

THE IMPACT OF LEGISLATION ON THE ANTI-FGM/C MOVEMENT IN THE UNITED STATES



END FGM/C
U.S. NETWORK

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INTRODUCTION

The US End FGM/C Network (the “Network”) is a vibrant and collaborative group of nearly 200 survivors, civil society organizations, foundations, activists, policymakers, researchers, healthcare providers, and others committed to promoting the abandonment of female genital mutilation and cutting (FGM/C). The Network serves as the main source for information and the lead advocacy voice on ending this harmful practice in the United States and globally. Currently, the Network functions as a platform that facilitates collaboration and information sharing, empowers grassroots organizations and supports survivors, builds bridges between U.S. based and international efforts to end FGM/C, influences policies and laws on FGMC, and leads both national and global efforts to frame the issue of FGMC in a broad and intersectional manner.

According to the World Health Organization (WHO), FGM/C is

“a traditional harmful practice that involves the partial or total removal of external female genitalia or other injuring to female genital organs for non-medical reasons”¹.

The Centers for Disease Control and Prevention (CDC), estimates approximately 513,000 women and girls living in the U.S. have undergone or are at risk of female genital mutilation or cutting².

Federal U.S. policies recognize FGM/C as a form of child abuse and violence against women and girls. Despite this recognition, there are still 10 states in addition to the District of Columbia that do not have any laws prohibiting FGM/C. For the 40 states that currently have active anti-FGM/C laws, they each vary widely and include different provisions³.

To learn more about the impact of laws in the U.S. on the anti-FGM/C movement, the Network facilitated a two-part series of listening sessions. This report highlights the key themes, implications, and recommendations that were highlighted during these listening sessions. The opinions expressed during the listening sessions and are highlighted in this report do not necessarily reflect the opinions of The Network.



THE ROLE OF LAWS IN THE PREVENTION OF FGM/C

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The Network takes a multifaceted, systems change approach to ending FGM/C in the U.S. This approach encompasses cultural change, practice change, and policy change. Ensuring that there are active and comprehensive laws both Federally and in all U.S. States and Territories is an important piece to ensuring the ending of FGM/C in the U.S. The role of laws in the prevention of FGM/C is important as a deterrent, for education and awareness raising, and to legitimize the anti-FGM/C movement.

LAWS CAN BE A DETERRENT

There have been informal reports of women using the Federal law as an excuse not to cut their children or to persuade others from cutting their children. Although not every cutter will be deterred as a result of having a law in place, for some it will be. One participant shared “we see [the law] as a way to help highlight that FGC is harmful and a protection tool for communities and individuals who feel social pressure that they have to have it done to their daughters”. Another participant explained “Many people I talk to aren’t yet aware of the law, I hope [by] sharing [about the] law it will deter them from continuing practice or at least stop and think about it”.

LAWS HELP RAISE AWARENESS ABOUT THE ISSUE OF FGM/C

Similarly, laws can be helpful for raising awareness about the issue. Some anti-FGM/C laws have provisions specifically to provide education about FGM/C, and awareness raising about what laws are in place is essential. Having active laws prohibiting FGM/C legitimizes that this is an important issue that requires resources and visibility. One participant shared that they have worked with women in areas absent of an anti-FGM law that believed “it was a normal practice that happen to everyone because there was no law”. The absence of a law can actually communicate that it is a practice that is normalized and acceptable. Another participant explained that they “use the law to illustrate how widespread the issue continues to be among other reasons”. Among survey respondents, **100%** shared that they currently use the U.S. Federal Law in their advocacy or prevention work, and **83.3%** use their local state law in their advocacy or prevention work (for those who were located in states that had an active state law), demonstrating that the law can be and is actively being implemented in prevention efforts.

THE ROLE OF BOTH FEDERAL AND STATE LAWS

The Network has fielded questions about whether it is necessary for states to have their own anti-FGM/C laws if the practice is already a criminal offense under federal law. All participants in the listening sessions and survey respondents unanimously agreed that there is a need for both federal and state laws. One participant explained that **“sometimes the federal system has more resources [than at the] state level. Sometimes due to lack of education a survivor doesn’t get the same care or help at state level as they might from federal level.”** Another participant added that **“state and federal laws work better together than either one alone.”** In addition, federal and state laws have the ability to utilize different systems and it is best practice to address FGM/C from a multi-systems change approach. Having active federal and state laws prohibiting FGM/C is essential at preventing the harmful practice from occurring in the U.S.



LISTENING SESSION OVERVIEW

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PROCESS

The Network facilitated a two-part series to discuss the impact of laws on the anti-FGM/C movement in the U.S.

