

End Violence Against Girls

SUMMIT on FGM/C

December 2, 2016 ■ United States Institute of Peace ■ Washington, DC



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Foreword

Equality Now, Safe Hands for Girls, The United States Institute of Peace and the US Network to End FGM/C came together to host the first-ever End Violence Against Girls: Summit on FGM/C in the US, with generous support from the Human Dignity Foundation and Wallace Global Fund. The collaboration among these organizations working to promote peace, protect girls' human rights, and elevate survivor voices was natural and strong.

The Summit sought to encourage a multi-sectoral approach to ending female genital mutilation/cutting (FGM/C) by bringing together subject matter experts from across sectors and continents.

The intended goals for the Summit were to:

- share best practices in ending FGM/C and supporting FGM/C survivors;
- advance a comprehensive multi-sectoral approach to ending FGM/C and providing services to those affected;
- foster increased coordination and collaboration among government, front line professionals, religious and community leaders, and activists focused on protecting girls from violence and eradicating FGM/C by 2030;
- launch an inclusive and vibrant US Network to End FGM/C; and,
- strengthen the international movement to End FGM/C.

The Summit and surrounding events were hopeful, educational and inspiring. We thank everyone who participated, both in person and via live-stream. We look forward to working together, putting the recommendations into action and ending FGM/C by 2030.



Shelby Quast
Americas Director, Equality Now



Jaha Dukureh
Founder and Director, Safe Hands for Girls



Nancy Lindborg
President, United States Institute of Peace

Executive Summary

UNICEF reports that more than 200 million women and girls in 30 countries live with the physical and emotional complications of female genital mutilation/cutting (FGM/C), with 8000 more at risk every day. But that is an incomplete measure of this global problem, which reaches far beyond the countries where it's currently measured. Over 500,000 women and girls in the United States have experienced or are at risk of FGM/C.

In December 2016 over 250 thought leaders from 28 countries and across the US came together with political leaders and donors at an unprecedented gathering in Washington, DC to end FGM/C. Participants came to the End Violence Against Girls: Summit on FGM/C from various sectors including health care, law enforcement, child protection, education, community and faith based leaders, law and policy makers, and activists—but it was the powerful voices of the survivors and youth leaders that took center stage. These formidable trailblazers are speaking out in their families, communities and globally; they came together to build and strengthen the movement to eliminate FGM/C in a generation.

FGM/C is child abuse and a human rights violation that has no health benefits and, despite common belief, is not rooted in any religious or theological tradition. FGM/C, which has life-long health and psychological consequences, must be included in child protection and violence against women programs and responses.

FGM/C is not an isolated issue; it is connected to and often underlies other social injustices. Eliminating FGM/C will have a far reaching impact on girls' education, child marriage, early pregnancy, and other forms of violence that have lifelong consequences, not only on the girl but her community and the world in which she lives.

Eliminating FGM/C by 2030 is a target in the global Sustainable Development Goals. This commitment must be put into action.

Eliminating FGM/C requires concerted effort and a comprehensive and collaborative approach among government, civil society, survivors and communities.

More and better education is needed across all sectors on: what FGM/C is and its connection to other issues; community engagement; implementation of laws and child protection policies, or the need for them; the global reach of FGM/C, including in the US; the healthcare needs of women and girls who have undergone FGM/C; and the reporting and prevention responsibilities of front line professionals and service providers.

There have been advances in health care for women and girls who have experienced FGM/C, including repair and clitoral restoration but more research, curricula development, training and sensitivity are profoundly needed. The medical profession must stand up against the medicalization of FGM/C.

Stronger collaboration among new and existing donors and more financial resources are needed across sectors to eliminate FGM/C, and especially for grassroots organizations who are working to end FGM/C in their communities. There is a strong youth movement emerging that is taking action to end FGM/C for themselves and their children. Survivors and youth leaders need to be empowered and supported as they break the silence around FGM/C.

Decades of grassroots efforts to end FGM/C have finally put it on the global agenda. FGM/C is no longer seen as a “cultural practice” but is considered violence against girls and women and a human rights abuse.

The movement is nearing a tipping point. Together we can end FGM/C in a generation!

Introduction

In December 2016, the End Violence Against Girls: Summit on FGM/C took place in Washington, DC at the United States Institute of Peace. It was the first international summit of its kind to be held in the United States and was organized by Equality Now, Safe Hands for Girls, the US Institute of Peace and the US Network to End FGM/C, with generous support from the Human Dignity Foundation and Wallace Global Fund.

Leading up to the Summit, the US Center for Disease Control reported that over 513,000 women and girls in the US had experienced or were at risk of female genital mutilation/cutting (FGM/C). However, according to the [US Government Accountability Office](#) federal agencies were doing little to protect girls across the country or abroad from this form of violence.

Meanwhile for the first time, the 193 member states of the United Nations, including the United States, squarely put FGM/C on the international agenda. [The Sustainable Development Goals](#) include a target in [Goal 5](#) to eliminate FGM/C by 2030. A recognition that gender equality and protecting girls from violence are fundamental to achieving sustainable economies around the world.

Building on this momentum, the Summit explored how the United States can protect all girls at risk of FGM/C and provide services to girls and women that have experienced it. Discussion also focused on ways in which the US can take a lead role in ending the practice within a generation.

The Summit brought together more than 250 thought leaders from around the world to share top-line recommendations across sectors. The Summit advanced a comprehensive multi-sectoral approach, in the US and internationally, to end FGM/C while keeping those with first-hand experience at the center of the solution. This

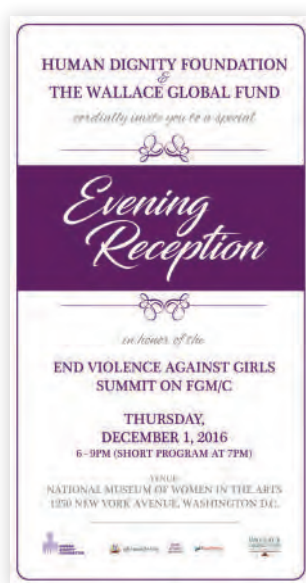
incorporated high level political leaders and subject matter experts including: survivors; child-protection, education, and health care providers; legislators; law enforcement; policy makers; faith-based leaders; and donors.

