abroad for the purposes of FGM/C in a practice known as “vacation cutting,” a 2016 GAO report noted that existing efforts to raise awareness on this issue need improvement.^{xli,xlii} Currently, there are very few investigations and prosecutions of FGM/C, in part due to confusion over reporting requirements, including whether mandatory reporters must take action if a girl has already been cut or if the cutting is not happening in the U.S.^{xliii} It is also important to note that the cultural considerations that promote FGM/C occur within the United States, which decreases the probability that incidents will be reported.^{xliv}

In foreign policy, the U.S. Government has specific guidance on FGM/C, contained within the USAID Automated Directives System (ADS), which is the main guidance for the agency on all areas and directs the agency to integrate FGM/C elimination into all current programming where appropriate and to support local NGOs and communities in implementing culturally-appropriate elimination activities.^{xlv} However, due in part to extremely limited funding to address FGM/C in U.S. foreign assistance, any action the agency might take on this directive would also be limited.

RECOMMENDATIONS FOR THE UNITED STATES CONGRESS:

Members of U.S. Congress should:

- Use Congressional oversight capacities to ensure that the State Department’s annual Human Rights Country Reports return to pre-2018 levels of detailed data and information on FGM/C and ensure that information is robust and recent and include references from the work of the U.N.

Joint Program to Eliminate FGM/C agencies, UNICEF and UNFPA.

- Expand the data collection of existing programs that address gender-based violence or other domains related to FGM/C such as education and child marriage to incorporate measurement of the prevalence and change over time in the rates of FGM/C globally, particularly in high-prevalence countries.
- Fund gender-based violence prevention and response activities that specifically address FGM/C globally, particularly in high-prevalence countries.
- Increase or at a minimum, maintain, the previously-appropriated funding at a level of no less than \$5,000,000 for the U.N. Joint Program to Eliminate FGM/C, which works in 17 high-prevalence countries to harness the complementary expertise of UNICEF and UNFPA, in conjunction with governments and often in close collaboration with grass-roots community organizations and other key stakeholders, backed by the latest research.
- Ensure, through Congressional Oversight, that agencies with implementation plans on the *U.S. Global Strategy to Empower Adolescent Girls* are reporting regularly on progress made to achieve the goals of the Strategy, including for FGM/C prevention and response, in transparent and publicly-accessible ways.
- Appropriate no less than \$250,000,000 to implement the interagency work outlined in the *U.S. Global Strategy to Empower Adolescent Girls*, which includes specific plans to address FGM/C.^{xlvi} A 2017 Task Force convened by the Center for Strategic and International Studies (CSIS), which included bipartisan Members of Congress and development experts, outlined recommended funding at this level annually.
- Include, whenever possible and relevant, questions for the record on efforts to address FGM/C by relevant members of the Administration and their partners.

RECOMMENDATIONS FOR U.S. GOVERNMENT ACTION:

- Include FGM/C in the suite of indicators used to measure U.S. government efforts to address gender-based violence globally, particularly in high prevalence countries.
- Support the global movement to eliminate FGM/C by 2030 under Sustainable Development Goal #5 on Gender Equality, Target 5.3 to eliminate harmful practices, through diplomatic channels and global platforms. This includes through bilateral diplomatic relations, in negotiations at the United Nations and in discussions with U.N. agencies conducting ongoing work on this issue.
- Center U.S. Government actions on FGM/C around the experiences of survivors and ensure that community-change approaches, rather than attempts at impacting individuals are prioritized in U.S. policies and programming.
- Provide all USAID Missions and headquarters desk staff the 2017 *USAID Guidance on Female Genital Mutilation/Cutting (FGM/C)* and report publicly on progress against the three areas of work under this guidance.
- All participating agencies should fully implement and report progress on implementation of the *U.S. Global Strategy to Empower Adolescent Girls and the Women, Peace and Security Strategy*, setting out explicit efforts to end FGM/C.
- Agencies should report out to civil society in consistent and transparent ways any progress against their stated plans to achieve the goals of the Strategies.
- As reflected in the Government Accountability Office reports in FGM/C, U.S. Agencies should have written plans to end FGM/C, including through efforts to prevent and respond to vaccination cutting. ♦

ABOUT THE US END FGM/C NETWORK

The US End FGM/C Network is a collaborative group of over 40 survivors, civil society organizations, foundations, activists, policymakers, researchers, healthcare providers and others committed to promoting the abandonment of female genital mutilation/cutting (FGM/C) in the U.S. and around the world. To learn more about our work, please visit endfgmnetwork.org. The co-chairs of the Advocacy Working Group are Rachel Clement, rclement@icrw.org, Shelby Quast, squast@equalitynow.org or for more information please email info@endfgmnetwork.org

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