

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.⁵
- 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., 40 states to date have passed specific legislation that criminalizes FGM/C.^{3,13,14}

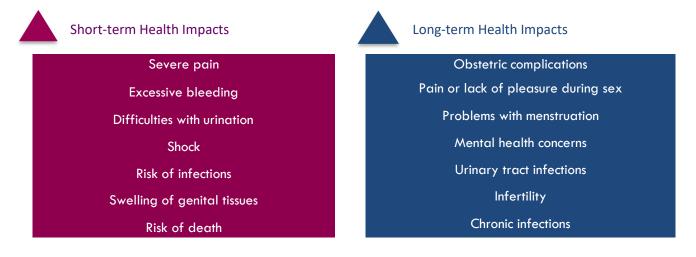
Overview of FGM/C

Female genital mutilation/cutting (FGM/C) 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 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.⁶

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.^{1,8} Several United Nations organizations, including the World Health Organization (WHO), United Nations Children's Fund (UNICEF), Joint United Nations Programme on HIV and AIDS (UNAIDS), and the United Nations Population Fund (UNFPA), proclaim FGM/C as not only a violation of human rights but also is a form gender-based violence. These organizations 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.¹ 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:



Four types of FGM/C

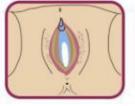
The WHO has classified FGM/C into four types. Typically, Types I through III involve a progressively greater level of genital cutting, while Type IV comprises a variety of practices that do not involve removal of tissue from the genitals.¹



No FGM/C



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.



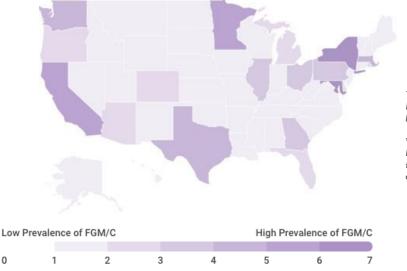
Type 4: All other damaging procedures done to female genitalia for nonmedical reasons (e.g. pricking, piercing, incising, scraping, cauterization

Images of the four types of FGM/C were created by the FGM/C educational toolkit project.

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

Girls and Women Living in the U.S. at risk for FGM/C



This map was created with data from the Population Reference Bureau, U.S. Women and Girls Potentially at Risk for FGM/C, Women's UN Report Network, 2013.

*For missing data, we incorporated data from: Population Reference Bureau, Girls and women living in the U.S. estimated to have had or be at risk of FGM, by metropolitan area, Brigham and Women's Hospital, 2000.

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 $18.^{\circ}$ 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 the 1996 U.S. law banning FGM/C, leaving in place a patchwork of state-level laws to help combat FGM/C.⁹

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.^{10,11} In dismissing the case, the judge argued in part that the federal

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

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.¹²

As of January 5, 2021, the 1996 law has now been replaced by an updated version, after the passage of the STOP FGM Act 2020 (HR 6100).¹⁵ This new federal law further strengthens protections for women and girls.

Notwithstanding, states may prosecute cases of FGM/C under child abuse and/or criminal assault statutes that exist in all 50 states.¹¹ States also have jurisdictional authority to enact express legislation to criminalize the act of FGM/C within their territories.¹¹ To date, 40 states have passed some form of anti-FGM/C legislation that carries criminal penalties, including fines and imprisonment.^{3,13,14}

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.¹ In particular, the highest prevalence of FGM/C exist in Mali, Sierra Leone, Egypt, and Somalia.¹ 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.

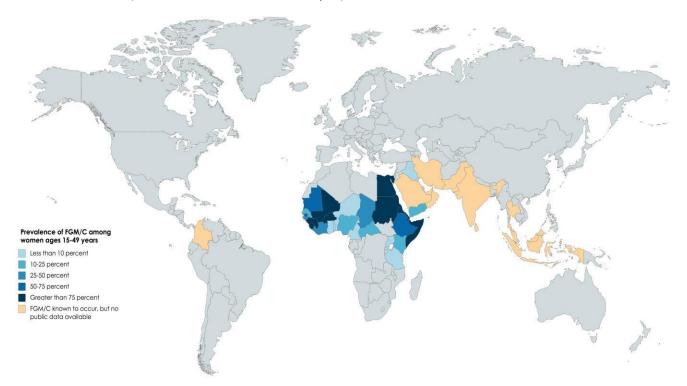


Image created using available UNICEF 2016 data on Prevalence of FGM/C among women ages 15-49 years.

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