The inter-active panels were vibrant and informative and fostered increased coordination and collaboration among participants. Experienced politicians, professionals, activists, and youth leaders all had an equal voice. The questions and answers were often provocative and everyone was in learning mode. A mixture of film clips, personal stories and powerful dramatic performances conveyed the personal impact FGM/C can have and left everyone in the room, including survivors, deeply affected emotionally. Activists, who are often fighting lonely battles to end FGM/C in their communities, found themselves in the center of a global movement.

The US Network to End FGM/C presented the first *Global Girls Advocate Awards* to Senator Harry Reid and UN Secretary General Ban Ki-Moon for their leadership in protecting girls from violence by working to end FGM/C.

The day before the Summit, The Girl Generation, Safe Hands for Girls, and Equality Now convened a gathering of activists, campaigners, and survivors from over 28 countries and across the US. Stories, experiences and details of inspiring campaigns were openly shared.

[The Girl Generation](#) and the [Guardian Global Media Campaign to End FGM/C](#) led instructive workshops on the power of social change and media. Passionate and energetic, youth leaders took center stage and vowed that FGM/C ends with them. It was the largest networking event among FGM/C survivors and activists ever held in the United States. The comradery and comfort level among



participants were incredible, with some meeting for the first time and others being reunited. Existing networks were strengthened and new ones forged.

At the same time the [Donor Working Group on Female Genital Mutilation/Cutting](#), including 11 governments, all relevant UN agencies, multi-lateral organizations, and private foundations held its annual meeting in Washington, DC. The Working Group assessed global trends, listened to best practices, encouraged collaboration and solution sharing among donors, and urged new donors to join the movement to mobilize the much needed resources to end FGM/C by 2030. Modeling donor collaboration, Human Dignity Foundation and the Wallace Global Fund joined forces to support the Summit activities.

Across town, law enforcement professionals from the United Kingdom and Kenya, in town for the Summit, were training US law enforcement officers and lawyers on a multi-sectoral approach to addressing FGM/C. They also shared best practices, lessons learned and successful strategies for addressing the issue in their countries. While recognizing they were behind their counter parts in the UK and Kenya, US law enforcement were energized to tackle FGM/C at the federal and state levels.

In the evening, those from the various meetings came together with other Summit participants at the National Museum of Women in the Arts for a pre-Summit reception,

hosted by Human Dignity Foundation and the Wallace Global Fund. The weather was cold outside but the atmosphere inside was warm and celebratory. “Faces of Defiance”, the beautiful portraits of powerful activists, and FGM/C survivors, by Jason Ashwood and Leyla Hussein were on display. The music of international artists, and FGM survivors, Inna Modja and Sona Jobarteh, filled the air. The mood was optimistic and determined.

Top-line recommendations, emanating from months of civil society and government collaboration, refined by Summit panel discussions are presented below. When asked whether we can end FGM/C by 2030, the clear and overwhelming response from the Summit participants was: yes, hell YES!

As a direct outcome of the Summit, the US Network to End FGM/C is being officially launched in 2017. This network provides a forum for those working to address and end FGM/C in the United States, to connect with each other, share information, raise awareness, develop and provide better services, and hold duty bearers accountable to protecting girls from violence by eliminating FGM/C. Please visit [Equality Now](#) and [Safe Hands for Girls](#) for updates on the US Network to End FGM/C.

The webcast of the full Summit can be viewed [here](#).

Below and on opposite page: pictures of the activist meeting and reception.







Topline Recommendations for Tackling FGM/C in the US

- 1 Data on FGM/C prevalence, girls-at-risk, and who needs services in the US should be collected at state and federal level.
- 2 All education and outreach on FGM/C should be developed and delivered in collaboration with community groups and focus on risk assessment and prevention: prevention before prosecution, “educate, not mutilate”.
- 3 Communications and training to end FGM/C should appropriately and deliberately seek to address social norms and influence attitudes and behaviors that allow violence, including FGM/C, against women and girls to persist ([UN Women 2017](#)).
- 4 Create a platform where resources on FGM/C, new and existing, are available and easily accessible.

GOVERNMENT

- 5 The US Government and state governments should formalize standing interagency working groups that meets regularly to address FGM/C with a whole-of-government approach to facilitate integration of USG and state efforts to end FGM/C. The working groups should engage with civil society partners on a regular basis to enhance coordination and transparency.
- 6 Implement the GAO recommendations: the Attorney General and the Secretaries of Education, Health and Human Services, Homeland Security, and State should each develop a written plan that describes the agency’s approach for conducting education and outreach to key stakeholders in the United States regarding FGM/C and communicate the plan with other relevant federal agencies and stakeholder groups ([US GAO 2016](#)).
- 7 Apply the US Government definition of FGM/C as a serious human rights abuse, and a form of gender based violence and child abuse: FGM/C should be clearly classified as child abuse by local, state and federal enforcement authorities and incorporated into child abuse prevention and response programs. Child protection agencies should incorporate FGM/C into their child protection efforts and regularly investigate allegations of FGM/C as they would all forms of child abuse.
- 8 All state and federal mandatory reporters should be trained on and held accountable to FGM/C reporting standards.
- 9 The Violence Against Women Act should be amended to specifically include FGM/C and create a discretionary fund for use by the US Government to allow for federal grants to finance education, prevention and services to persons at risk and survivors.
- 10 Local, state and federal law enforcement (prosecutors, police, agents, and others) should receive education and training about engaging with victims, at-risk girls and their families. Law enforcement and child protection officials should work with community service providers to educate families and communities about the harmful effects of FGM/C, applicability of laws barring child abuse and where to find support.
- 11 US government and civil society should work with embassies and consulates in the US to engage their nationals in a structured format to share information and raise awareness regarding FGM/C in the US.
- 12 Increased distribution of information about FGM/C through existing immigration channels.

