

BACKGROUND

Female genital mutilation/cutting (FGM/C) is a harmful practice experienced by an estimated 200 million women and girls throughout the world today.ⁱ The practice, which involves the cutting or removal of the external female genitalia or other injury to the female genital organs, has no known health benefits, but many known short- and long-term health consequences. While the age at which girls are cut can vary from infancy to adolescence, most girls are cut between the ages of 5-14.

The United Nations, the World Health Organization and many countries recognize FGM/C as a violation of human rights. It is rooted in gender inequality, and is often linked to other elements of gender-based violence and discrimination, such as child marriage. While the practice is associated with several cultural traditions, it is not tied to any one religion.

The negative health consequences of FGM/C have been broadly documented and include bleeding, infection, obstetric fistula, complications during childbirth and death, among others. However, the practice also undermines other elements of women's and girls' rights, including to non-discrimination, educationⁱⁱ and other development priorities such as gender equality. For this

reason, ending FGM/C has been included as a target in the Sustainable Development Goals (SDGs), under Goal 5 (target 5.3).

It is important to recognize that FGM/C is not only a global issue, but a domestic one as well. Indeed, an estimated 513,000ⁱⁱⁱ women and girls in the United States have experienced or are at risk of FGM/C, a figure that has tripled since 1990.^{iv} As such, and recognizing the universal nature of the SDG framework, the United States Government should tailor investments toward ending FGM/C not only in its development assistance, but also in domestic health, child protection, education and justice sector efforts. However, according to two 2016 Government Accountability Office (GAO) reports, U.S. investments to address FGM/C abroad are extremely limited, and efforts to combat the practice within the U.S. have been ad hoc at best.

This brief articulates the policy landscape on U.S. efforts to end FGM/C to date, and argues for specific areas of action that could be taken up immediately to improve past performance, primarily in foreign policy and programs.

FGM/C IN U.S. POLICY TO DATE

The first legislation passed on this issue dates back to 1996, when Congress criminalized FGM/C on minors.^v The same legislation also directed the Department of Health and Human Services (HHS) to compile data on FGM and to engage in education and outreach to relevant communities, and for the Immigration and Naturalization Service (INS) to provide information to those who were issued U.S. visas on the legal and health consequences of FGM. The legislation included a provision that non-humanitarian loans from

international financial institutions, such as the World Bank, must carry out educational campaigns to prevent FGM in order to receive US funding.

In addition to the 1996, U.S. Code 18 § 116 'Female Genital Mutilation'^{vi}, which made it illegal to perform FGM/C in the U.S.,^{vii} legislation was passed in 2013 to include the criminalization of knowingly transporting a minor for the purpose of FGM/C. The Centers for Disease Control have published reports on the prevalence of FGM/C in the United States, most recently in 2015. On the global side, USAID first released guidance on the

practice in 2000, while over the course of the 2000s Congress appropriated up to \$5 million for efforts to end the practice abroad. In 2012, USAID incorporated FGM/C in gender- and GBV- related strategies, and in 2014 the United States made twelve public commitments to address FGM/C at a pledging conference in London (five domestic and seven international).^{viii} Most recently, the Senate included a \$50m appropriation for U.S. contributions to a UN program on FGM/C in the committee-reported draft of its 2017 State and Foreign Operations appropriations bill, and the State Department, USAID, Millennium Challenge Corporation and Peace Corps released the *U.S. Global Strategy to Empower Adolescent Girls*, which includes an explicit section on ending FGM/C. The U.S. also joined the Donors Working Group on FGM/C, which includes 11 governments and aims to coordinate efforts for large-scale transformation.

LEVERAGING RELEVANT INVESTMENTS TO END FGM/C AT HOME AND ABROAD

The GAO reports^{ix} rightly assert that there is much more the United States can and should be doing if real progress is to be made. Indeed, there are a number of existing policies and programs that could be leveraged to end the practice. The following recommendations surfaced in the course of ICRW's research:

Recommendations for U.S. Foreign Policy and Assistance

The U.S is one of the largest donors in global education and global health programs, yet they have not made targeted investments to prevent FGM/C. Existing initiatives such as Let Girls Learn and the President's Emergency Plan for AIDS Relief (PEPFAR) provide immediate opportunities to support efforts to end FGM/C.

Education: Given the linkages of FGM/C to girls' education, including school drop out and low levels of grade completion in some contexts,^{xi} the U.S. should orient its investments in basic and secondary education to ensure that girls are protected from cutting. Immediate actions include:

- ◆ Congress should incorporate FGM/C and education linkages in any education-related legislation;

2 • Ending Female Genital Mutilation and Cutting: Opportunities in U.S. Foreign Policy and Programs
[International Center for Research on Women](#)

U.S. GLOBAL STRATEGY TO EMPOWER ADOLESCENT GIRLS

The goal of U.S. government efforts under this strategy is to ensure adolescent girls are educated, healthy, economically and socially empowered, and free from violence and discrimination, thereby promoting global development, security, and prosperity. Our efforts aim to enhance their access to quality education; to reduce their risks of child, early, and forced marriage (CEFM); to reduce their vulnerability to gender-based violence, *including harmful norms and practices such as female genital mutilation/cutting (FGM/C)*; and to provide them with the tools necessary to fully participate in their societies, claim their rights, and make informed decisions about their lives.

