

Female Genital Mutilation/Cutting in the United States

Key Facts

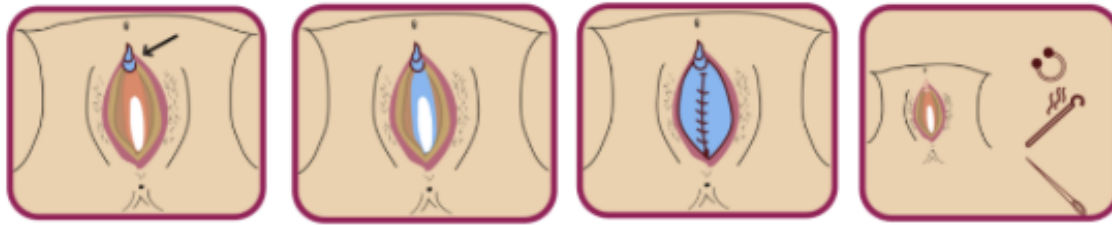
- FGM/C has long lasting physical and mental health effects on women and girls.¹
- FGM/C is not supported or mandated by any religion.
 - An estimated 513,000 girls and women in the U.S. have undergone or are at risk of being subjected to FGM/C.²
 - In the U.S., 31 states to date have passed specific legislation that criminalizes FGM/C.³

Overview of FGM/C

Female genital mutilation/cutting is “any partial or total removal of the external female genitalia or any other injury of the female genital organs for non-medical reasons.” FGM/C is practiced predominantly in Africa and in some pockets of Asia, the Middle East and Latin America.⁴ In these countries, traditional practitioners and birth attendants as well as professional health care providers perform the cutting. ^{4, 5} FGM/C is a cultural practice that predates the Abrahamic religions, although some proponents claim it is rooted in Islam.⁵ Girls who do not undergo mutilation/cutting can face community shaming and diminished marriage prospects.⁵ Different cultures use [different words](#) to describe the procedure.

The World Health Organization has classified FGM/C into four types. Typically, Types I through III involve a progressively greater level of genital cutting, while Type IV comprises a variety of practices that do not involve removal of tissue from the genitals:

1. Clitoridectomy: partial or total removal of the clitoris and/or prepuce – **Type I**
2. Excision: partial or total removal of the clitoris and the labia minora – **Type II**
3. Infibulation: the most extreme form, removal of all external genitalia and the stitching together of the two sides of the vulva – **Type III**
4. **Type IV** refers to all other harmful procedures done to the female genitalia for non-medical purposes, including pricking, piercing, scraping.¹



Type 1:
Clitoridectomy refers to the partial or total removal of the clitoris and/or the prepuce.

Type 2: Excision is when the clitoris and/or the labia minora are removed.

Type 3: Infibulation occurs when the vaginal opening is sealed by cutting and repositioning the labia minora and/or the labia majora, with or without the excision of the clitoris.

Type 4: All other damaging procedures done to female genitalia for nonmedical reasons (e.g., pricking, piercing, incising, scraping, cauterization)

Four Types, 2019 from The George Washington University Milken Institute School of Public Health original study. Retrieved from: <http://fgmtoolkit.gwu.edu/are-you-survivor/about/what-fgmc>.

Existing literature firmly establishes that any form of FGM/C has no health benefits and places women at risk of negative health consequences and complications, both short-term and long-term. **1** In 2012, the United Nations General Assembly passed its [first resolution](#) calling for Member States to eliminate the practice. **1** Several United Nations organizations, including the WHO, UNICEF, UNAIDS, and the United Nations Population Fund, proclaim FGM/C as not only a violation of human rights but also is a form gender-based violence. These organization are working on worldwide initiatives to extinguish the harmful practice. **1**

Health impacts of FGM/C

Multiple short- and long-term health impacts can occur in connection with FGM/C. Below is a non-exhaustive list of common health impacts and consequences that can occur immediately or may persist throughout a woman’s life due to experiencing FGM/C:

Short-term Health Impacts

- Severe pain
- Excessive bleeding
- Difficulties with urination
- Shock
- Risk of infections

Long-term Health Impacts

- Obstetric complications
- Pain or lack of pleasure during sex
- Problems with menstruation
- Mental health concerns
- Urinary tract infections

Swelling of genital tissues

Risk of death

Infertility

Chronic infections

WHO, *Female genital mutilation*, (World Health Organization, 2018. Retrieved from: <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>).

What is the prevalence of FGM/C in the United States?