- 13 Increase information for distribution to refugees from high-prevalence countries, reaching ALL members of each family, not just the head of family.
- 14 FGM/C resource guides should be distributed to all US missions.
- 15 Congress should incorporate FGM/C and education linkages in any education-related legislation.
- 16 USAID should include a greater focus on gender equality and barriers to girls' education, including FGM/C, in the update to its Education Policy, which previously focused insufficiently on gender and on secondary education, the level at which most girls are at risk.
- 17 All participating agencies should fully implement the U.S. Global Strategy to Empower Adolescent Girls, setting out explicit efforts to end FGM/C. ([ICRW](#))

HEALTHCARE

- 18 **Healthcare Clinical Practice and Direct Services:** build clinical competency, raise clinician awareness and promote multi-specialty collaboration; develop and validate screening protocols; create and disseminate FGM/C communications tools for clinicians; create FGM/C reporting protocols for use at clinical sites; create a searchable database for clinicians to find and be aware of FGM/C resources, support groups, mental health and surgical correctives services, sexual health counseling services as well as pelvic floor physical therapy for women and girls affected by FGM/C; harness health IT and online resources for clinicians; create mechanisms to educate clinicians about FGM/C reporting requirements by state.
- 19 **Healthcare Education and Training:** create a consensus on FGM/C competencies for health profession learners of all specialties and at all levels of their training; create FGM/C educational content for students in health professions; create educational content for graduate health profession education learners; create educational content for post-graduate health professionals; participate in the development of patient FGM/C education materials.
- 20 **Health-Sector Research:** identify research gaps on FGM/C (in collaboration with national partners, like the Center for Disease Control, academic institutions, researchers, affected women); prioritize research needs and capabilities.
- 21 **Stakeholder and Community Engagement:** build partnerships with affected communities so that healthcare professionals can be allies in improving appropriate services; create mechanisms for health sector engagement with other stakeholders (justice, local health departments, schools, after school programs, community-based groups, advocacy groups).
- 22 **Professional organizations:** increased advocacy within professional organizations to raise awareness and stand up against sexual violence and FGM/C as well as increased accountability for protecting girls from violence, including FGM/C.
- 23 **Create and implement a health sector advocacy agenda.**

COMMUNITY AND FAITH-BASED LEADERS

- 24 Community and faith based leaders should engage with survivors and advocates to raise awareness within the boarder community and among their memberships that FMG/C is not a religious requirement.
- 25 The Organization of Islamic Cooperation should actively share and raise awareness among its 57 member states on its statement on FGM/C.

EDUCATION

- 26** Widely disseminate information on national and state laws against FGM/C, including to front-line professionals, professional organizations in healthcare, education, and child protection fields, implementing organizations and civil society orgs who serve at-risk population.
- 27** Develop a publically accessible database of resources and organizations to assist those affected or at risk of FGM/C and a platform where activists and organizations working to end FGM/C can engage with each other, share information and strengthen the movement to end FGM/C.
- 28** Department of Education should develop and disseminate an education toolkit to all school districts, ensuring school personnel (teachers, school nurses, school psychologists, social workers, counselors, and principals) are aware of the FGM/C and know how to identify and respond to girls at risk.
- 29** Given the linkages of FGM/C to girls' education, including school dropout and low level of grade completion in some contexts, the US should orient its investments in basic and secondary education to ensure that girls are protected from FGM/C ([ICRW 2016](#)).

DONORS

- 30** Increased government and donor support directly to grassroots, diaspora and youth activists in the US to develop and implement programs in their communities.
- 31** Increased government and donor support to civil society efforts to end FGM/C in the US.
- 32** Increased collaboration and information sharing among donors.
- 33** Increased engagement with and support and training for youth leaders in diaspora communities to break the silence around FGM/C.
- 34** Donor support for End Violence Against Girls: FGM/C Summits in other regions.
- 35** Raise awareness that FGM/C is a global issue and present in almost every country.
- 36** Increased recognition that FGM/C is child abuse and not a stand-alone issue; it is closely linked to girls' education, child marriage, early pregnancy, etc.
- 37** Invest in the training of health-care providers to both prevent FGM/C and to treat its complications.

Please visit [Equality Now](#) for the full list of recommendations.

Selections from Keynote Speakers



“The United States is clearly not doing enough to stop FGM. Our government is hardly investing anything in programs dedicated to combatting the practice. It’s time for federal agencies to step up with a concrete plan to bring FGM to an end, and that is why this Summit is so important... As I leave the Senate, I hope someone will pick up the baton on ending FGM.”

—SENATOR HARRY REID



“We cannot stop until every girl is safe. This is not just a women’s issue, men and boys must support women and girls in ending FGM/C.”

—UN SECRETARY GENERAL, BAN KI-MOON



“It is 2016 and it is hard to believe that it took this long for something like this Summit to happen. Like domestic violence, we need to treat FGM/C as a crime, not a family matter. Change can become the new reality and FGM/C history.”

—AMBASSADOR RUSSELL



“I come to the issue of FGM not just as a member of Congress, but as a husband, and as the father of a daughter. No girl should have to go through FGM—not in the U.S., not anywhere. Jaha continues to motivate and inspire me to do better and fight harder every day...we have to remind the government that it is the responsibility of the U.S. to continue to move this forward.”

—REP. JOSEPH CROWLEY (D-NY)

above, an emotional Joe Crowley

What is FGM/C?

IF WE ARE TO ELIMINATE FGM/C, WE MUST UNDERSTAND WHAT IT IS.

The World Health Organization (WHO) classification of FGM/C:

Type I: Clitoridectomy: partial or total removal of the clitoris.

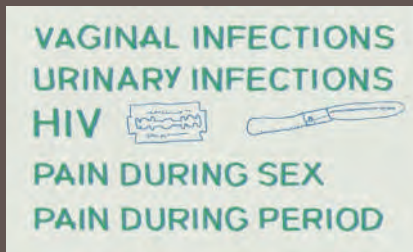
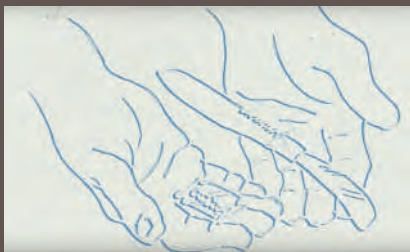
Type II: Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora

Type III: Infibulation: narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or labia majora with or without excision of the clitoris

Type IV: All other harmful procedures to the female genitalia for non-medical purposes

Facts on FGM/C

Video courtesy *The Guardian*



TERMINOLOGY

There are many terms and acronyms, including **female genital mutilation (FGM)**; **female genital cutting (FGC)**, **female circumcision**, and **Khatna**, that refer to the partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

The terminology used in this report is the one used by the US government: **“FGM/C”** and is **intended to be inclusive** of the various acronyms and terms referencing the practice.