DONORS WORKING GROUP ON FEMALE GENITAL MUTILATION/ CUTTING

Founded in 2001, the Donors Working Group on FGM/C brings together key actors representing governments, all relevant UN agencies and multilateral organizations, and private foundations engaged in the common effort to end FGM/C and promote gender equality. The U.S. Government, through the Department of State and USAID, is one of 11 government members. Members share an overarching objective to support large scale social transformation that benefits children and women. Donor Working Group members share information on technical and political developments on efforts to eliminate FGM/C, coordinate on upcoming initiatives, and advocate for a common understanding among donors of the policy and programmatic elements required to end the practice. Thanks to this broad consensus and growing partnership, the basis now exists for scaling up abandonment strategies.

- ◆ 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;

- ◆ The Peace Corps should allow and encourage volunteers to support community-driven efforts to end all forms of gender-based violence, including FGM/C, under its existing education commitments, as should all participating agencies.

Global Health: Similarly, the U.S. is the largest donor in various global health efforts, including family planning and combatting HIV. The U.S. should similarly make funds available within these streams to prevent FGM/C and/or to provide health services to survivors, starting with the President’s Emergency Plan for AIDS Relief (PEPFAR), which has relevant investments in ending GBV and protecting adolescent girls:

- ◆ In fiscal years 2014 and 2015, PEPFAR invested a total of \$73.3 million in gender-based violence-related activities. In FY17, these efforts should be reviewed for opportunities to end FGM under planned GBV response activities; and
- ◆ Within PEPFAR, the DREAMS program is a \$385 million partnership to reduce HIV infections among adolescent girls and young women in 10 sub-Saharan African countries. For the three DREAMS countries that are among the top prevalence FGM/C countries, efforts to end the practice should be included in country plans.

Gender Equality and Female Empowerment: Over the last several years, the U.S. has taken unprecedented steps to promote gender equality and the empowerment of women and girls in its foreign policy and assistance: In fiscal year 2017, President Obama requested \$1.34 billion for such efforts. The following recommendations should be included in agencies who work on gender equality and women’s empowerment:

- ◆ **More than half** of the top 20 recipient countries for U.S. foreign assistance tied to gender equality are among the top FGM/C prevalence countries² and should immediately include activities to end the practice in their country development cooperation strategies; and
- ◆ The *U.S. Global Strategy to Empower Adolescent Girls* contains an explicit focus on ending FGM/C.

1 Kenya, Tanzania and Uganda

2 Tanzania, Ethiopia, Zambia, Egypt, Rwanda, Nigeria, Senegal, Sudan, Liberia, Kenya, Mali and Somalia

GENDER-BASED VIOLENCE DEFINED^{xiii}

GBV is a global problem: it occurs in every country and society. It happens in public and private settings, including but not limited to digital and online spaces, educational settings and schools, the home, workplaces and in transit. Types of GBV include, but are not limited to: child, early, and forced marriage; female genital mutilation/cutting; so-called “honor”-based violence and killings, and other harmful practices; acid violence; dating violence; domestic violence; female infanticide; femicide or gender-related killing of women and girls; all forms of human trafficking; intimate partner violence; sexual harassment; stalking; all forms of sexual violence, including reproductive and sexual coercion, and rape, including marital rape, so-called “corrective” rape, and rape as a tactic of conflict. Other types of violence that are sometimes gender-based include, but are not limited to: abandonment; neglect; bullying; child abuse; corporal punishment; and elder abuse.

All participating agencies should fully implement this Strategy, setting out explicit efforts to end FGM/C within those efforts.

Gender-Based Violence: Within its efforts to promote equality globally, the U.S. has set explicit goals and objectives to prevent and respond to gender-based violence. These efforts account for more than 10 percent of the amount that funds requested for promoting equality (see above) and are guided by a policy framework that was recently updated, the *U.S. Strategy to Prevent and Respond to Gender-based Violence Globally*.^{xiii} This Strategy includes FGM/C within its definition of violence, and both participating agencies (the U.S. Department of State and USAID) have implementation plans and include examples of efforts to end FGM/C in Guinea and Senegal. Both agencies have established classifications for U.S. foreign assistance activities addressing gender-based violence, and according to their own reporting in the GBV Strategy update, an average of \$153 million per year was spent on GBV programming in fiscal years 2013 through 2016. Immediate actions include:^{xii}

- ◆ FGM/C should be included in the suite of GBV indicators used to measure USG efforts in this area; and

- ◆ The forthcoming USAID resource guide on FGM/C should be distributed to all missions in high prevalence countries.