In 2012, The U.S. Centers for Disease Control and Prevention (CDC) estimated that there were over half a million girls and women living in the U.S. who experienced or were at risk of FGM/C. **2** The majority of these females live in large cities, including Washington, D.C., New York City, and Los Angeles.**2** Although there is lack of data for measuring prevalence of FGM/C in more suburban and rural parts of The U.S., FGM/C is present throughout the country. It is crucial for local child protection agencies to enforce laws surrounding FGM/C so as to protect women and girls from the harmful practice. This is particularly important for migrant communities and families who have come from countries where FGM/C is practiced. **2**

What is the state of law on FGM/C in the United States?

In 1996, Congress passed the Federal Prohibition of Female Genital Mutilation Act (18 U.S. Code § 116), making it illegal to perform FGM/C in the U.S. on a girl under the age of 18. **6** Federal law also prohibits anyone from transporting a minor to a foreign country for the purpose of FGM/C. In 2018, a federal judge struck down a 1996 U.S. law banning FGM/C, leaving in place a patchwork of state-level laws to help combat FGM/C. **7**

A woman who has had FGM/C has not violated any federal or state laws, and is not at fault.

In November 2018, a U.S. district judge [dismissed](#) the first case (U.S.A. vs. Nagarwala et al.) brought under the 1996 federal law against doctors in Michigan. **8** In dismissing the case, the judge argued in part that the federal prohibition is not a lawful exercise of congressional power under the Commerce Clause in the U.S. Constitution. In April 2019, the U.S. Department of Justice [announced](#) that it would not appeal the decision issued in 2018 by the U.S. district judge. **8**

Notwithstanding, states may prosecute cases of FGM/C under child abuse and/or criminal assault statutes that exist in all 50 states. States also have jurisdictional authority to enact express legislation to criminalize the act of FGM/C within their territories. **9** To date, 31 states have passed some form of anti-FGM/C legislation that carries criminal penalties, including fines and imprisonment. **9**

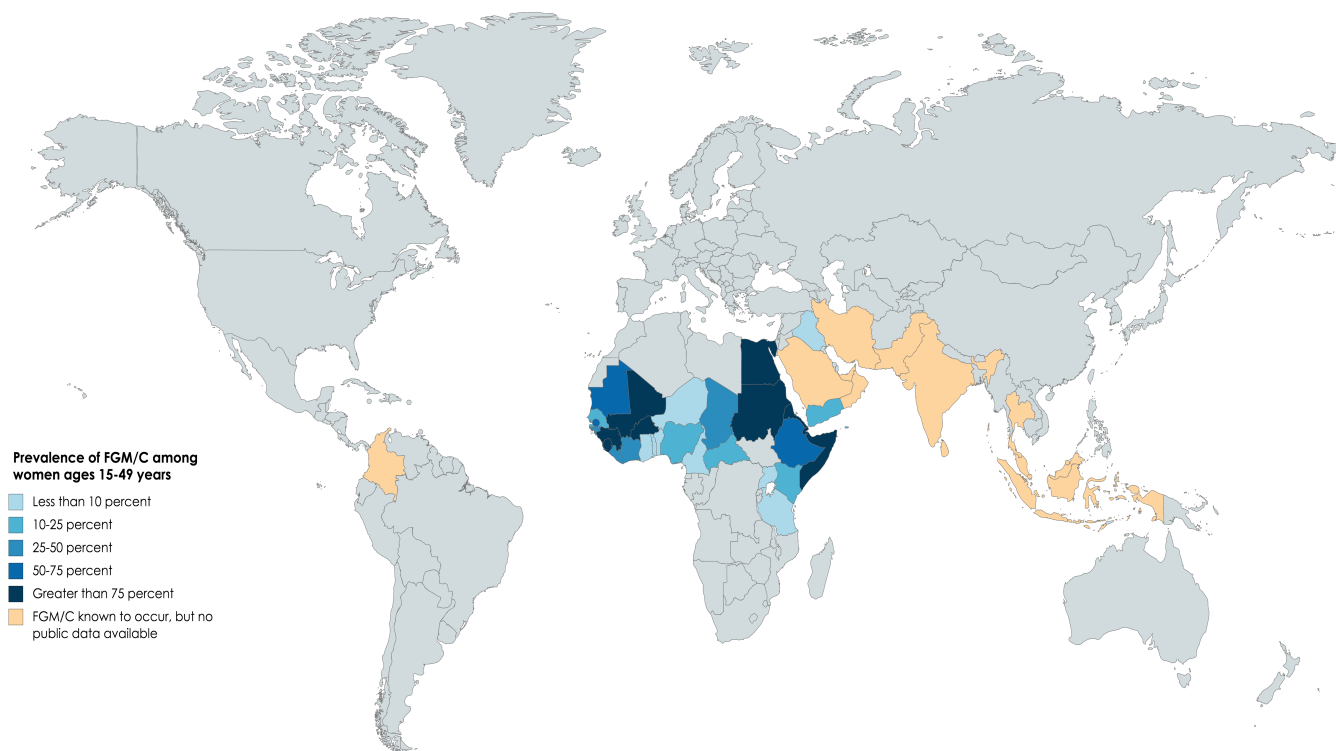
Why is FGM/C practiced?