FGM is a Global Issue

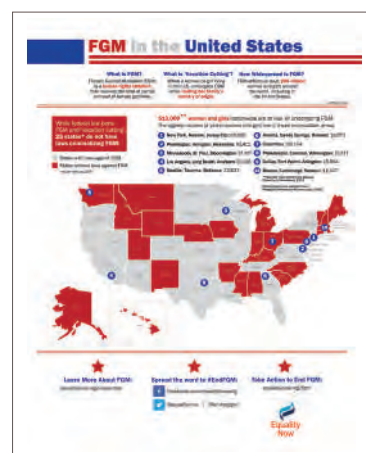
[UNICEF reports](#) over 200 million girls alive today, living in 30 countries have undergone FGM/C. FGM/C is not confined to a handful of regions in Africa as once believed but is happening on every continent, including communities in Asia and the Middle East and in Central, South and North America, and in Australia. Estimates show [500,000](#) women and girls in the European Union have undergone FGM/C and [513,000](#) women and girls have undergone or are at risk of FGM/C in the United States.

The global Sustainable Development Goal (SDG) compact, adopted in 2015 by 193 Member States, calls for an end to FGM by 2030. Goal 5 on gender equality has a specific target to eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation. The SDG target requires every country to measure FGM/C prevalence, which will present a more reliable and complete picture. As the available data on the extent of FGM/C increases, so will the number of girls and women known to have undergone the practice. FGM/C is a reality for many girls across many communities.

[UNICEF](#) reports that the majority of people in countries with data think the practice should end.

US MAP

The highest number of women and girls who have undergone or are at risk of FGM/C in the US live in the 10 metropolitan areas highlighted in red.



“Unfortunately, my story isn’t included in the global statistics on FGM/C because I am a woman born in the U.S., who at the age of seven, underwent the procedure in India. In a 2015 study, Sahiyo found that 80% of the Dawoodi Bohra Indian community had been cut and that 81% did not want the practice to continue. Sahiyo aims to break the silence of FGC in South Asian communities.”

—MARIYA TAHER, Founder Sahiyo

“FGM happened to me in white, Midwest America’. A Christian doctor removed my clitoris when I was three years old as a ‘cure’ for masturbation, [writes Renee Bergstrom](#). “FGM is not my shame, it is my story. I witnessed Christian religions declaring masturbation a sin, “some Christian leaders and doctors” recommending circumcision to prevent it, physicians carrying out the practice and our American culture first accepting this form of sexual abuse and then denying it ever occurred.”

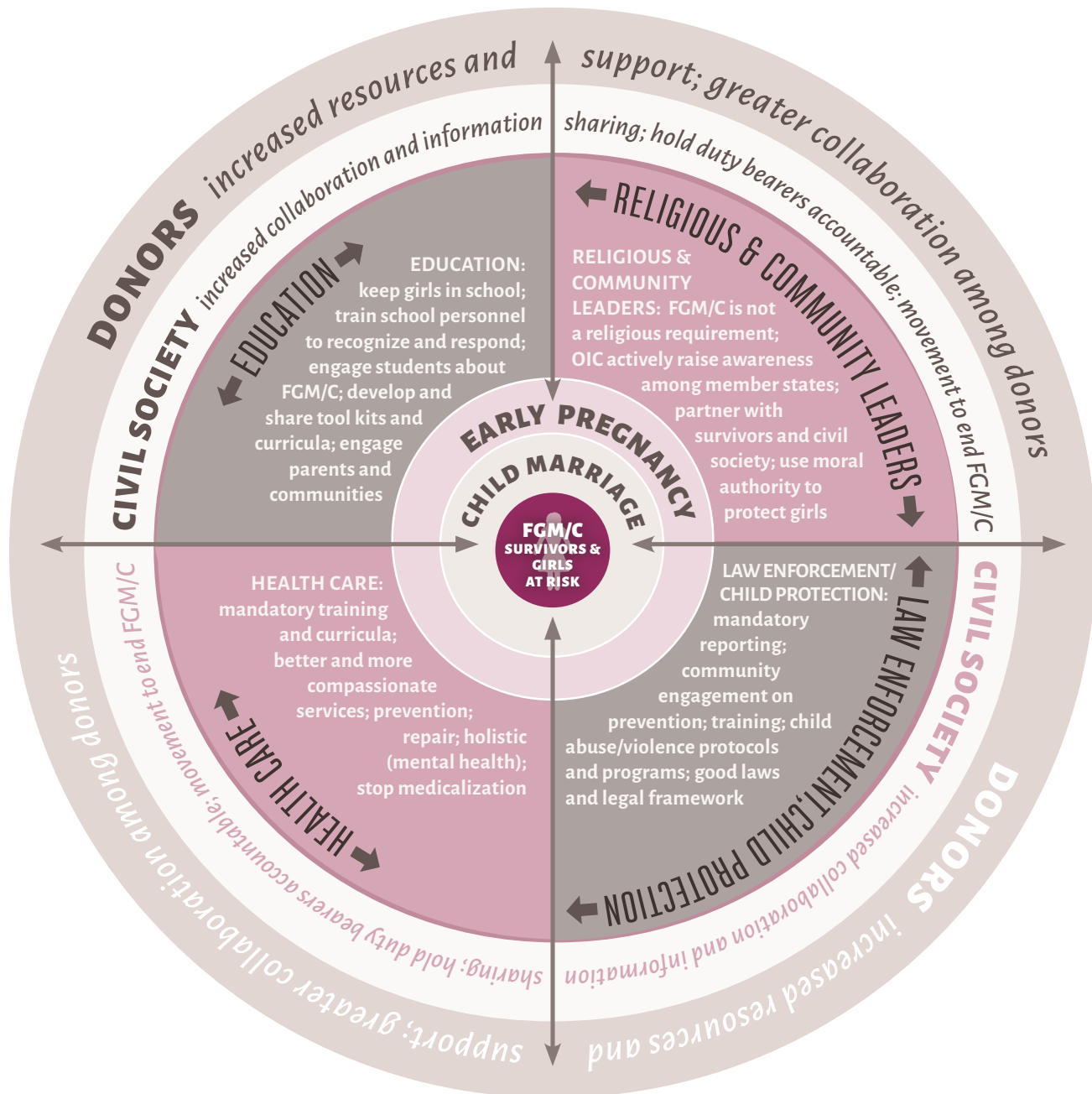
—RENEE BERGSTROM at the Summit



Responding to the Global Issue

Ending FGM/C by 2030 requires a comprehensive response that has girls and survivors at the center and recognizes the inter-linkages of FGM/C to other issues, such as child marriage, early pregnancy, and girls' education. Each sector

needs to address FGM/C and also work with each other and civil society, who must come together to hold duty bearers accountable to their commitments. Donors must collaborate and provide the necessary resources.