Recommendations for Domestic Policy and Programs

The scope of ICRW's research has been largely directed toward actions the U.S. can take to end FGM/C in its foreign policy and assistance, and as such the majority of our recommendations focus on global engagement. However, there are concrete steps that the United States can and should take to address FGM/C domestically, from the national to state and local levels. A report by the Government Accountability Office^{xiv} and a policy brief by Equality Now^{xv} highlight many of these. At an expert roundtable convened by ICRW in the course of this research, the following elements rose to the surface as priority, immediate actions on the domestic front:

Coordination: Although FGM/C is illegal in the United States, as is the transportation of minors for outside of the U.S. for the purpose of FGM/C, preventing and responding to this practice requires the coordinated efforts of relevant agencies (the Departments of Justice,

Homeland Security, Education and Health and Human Services). Specifically, these agencies should:

- ◆ Develop written, coordinated plans to address FGM/C.
- ◆ Disseminate information regarding national and state laws amongst implementing organizations and civil society organizations who serve at-risk population
- ◆ Provide training for those who implement these laws or interact with children at-risk of the practice, such as law enforcement, educators, health care professionals and child protective services.

Child Abuse Prevention: The U.S. Government has indicated that it considers FGM/C a form of child abuse. As such, efforts to address FGM/C should be incorporated in domestic child abuse prevention and response programs, targeting key populations in the U.S. in which FGM/C is prevalent.

- ◆ This includes ensuring school personnel are aware of the practice and can identify warning signs; and
- ◆ Ensuring that child protection agencies incorporate FGM/C into their child protection efforts and regularly investigate allegations of FGM/C as they would all other forms of child abuse.

ENDNOTES & CITATIONS

ⁱ United States Government Accountability Office. (2016). *Female Genital Mutilation/Cutting: U.S. Assistance to Combat this Harmful Practice Abroad is Limited*. (GAO Publication No. 16-485). Washington, D.C. U.S. Government Printing Office.

ⁱⁱ International Center for Research on Women, (2016). *Leveraging Education to End Female Genital Mutilation/Cutting Worldwide*. Washington, DC.

ⁱⁱⁱ Mather, M and Feldman-Jacobs, C. *Women and Girls at Risk of Female Genital Mutilation/Cutting in the United States*. Retrieved November 2, 2016, from <http://www.prb.org/Publications/Articles/2015/us-fgmc.aspx>.

^{iv} Goldberg, H., Stupp, P., Okoroh, E., Besera, G., Goodman, D., and Danel, I. (2016). Female genital mutilation/cutting in the United States: Updated estimates of women and girls at risk, 2012. *Public Health Rep*, 131: 340-347.

^v The Illegal Immigration Reform and Immigrant Responsibility Act of 1996, Pub. L. 104-208, § 645, 110 Stat. 3009-546 (1996)

^{vi} U.S. Code 18 § 116. Female Genital Mutilation. Retrieved November 2, 2016, from <https://www.law.cornell.edu/uscode/text/18/116>.

^{vii} Equality Now, *Female Genital Mutilation (FGM) in the United States*. Retrieved November 2, 2016, from www.equalitynow.org/sites/default/files/EN_FAQ_FGM_in_US.pdf.

^{viii} Girl Summit. *Girl Summit: One Year On*. Retrieved November 2, 2016, from <http://www.girlsummit2014.org/Commitment/Show>.

^{ix} United States Government Accountability Office. (2016). *Female Genital Mutilation/Cutting: U.S. Assistance to Combat this Harmful Practice Abroad is Limited*. (GAO Publication No. 16-485). Washington, D.C. U.S. Government Printing Office.

^x United States Government Accountability Office. (2016). *Female Genital Mutilation/Cutting: Existing Federal Efforts to Increase Awareness Should Be Improved*. (GAO Publication No.16-645). Washington, D.C. U.S. Government Printing Office.

^{xi} International Center for Research on Women, (2016). *Leveraging Education to End Female Genital Mutilation/Cutting Worldwide*. Washington, DC.

^{xii} United States Government. (2016). "United States Strategy to Prevent and Respond to Gender-based Violence Globally." Mimeo. Washington, D.C.

^{xiii} USAID. (2016). *U.S. Strategy to Prevent and Respond to Gender-based Violence Globally 2016 Update*. Washington, DC. Department of State/USAID, Washington DC; 2016.

^{xiv} United States Government Accountability Office. (2016). *Female Genital Mutilation/Cutting: U.S. Assistance to Combat this Harmful Practice Abroad is Limited*. (GAO Publication No. 16-485). Washington, D.C. U.S. Government Printing Office.

^{xv} Equality Now. *Female Genital Mutilation (FGM) in the United States*. Retrieved November 2, 2016, from www.equalitynow.org/sites/default/files/EN_FAQ_FGM_in_US.pdf.