The origins of FGM/C are unknown. In some countries and cultures, the practice has come to symbolically represent a rite of passage for preparing girls for marriage or womanhood.**1** Some

believe FGM/C to be a religious obligation, but **no** religion condones or requires it. For centuries, FGM/C has been reinforced by gender inequities and social norms that tie the practice to ideas around maintaining a girl’s chastity before marriage, including ensuring her marriageability, improving hygiene, and enhancing sexual pleasure for men.¹ Despite claims of religious, cultural, or social importance, evidence supports that FGM/C is a form of child abuse, has negative health impacts, including risk of death, and is a human rights violation.

What is prevalence of FGM/C around the world?

Available UNICEF 2016 data show that FGM/C is concentrated mostly throughout Africa, the Middle East and Asia. Over 200 million girls and women have undergone some type of FGM/C. **10** In particular, the highest prevalences of FGM/C exist in Mali, Sierra Leone, Egypt, and Somalia. **10** It is important to note that there are variations in the type(s) performed, circumstances surrounding the practice, and size of affected population groups. With increased international migration, the practice of FGM/C is not restricted to the practicing origin countries. See the map below for information on FGM/C prevalence in select countries.



Infogram, *Prevalence of FGM/C among women ages 15-49 years* (Map created using prevalence data from 2016 data from UNICEF).

References for further information

United Nations

http://www.un.org/womenwatch/daw/csw/csw52/statements_missions/Interagency_Statement_on_Eliminating_FGM.pdf

World Health Organization:

http://apps.who.int/iris/bitstream/handle/10665/206437/9789241549646_eng.pdf;jsessionid=4BCC9894048C63D52A693156DE1BE6A5?sequence=1

Centers for Disease Control and Prevention:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4765983/>

Works Cited

1. WHO, *Female genital mutilation*, (World Health Organization, 2018).
2. Goldberg, *Female Genital Mutilation/Cutting in the United States: Updated Estimates of Women and Girls at Risk*, (NCBI, 2012).
3. The George Washington University, *FGM Toolkit*, (The Milken Institute of Public Health, 2018-19). Retrieved from: <http://fgmtoolkit.gwu.edu/are-you-survivor/about/what-fgmc>.
4. Kimani, Samuel et. al., *Health Impacts of Female Genital Mutilation/Cutting: A Synthesis of the Evidence*, (Population Council, 2016).
5. Abdulcadir, J. et. al., *Female genital mutilation/cutting: sharing data and experiences to accelerate eradication and improve care* (NCBI, 2017). Doi: [10.1186/s12978-017-0361-y](https://doi.org/10.1186/s12978-017-0361-y).
6. *Legislation on Female Genital Mutilation in the United States* (Center for Reproductive Rights, 2004). Retrieved from: https://www.reproductiverights.org/sites/default/files/documents/pub_bp_fgmlawsusa.pdf.
7. FGM/C Toolkit, *How can I talk to my health care provider about FGM/C?* (The Milken Institute of Public Health, GWU, 2018-19). Retrieved from: <http://fgmtoolkit.gwu.edu/are-you-survivor/how-can-i-talk-my-health-care-provider-about-fgmc>.
8. Domonoske, Camila, *Judge Says Federal Law Against Female Genital Mutilation Violates U.S. Constitution* (NPR, 2018). Retrieved from: <https://www.npr.org/2018/11/21/669945997/judge-says-federal-law-against-female-genital-mutilation-violates-u-s-constituti>.
9. Khan, Ghada, *Statement on Judge's Decision in Michigan Case* (US End FGM/C Network). Retrieved from: <https://documentcloud.adobe.com/link/track?uri=urn:aaid:scds:US:0631ba80-c68a-41f6-b1d0-ca5d9ab7d658>.
10. *Female genital mutilation* (UNICEF, 2018). Retrieved from: <https://data.unicef.org/topic/child-protection/female-genital-mutilation/>.