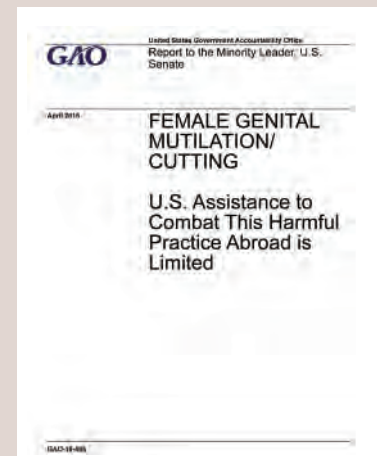




GLOBAL ADVOCATE FOR GIRLS AWARD Senator Harry Reid and UN Secretary General Ban Ki-Moon receive the first ever **Global Advocate for Girls Award** from the US Network to End FGM/C for their work to protect girls FGM/C; Senator Reid and Lakshmi Puri, Assistant Secretary-General of the UN on behalf of Secretary General Ban Ki-Moon receiving the award from Jaha and Shelby.

THE US GOVERNMENT ACCOUNTABILITY OFFICE (GAO) was asked by Senator Reid to review 1): the US Department of State and the US Agency for International Development's efforts to address FGM/C abroad and 2): the US federal response to FGM/C. In the [first report](#), the GAO found that US assistance to combat FGM/C abroad is limited; in the [second report](#) the GAO recommends that the US Department of State provide additional information to visa recipients and that the US Attorney General and the Secretaries of Education, Health and Human Services, Homeland Security, and State should each develop a written plan that describes the agency's approach for conducting education and outreach to key stakeholders in the United States regarding FGM/C and communicate the plan with other relevant federal agencies and stakeholder groups.

**Both the US Citizenship and Immigration Service and Department of Justice have developed written plans regarding FGM/C since the Summit in response to the GAO report.*



MULTI-SECTORAL APPROACH

In Kenya they are successfully using a [multi-sectoral approach](#) to implement anti-FGM/C laws across sectors. And the UK has found a ["whole of government"](#) approach to prevention of FGM/C works best. In response to civil society advocacy, the US formed an FGM/C inter-agency working group, including both domestic and international US agencies. The inter-agency working group engages with civil society around needs, best practices and challenges.

Taking this approach forward, the Human Rights & Special Prosecutions Section of the Department of Justice, a member of the inter-agency working group, has hosted several roundtables in collaboration with the ICE, FBI International Human Rights Unit and US Attorney's Offices in key metropolitan areas. These discussion bring together key stakeholders in the area including health care, education, service providers, community leaders, and survivor/activists to discuss local strategies for education, prevention and response to FGM/C. The September 2016 meeting in Brooklyn, NY resulted in formation of the New York Working Group on FGM/C.

The New York working group has already met three times and has 57 members, including African organizations, survivors, youth leaders, the NY Mayor's office, NY Child Services, NY Departments of Health and Education, medical professionals, Homeland Security, US Departments of Justice, NY Police Department, social workers, service providers, and lawyers. The focus is on outreach and education for community and service providers on reporting obligations under NY law.



International Framework: ELIMINATING FGM/C IS A ON THE GLOBAL AGENDA.

In 2012, the United Nations General Assembly adopted a milestone [resolution](#) calling on the international community to intensify efforts to end FGM/C. And in September 2015, the global community agreed to [the Sustainable Development Goals](#), which include a target in [Goal 5](#) to eliminate FGM/C by 2030. There are clear linkages between gender equality and protecting girls from violence and achieving sustainable economies around the world. Both the Resolution and the SDG framework signify the political will of the international community and national partners to work together to accelerate action towards a total, and final, end to the practice in all continents of the world. More and better data are needed to measure progress towards this common goal.

The SDGs are driving international development and international donor support for the next 12 years. They present an incredible opportunity for the international community, donors and activists to hold governments accountable to this commitment to end to FGM/C by 2030. International treaty bodies such as the Committees on [Convention on the Elimination of Forms of Discrimination](#)

[against Women](#) (CEDAW), the [Convention on the Rights of the Child](#) (CRC), and the Protocol on the African Charter on Human Peoples' Rights on the Rights of Women ([Maputo Protocol](#)), which prohibit violence against women and girls should link monitoring treaty implementation with the SDG target to eliminate FGM/C. International and regional Special Rapporteurs on violence against women and children should include FGM/C in their country visits and reports. The global campaign to end FGM/C is gaining traction, it is our responsibility to hold the international community and our governments accountable.

The US has an emerging policy framework on FGM/C. The [US gender based violence strategy](#) makes it clear that FGM/C is gender-based violence against women and girls that requires a multi-sectoral approach—one that includes community-led responses, a strong legal framework, a change in social norms, and political commitment.

FGM/C is also addressed in the first-ever [US adolescent girl strategy](#). Ending harmful practices like FGM/C is one of the key objectives in implementing that strategy.



“ We cannot be silent, we cannot afford to watch from a distance and turn a deaf ear to a human rights violation that has seen over 200 million girls and women mutilated.”

—MARY WANDIA,
End Harmful Practices Program Manager, Equality Now

Daring Greatly

Survivors are courageously speaking out and breaking the silence around FGM/C. They are owning their stories and sharing them in commanding ways across various platforms.