- The first listening session took place on May 25, 2022 around the broad topic of anti-FGM/C laws in the U.S. This first listening session was also accompanied by a survey that was disseminated to all of the Network's members. There were 27 individuals that participated in the listening session and/or survey.
- The second listening session occurred on June 29, 2022 and specifically focused on intersecting issues that have surfaced relating to anti-FGM/C laws, including gender-affirming health care, Intersex youth, and criminalization. There were 21 participants that attended the second listening session.

The listening sessions were open to any field experts, activists, and survivors in the anti-FGM/C movement in the U.S., regardless of their membership to the Network.

KEY THEMES

IMPORTANT PROVISIONS FOR AN EFFECTIVE ANTI-FGM LAW

Participants in the first listening session and survey respondents shared their thoughts about the various provisions that are required for an effective anti-FGM/C law based on their professional and personal experience in FGM/C prevention. This section will highlight the themes that were identified by the field experts.

FUNDING

Unsurprisingly, funding was brought up numerous times as being a crucial provision to any anti-FGM/C law. Time and time again, nonprofits, particularly small grassroots organizations, are asked to do the impossible: address large systemic and social issues with little to no funding. Currently, very few domestic funders support FGM/C prevention activities or supportive services for survivors. This lack of access to financial support is rooted in misconceptions and lack of education of the true scope

of the issue, particularly its prevalence in the U.S. Without acknowledgment that FGM/C is a serious and urgent issue facing individuals and communities in the U.S., prevention of this practice will not be prioritized by funders.

Listening session participants and survey respondents shared that funding must be substantial to support the wide range of activities needed to finally end FGM/C and to provide adequate and accessible services to survivors. With rising costs, the budget line items dedicated to FGM/C prevention and supportive services must be renewed regularly to account for any new or unanticipated challenges that arise. For example, many FGM/C prevention activities and supportive services were halted as a result of resource redistribution, decrease in protective factors, and accessibility issues during COVID-19⁴. This unanticipated challenge resulted in a severe loss of momentum for the anti-FGM/C movement, making it even more difficult to achieve the worldwide goal of ending FGM/C by 2030.

Lastly, participants stressed the need for funding for both supportive services for survivors in addition to prevention activities, including education. Although this report will discuss the importance of education more specifically, it is worth noting that both supportive services and prevention activities are essential. In order to have a truly effective anti-FGM/C law, both services must be prioritized in the budget.

“The law is also important for budgetary reasons - allowing various agencies to have funds to raise awareness within their work streams, this includes departments of healthcare, education, social services, etc. **If there is no law, agencies often feel it is not their responsibility to implement the law.**”

EDUCATION

As mentioned, laws can play an important role in providing education and awareness raising on a specific issue. Anti-FGM/C laws are no different. Out of the 40 current states that have anti-FGM/C laws, only 14 have provisions specific to education and outreach. Even among those 14 states, the educational provisions vary greatly. In addition, as one participant explained, “For the states that do have laws that include education components - one important thing to recognize is that we also need to work to hold those states accountable to implementing the education component parts of the laws.” Even when there are active laws with education provisions, it is important for anti-FGM/C activists to hold the responsible parties accountable for implementing these provisions. Participants discussed the need for educational provisions in anti-FGM/C laws and distinguished the need for both education for professionals and education for the general public.

EDUCATION FOR PROFESSIONALS

Education was a common theme throughout the listening sessions, with particular emphasis on education for professionals. The term “professionals” was used quite broadly and can include anyone who may be in law enforcement, lawyers/attorneys, judges, social workers, nurses and other medical providers, religious leaders, educators, or otherwise any duty bearers or service providers. Professionals must receive education on what FGM/C is, prevention strategies, understanding short and long term implications, available resources, and best practices for working with a survivor or impacted individual. As many participants explained, many types of professionals encounter FGM/C, even if it is not their main focus of practice. At times, they may even be the first responder for survivors to seek out help or support.

One participant explained, **“I have worked to make religious leaders aware of the law because oftentimes the women I talk to would turn to another religious leader for help and to answer their questions.”**

There was emphasis that education for professionals must be inclusive, intersectional and culturally sensitive. This is important as to not spread misinformation, myths, or stereotypes associated with FGM/C that are often rooted in racist and xenophobic beliefs.

“Many professionals in my state are not aware there is a law, also still not aware it is a practice happening in our country and in our state.”