They are raising awareness of the harms caused by FGM/C and are demanding change. Young trailblazers are

boldly speaking out in their families, communities and globally, they are shifting the dialogue around not only FGM/C but also survivors. FGM/C is their story but it does not define them. These everyday activists are leaders, and also teachers, students, doctors, nurses, mothers, writers, brothers, public speakers, lawyers, therapists, ambassadors, award winners, sisters.



JAHA'S PROMISE: The award-winning documentary highlights the journey of Jaha Dukureh in her campaign to end FGM/C in the Gambia and US. The film is touring around the world to raise awareness around the movement to eliminate FGM/C and the power of advocates, and survivors, to effect real change in their communities, countries and the world.

“Grassroots activism is the real deal. Big Sisters are the approach that works—we’ve got this!”

—DOMTILA CHESANG



HER STORY, UNCUT: Equality Now creates dramatic performances based on true stories, like *Her Story, Uncut*, written and directed by Katie Cappiello and performed by the GoodCapp Arts ensemble Nikita Bleyer, Odley Jean, and Jasmine Niang to convey honest and direct messages from girls affected by FGM/C.





Daring Greatly





FACES of **DEFIANCE**

The portrait project featuring beautiful powerful advocates, and survivors of FGM/C, who are speaking out publicly about their experience and campaigning, tirelessly, to end FGM/C. The project was conceived by Leyla Hussein and photographer Jason Ashwood.





Education, education, education.

The need for more and better education, both formal and informal, around FGM/C is consistent across sectors and underscores all the recommendations. At the core of better education is stronger data and enhanced research.

Knowing how big the problem is, where it is, how it affects girls, parents and their communities, who does it, where it's done, and why it's done, is information that we still need to collect.

More resources and support are required to develop training materials and curricula that can be tailored to the specific needs of the community affected. Training should be developed and delivered in collaboration with community leaders that work with affected individuals and groups. Teaching dialogue skills and how to ask critical and challenging questions in effective ways that allow creative thinking about alternatives choices are critical.

Schools are an excellent channel through which to reach girls and boys, parents, teachers and other school officials. A training toolkit for school administrators, teachers, nurses and counselors is being developed and tested in the 70 Greater County School districts across the country.

The linkages between girls staying in school and lower prevalence of FGM/C are laid out in, [Leveraging Education to End Female Genital Mutilation Worldwide](#), written for the Summit by ICRW.

Training and workshops for front line professionals, healthcare, teachers, counsellors, social workers, law enforcement, child protection and government officials should be organized and mandatory. Information sharing among community leaders in the diaspora, young people at risk of FGM/C, faith-based leaders, and survivors is equally important. There are many existing channels through which training and awareness raising can occur: educational institutions, professional associations such as the National Association of School Nurses, Social Workers Association of America, Medical Associations, Child Protection, community and faith based gatherings. FGM/C must be integrated into existing systems, sharing what we know and identifying gaps.

In the United States there is a particular need to address the recurring issue of "cultural sensitivity" that can prevent progress and effective solutions from being presented to affected communities often promoting racial implications.

"They only tell us that FGM/C will make you a woman but nothing more. We need to educate our children and parents about the harms of FGM/C."

—KAKENYA NTAIYA





First: do no harm

There are no known health benefits of FGM/C, but many known short and long-term health consequences.

Medicalization of FGM/C refers to situations in which FGM/C is practiced by any category of health-care provider, whether in a public or a private clinic, at home or elsewhere. It also includes the procedure of re-infibulation at any point in time in a woman's life. Stopping medicalization of FGM/C is an essential component of the holistic, human rights-based approach for the elimination of FGM/C.

There is no medical justification for female genital mutilation. According to the [World Health Organization](#), health workers who carry out the practice are actively causing physical and psychological harm, and helping to perpetuate gender-based discrimination against girls and women.

Many health care professionals in the US are not familiar with FGM/C or how to treat it, despite a recent CDC report that 513,000 women and girls living in the US have undergone or are at risk of FGM/C. Patients should feel comfortable with their doctors but it is often the doctor that is uncomfortable because they are not familiar with FGM/C or how to address it.

Training on how to recognize and compassionately treat patients who have experienced is FGM/C should be mandatory for all medical clinicians and health care practitioners as part of regular medical training. Professional organizations and academic institutions can and should do more to enhance education on FGM/C and ensure proper

and effective treatment and care in a non-judgmental and appropriate manner for women and girls who have undergone FGM/C.

The health care community can also be instrumental in preventing FGM/C. Pregnancy, child birth, baby and child check-ups are all opportunities for discussions around health care and healthy genitalia. As mandatory reporters of child abuse, physicians should be aware of the US laws against FGM/C, including taking a child outside the US for purposes of FGM/C.

There have been many advances and much can now be done to address the pain, function, lack of sexual sensation, and other affects often associated with FGM/C. Multi-disciplinary approaches that include physiological therapy and counseling to address sexual functions holistically in women have been successful.

In FGM/C less than 10 percent of the clitoris is removed, any more would cause arterial bleeding. Initial studies have found that in almost all cases of FGM/C the clitoris is intact but hidden by scar tissue. There has been progress in procedures to repair and restore function and feeling.

There are a number of health care facilities that serve women affected by FGM/C, but effective care and treatment is not currently accessible to all women and girls who need or want it. There is a clear and urgent need for increased research, better data and more resources.





Accountability and Prevention

Laws protecting girls' rights are a critical step toward eliminating FGM/C. Without a proper legal framework, girls have no recourse to protect their rights. While not sufficient on their own, laws can accelerate social change. Where laws exist, they must be tested.

Governments are accountable for ensuring that laws protecting adolescent girls are implemented and enforced, and that all citizens, especially girls, are aware of their rights under the law. Civil society also has a role in raising awareness around the law, or need for them, and holding their government, professional organizations, and community leaders accountable. Youth movements have been very effective advocates.

FGM/C cannot be treated as a single act but needs to be integrated into existing child protection and violence systems. If a specific FGM/C law does not exist, it can be addressed under well-established offenses such as child abuse, assault and grievous bodily harm.

Laws can also be effective tools for prevention and the basis for education across sectors: law enforcement, child

protection, education, healthcare and service providers. The law can be an entry point for community discussions among various stakeholders.

Law enforcement and child protection officers should work with community leaders on how to effectively engage with community members on preventing the practice as well as arresting and prosecuting perpetrators. We are not going to legislate, arrest and prosecute our way out of FGM/C, it requires a multi-sectoral approach.

The U.S. Government opposes FGM/C, no matter the type, degree, or severity, and no matter what the motivation for performing it. The U.S. Government understands that FGM/C may be carried out in accordance with traditional beliefs and as part of adulthood initiation rites. Nevertheless, the U.S. Government considers FGM/C to be a serious human rights abuse, and a form of gender-based violence and child abuse.

It is against [U.S. law](#) to perform FGM/C on a girl under the age of 18, or to send or attempt to send her outside the United States so FGM/C can be performed.

The law protects all girls, regardless of whether the act is called FGM/C or labiaplasty.

In response to civil society advocacy and government pressure, the American College of Obstetricians and Gynecologists (ACOG) updated its [recommendation](#) in Jan 2017 to clarify medical indications and reflect legal considerations of performing genital surgery on females younger than 18 years.





Religious Leaders

No religion promotes or condones FGM/C within its scriptures. [UNFPA](#) states that FGM/C is often, mistakenly, perceived as being connected to Islam; while FGM/C is practiced among some Muslim groups, not all Islamic groups practice FGM/C, and many non-Islamic groups do, including some Christians, Ethiopian Jews, and followers of certain traditional religions.

As holders of part of the moral authority within a community, religious and community leaders are often essential when seeking changes in social norms and behaviors. They were instrumental in the campaign to address HIV/AIDS.

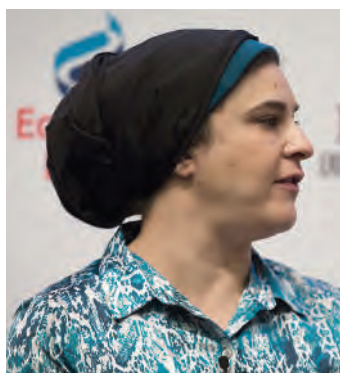
There are growing numbers of scholars, religious leaders and faith based organizations that are speaking out on the harms of FGM/C and clarifying that it is not a religious requirement.

The Organization of Islamic Cooperation and its 57 member states are opposed to FGM/C. There is a need for increased efforts to raise awareness and increase knowledge around the harms of FGM/C within OIC member countries and networks and more broadly.

Religious leaders can be strong partners in the fight to eliminate FGM/C by 2030.

“We really need to engage the religious leaders to make them realize that FGM/C is not only against the teachings of Islam but it is also harmful.”

—IMAM BABA LEIGH





Agenda and Panel Participants

Panel 1: Activists & Youth

MODERATOR:

Maryum Saifee, Policy Advisor, US State Department

PANELISTS:

Aissata Camara, Co-Founder, There Is No Limit Foundation

Domtita Chesang, Regional Coordinator, Guardian Global Media to End FGM

Leyla Hussein, Lead Campaigner, Psychotherapist & Consultant

Panel 2: Role of Educators

MODERATOR:

Angela Peabody, Executive Director/Founder, Global Woman PEACE Foundation

PANELISTS:

Kakenya Ntaiya, Founder & President, Kakenya's Dream

Djessou Kouyate, Senior Project Officer, Inter-African Committee-USA

Alison Milofsky, Director of Curriculum and Training Design, USIP

Sami Ullah, Events & Development Director, Integrate Bristol

Panel 3: Medical & Service Providers

MODERATOR:

Dr. Ranit Mishori, Director of Global Health Initiatives, Georgetown University Medical Center

PANELISTS:

Comfort Momoh, MBE, Midwife and FGM/C and Public Health Specialist, Guys and St Thomas Hospital, London

Dr. Marci Bowers, Physician & Surgeon, Mills-Peninsula & Mt. Sinai

Dr. Crista Johnson, Founding Director, Refugee Women's Health Clinic

Dr. Nawal M. Nour, Director, African Women's Health Center, Brigham and Women's Hospital

Panel 4: Law Enforcement & Child Protection

MODERATOR:

Susan Masling, Attorney, US Department of Justice

PANELISTS:

Kathleen O'Connor, Deputy Chief, Human Rights and Special Prosecutions Section, Criminal Division, US Department of Justice

Christine Nanjala, Assistant Director, Director of Public Prosecutions Office

Maria Saine, Programmes Manager, Safe Hands for Girls

Gerry Campbell; former Detective Chief Superintendent, Scotland Yard

Agenda/panel participants, continued

Panel 5: Religious and Community Leaders

MODERATOR:

Manal Omar, Associate Vice President, Center for Middle East and Africa, USIP

PANELISTS:

Imam Alas Jawne

Imam Baba Leigh

Arsalan Suleman, Acting U.S. Special Envoy to the Organization of Islamic Cooperation, US Department of State

Panel 6: International Sustainable Development Goals

MODERATOR:

Kathleen Kuenhast, Ph.D., Director of Gender Policy and Strategy at the US Institute of Peace

PANELISTS:

Nafissatou Diop, Coordinator for the UNFPA/UNICEF Programme on Female Genital Mutilation/Cutting

Dr. Morissanda Kouyate, Executive Director, Inter-African Committee on Traditional Practices

Susan Markham, Senior Coordinator for Gender Equality and Women's Empowerment,

US Agency for International Development (USAID)

Dr. Faith Mwangi-Powell, Global Director, The Girl Generation

Mary Wandia, End Harmful Practices Program Manager, Equality Now

Panel 7: Best Practices and Solutions

MODERATOR:

Shelby Quast, Americas Director, Equality Now

PARTICIPANTS:

Jaha Dukureh, Founder & Executive Director, Safe Hands for Girls, *representing* **Activist and Youth Working Group**

Ranit Mishori, Director of Global Health Initiatives, Georgetown University Medical Center; *representing* **Health Care Working Group**

Angela Peabody, Executive Director/Founder, Global Woman PEACE Foundation, *representing* **Education Working Group**

Dr. Nina Smart, Founder, SWF International, *representing* **Immigration Expert Group**

Rachel Clement, Research Associate at International Center for Research on Women (ICRW), *representing* **Foreign Policy Working Group**

Jeanne Smoot, Senior Counsel for Policy and Strategy, Tahirih Justice Center, *representing* **Law Enforcement Working Group**