COMMUNITY EDUCATION

Listening session participants also described a need for the general public to receive education on FGM/C. Participants explained that it would be beneficial to provide education for pregnant persons and new parents on protecting their child from FGM/C or responding to community pressure. In addition, general outreach and education to the public through public service announcements, billboards, and other wide-reaching activities would be beneficial, particularly in communities in which FGM/C is prevalent. This education would be helpful to provide information on the harmful effects of FGM/C, how to respond to community pressure, how to protect children from undergoing FGM/C, and provide knowledge on the various prevention and support resources that are available. Although professionals play a crucial role in identifying, reporting, and supporting women and girls at risk or who have undergone FGM/C, the general public also plays an important role. However, to support survivors of FGM/C, the general public must be educated on the issue and how to serve as bystanders to intervene when necessary. This education must, of course, be culturally sensitive and work to reduce bias and misconceptions that are harmful for vulnerable communities.

IMPLEMENTATION

The implementation of anti-FGM/C laws was a common theme throughout the listening sessions. This included discussions about not only who is responsible for implementation of anti-FGM/C laws but also various consequences or penalties for facilitating FGM/C on a person. All participants agreed: all girls should be protected from FGM/C and all anti-FGM/C laws must be comprehensive to address **“prevention, protection, and rehabilitation”**.

Among participants there were a wide range of ideas around what the consequences or penalties should be for facilitating FGM/C. Although everyone agreed that all children should be protected, some shared that the anti-FGM/C laws should also protect adults that are coerced into undergoing FGM/C. Many of the current anti-FGM/C laws in the U.S. focus only on minors and some include language to also include adults that are under legal guardianship or conservatorship. One participant shared in relation to including adults in anti-FGM/C laws, that

“there is need for more research and data around consent and what does that look like for adult women who are being pressured - is it really free consent?”

As the participant explained, further research and data is needed around this topic as there are intersections that make this difficult to assess. For example, cosmetic genital surgeries are performed on adults with the ability to consent to the procedure. It is important to ensure that consenting adults continue to have bodily autonomy while understanding more how social pressure and coercion can erode one’s ability to fully and authentically consent to FGM/C, regardless of their age.

Although there has been pressure from individuals and organizations outside of the anti-FGM/C movement to eliminate all criminal penalties for FGM/C, it is important to highlight that **all participants of the listening sessions unanimously agreed that there is a need for both criminal and civil remedies for facilitating the practice of FGM/C.** However, the specifics and severity of these penalties and remedies varied among participants. Participants discussed the complexities associated with FGM/C and enacting penalties, including who should face consequences and protections for caretakers who were coerced to subjecting their child to FGM/C by partners, religious institutions, or community leaders. It was agreed that the person doing the cutting should face the strongest penalties of both a fine and imprisonment.

INTERSECTING ISSUES

FGM AND GENDER-AFFIRMING HEALTH CARE

In the U.S., there has been a recent movement to amend or link anti-FGM/C laws to ban gender-affirming health care. Gender-affirming health care is an all encompassing term that refers to all surgical, nonsurgical, and mental health services that are available to transgender, non-binary, and gender non-conforming individuals⁵. The American Academy of Pediatrics (AAP) has taken a strong stance in support of gender-affirming care and has published various policy statements in opposition to legislation banning gender-affirming care⁶. The Network has also publicly opposed any attempts to link FGM/C with gender-affirming care. FGM/C is a form of gender inequity, used as a tool to oppress and marginalize women across the world and gender-affirming care is an important service meant to increase access and equity within gender diverse communities. One participant of the listening session shared bluntly, “I see the amendment as people trying to use the FGM/C laws that exist as a way to promote their transgender hate agenda”. It is crucial that the anti-FGM/C movement does not get falsely equated with gender-affirming care in an attempt to stigmatize, marginalize, or scapegoat already vulnerable communities. The Network and the participants of the listening session agree that these are two very different issues and should not be linked legislatively.

FGM AND INTERSEX YOUTH

Many participants in the listening sessions saw similarities and differences between the conversation relating to gender-affirming care and surgeries performed on intersex youth. According to InterACT Advocates for Intersex Youth, the term intersex is **“an umbrella term for differences in sex traits or reproductive anatomy.”**⁷ Some medical providers will perform surgeries on intersex youth, most often during infancy, to force intersex individuals to conform to traditional sex characteristics. Participants discussed that similarly, these are two very different topics. However, one participant explained, **“I do see how questions have come up in terms of connections between intersex [surgeries] and how FGM/C laws could be connected as there are similar issues of lack of consent, being medically unnecessarily, and confirming to gender notions.”** Participants of these listening sessions felt that they did not have enough context or information about surgeries performed on intersex youth, and thus it was agreed that more information is needed to understand the intersections of these issues.