Mariama Diallo, African Community Specialist, Sanctuary for Families, *representing* **New York Network to End FGM/C**



Resources

US Government Accountability Office report on FGM/C <http://www.gao.gov/assets/680/678098.pdf>

UN Sustainable Development Goals, Goal 5 Gender Equality <http://www.un.org/sustainabledevelopment/gender-equality/>

The Guardian Global Media Campaign to End Female Genital Mutilation
<https://www.theguardian.com/end-fgm>

The Girl Generation: Together to End FGM <http://www.thegirlgeneration.org>

The UNFPA UNICEF Joint Programme on FGM/C: <http://www.unfpa.org/joint-programme-female-genital-mutilationcutting>

The Donor Working Group to End FGM/C <http://www.fgm-cdonor.org>

End Violence against Girls: FGM/C Summit webcast (Dec 2016): <https://www.usip.org/events/webcast-end-female-genital-mutilation>

Female Genital Mutilation/Cutting and Violence against Women and Girls, UN Women Policy note (2017)
<http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2017/policy-note-female-genital-mutilation-cutting-and-violence-against-women-and-girls-en.pdf?vs=905>

Management of health outcomes of female genital mutilation: Systematic reviews and evidence syntheses, in the International Journal of Gynecology and Obstetrics, February 2017 <http://onlinelibrary.wiley.com/doi/10.1002/ijgo.12041/full>

Ending Female Genital Mutilation and Cutting: Opportunities in US Foreign Policy and Programs (ICRW 2016)
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OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO. Eliminating female genital mutilation. An interagency statement. Geneva: WHO; 2008.
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WHO Guidelines on the Management of Health Complications from Female Genital Mutilation
<http://www.who.int/reproductivehealth/topics/fgm/en/>

United Nations Population Fund (UNFPA) Female Genital Mutilation, Frequently Asked Questions:
<http://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#religions>

UNICEF's Data Work on FGM [https://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD\(2\).pdf](https://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD(2).pdf)

US Strategy to Prevent and Respond to Gender Based Violence 2016 Update <https://www.state.gov/documents/organization/258703.pdf>

High-quality healthcare needed for girls and women who have experienced female genital mutilation
<http://www.who.int/reproductivehealth/topics/fgm/en/>

General Accountability Office report to the Honorable Harry Reid, Minority Leader, US Senate, Female Genital Mutilation and Existing Federal Efforts to Raise Awareness should be Improved <http://www.gao.gov/assets/680/678098.pdf> <http://gao.gov/assets/680/676833.pdf>

Government Accountability Office Report on US Support to end FGM/C Abroad <http://www.gao.gov/products/GAO-16-485>

Government Accountability Office Report on federal efforts to address FGM/C in the US.
<http://www.gao.gov/assets/680/678098.pdf>

Resources, continued

US Government Accountability Office Watch Blog on Female Genital Mutilation

<https://blog.gao.gov/2016/08/02/fighting-female-genital-mutilation/>

FGM Happened to me in White Midwest America

<https://www.theguardian.com/us-news/2016/dec/02/fgm-happened-to-me-in-white-midwest-america>

Convention on the Rights of the Child <http://www.ohchr.org/EN/HRBodies/CRC/Pages/CRCIndex.aspx>

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Comfort Momoh video, Things you Should Know about FGM

<https://www.theguardian.com/society/video/2016/feb/05/facts-you-should-know-about-fgm-video>

Convention of the Elimination of All Forms of Discrimination against Women

<http://www.ohchr.org/EN/HRBodies/CEDAW/Pages/CEDAWIndex.aspx>

United to End FGM, a comprehensive, free on line training module designed for Law Enforcement, Child Protection workers, Health Workers, and Educators, which can be found at: <http://uefgm.org/index.php/get-started/>

Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa

<http://www.achpr.org/instruments/women-protocol/#5>

INSPIRE, Seven Strategies for Ending Violence Against Children

<http://apps.who.int/iris/bitstream/10665/246212/1/WHO-NMH-NVI-16.7-eng.pdf?ua=1>

It's our job as health workers to 'do no harm', Ian Askew, WHO Director, Department of Reproductive Health and Research, 16 May 2016

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US Global Strategy to Empower Adolescent Girls <https://www.state.gov/documents/organization/254904.pdf>

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FGM Repair/Clitoral Restoration, Dr. Marci Bowers, <http://marcibowers.com/our-services/fgm/>

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<http://www.prb.org/Publications/Reports/2015/fgmhealth-providers.aspx>

About the Organizers



EQUALITY NOW www.equalitynow.org

Founded in 1992, Equality Now is an international human rights organization dedicated to ensuring that women and girls around the world can live their lives free from violence and discrimination. Combining grassroots activism with international, regional and national legal advocacy, we envision a world in which women and men have equal rights under the law and full enjoyment of those rights. With partners and supporters in nearly every country in the world, Equality Now advocates to advance Legal Equality and to end FGM/C, Sex Trafficking and Sexual Violence—all with a special focus on championing Justice for Girls.



SAFE HANDS FOR GIRLS www.safehandsforgirls.org

Safe hand for girls is an Atlanta-based, survivor-led 501(c)(3) organization focused on ending FGM/C and other forms of Gender Based Violence worldwide. Founded and led by survivor Jaha Dukureh, Safe Hands for Girls has succeeded in saving at least one hundred girls from FGM/C.



UNITED STATES INSTITUTE OF PEACE www.usip.org

The United States Institute of Peace works to prevent, mitigate, and resolve violent conflict around the world. USIP does this by engaging directly in conflict zones and by providing analysis, education, and resources to those working for peace. Created by congress in 1984 as an independent, nonpartisan, federally organization, USIP's more than 300 staff work at the Institute's D.C. headquarters, and on the ground in the world's most dangerous regions.



US NETWORK TO END FGM/C

The US Network to End FGM/C is a group of organizations and individuals in the US working across sectors to address and end FGM/C. This informal network provides a forum for members to connect with each other, share information, raise awareness, develop and provide better services, and hold duty bears accountable for protecting girls from violence by eliminating FGM/C. With support from Wallace Global Fund, members are taking steps to formalize the US Network to End FGM/C.

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