CRIMINALIZATION OF FGM/C

The topic of criminalization has come up in various settings across the country as it relates to FGM/C. The U.S. has the highest incarceration rate and the largest overall number of people incarcerated, over 2 million, compared to every other country.⁸ We also know that Black, Indigenous, and People of Color (BIPOC) are disproportionately impacted by the mass incarceration trends in the U.S. During the listening session, participants discussed ideas on how we hold cutters accountable without contributing to the criminalization of BIPOC communities. One participant explained, “Right now it is difficult working on state laws in a political climate charged with looking at restorative justice and racial justice -- and the negative impact mass incarceration has had on Black and Brown populations -- all true -- but it gets connected to whether or not we should pass any type of additional criminalization laws -- including FGMC”. Participants agree that FGM/C is an egregious practice that requires strict penalties to those who continue this harmful practice, yet at the same time do not want to cause unintended consequences to the very communities that are most at risk of undergoing FGM/C. We also know that other forms of gender-based violence (GBV), including domestic violence, sexual assault, and human trafficking have criminal penalties under state and federal laws. Given that FGM/C is a form of GBV, it makes sense that anti-FGM/C laws should be aligned with laws prohibiting other forms of GBV. Additionally, the perception of FGM/C is seen as more of a cultural issue than other forms of GBV, which makes advocating for laws prohibiting the practice more challenging. If one views FGM/C as a cultural practice, it can be difficult to advocate for legislating prohibiting it. However, the Network understands that FGM/C is not a cultural practice, but rather a social norm similar to other forms of GBV. Prohibiting FGM/C in the U.S. does not prohibit cultural practices, it prohibits a harmful practice that is rooted in the same systems of gender inequality and oppression that other forms of GBV are rooted in. Understandably, there was no resolution to this important discussion during the listening session and further discussion must occur to further understand the intersections between these important issues.



ACTION STEPS AND RECOMMENDATIONS

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In summary, the following action steps and recommendations were identified to both continue these important discussions and maintain progress in the fight to end FGM/C in the U.S.

- Laws must be passed in the remaining 10 states and the District of Columbia to ensure that women and girls are protected nationwide. As of the year 2022, the remaining states that do not have any laws prohibiting FGM/C include: Alabama, Alaska, Connecticut, Hawaii, Maine, Mississippi, Montana, Nebraska, New Mexico, and Washington in addition to the District of Columbia.
- We must work to ensure that all active laws and proposed bills are survivor-centered and rooted in the protection of girls from FGM/C, rather than being used to target vulnerable communities including the Trans community, refugees and immigrants, and religious minorities.

“It is extremely important to work with local groups, survivors, medical care etc. to ensure laws are being passed for the protection of girls [and] not for targeting purposes.”

- We call on funders, including federal agencies, foundations, corporate sponsors, and private funders to prioritize the prevention of FGM/C in their strategic goals. If we are to truly end FGM/C by 2030, the grassroots and survivor-led organizations must have adequate funding to continue the important work being done.
- Additional research and dialogue on the intersections of FGM/C with gender-affirming care, intersex youth, and criminalization of BIPOC communities is required. The eradication of FGM/C intersects with other social and racial justice movements. If we are serious about ending FGM/C, we must collectively commit to understanding these intersections more and work together towards the ultimate goal of ensuring a truly equitable world for all.

REFERENCES

¹ World Health Organization. (2022). Female Genital Mutilation. Retrieved from <http://www.who.int/mediacentre/factsheets/fs241/en/>

² 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>

³ Equality Now. (2022, March 23). US laws against FGM - State by State. Equality Now. Retrieved from https://www.equalitynow.org/us_laws_against_fgm_state_by_state/

⁴ UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change. (2020). FGM Elimination and COVID-19: Sustaining the Momentum. Eliminating FGM in Fragile Contexts-Case Study of COVID-19. Retrieved from <https://www.unicef.org/media/107641/file/FGM%20COVID-19%20case%20study.pdf>

⁵ The Ohio State University Wexner Medical Center. (2022). Gender-Affirming Care. Retrieved from <https://wexnermedical.osu.edu/gender-affirming-care>

⁶ Rafferty, J., COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, COMMITTEE ON ADOLESCENCE, & SECTION ON LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH AND WELLNESS (2018). Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents. *Pediatrics*, 142(4), e20182162. <https://doi.org/10.1542/peds.2018-2162>

⁷ InterAct Advocates for Intersex Youth. (2021). FAQ: What is intersex? Retrieved from <https://interactadvocates.org/faq/#>

⁸ World Population Review. (2022). Incarceration Rates by Country 2022. Retrieved from <https://worldpopulationreview.com/country-rankings/incarceration-rates-by-country>