Women in the United States Estimated to Have Had or to Potentially Be at Risk for FGM/C, 2013*

	All females	Under age 18	Age 18+
U.S.	498,591	169,533	329,058

* Includes women and girls born in the country or region indicated, and U.S.-born girls under age 18 with a resident parent who was born in the country or region indicated. Estimates of women and girls at risk are calculated by applying country-specific FGM/C prevalence rates to U.S. women and girls with ties to those countries.

Source: Population Reference Bureau, analysis of data from the 2013 American Community Survey, Public Use Microdata Sample. Estimates are subject to both sampling and nonsampling error.

++ Please note that the Centers for Disease Control and Prevention will publish data within the next few months. ++

OJJDP Office of Juvenile Justice and Delinquency Prevention
Working for Youth Justice and Safety

Keeping Kids Safe: Preventing Female Genital Mutilation/Cutting in the United States

March 18, 2015

Welcome

Stephanie Rapp
Program Manager
Office of Juvenile Justice and Delinquency Prevention

Office of Juvenile Justice and Delinquency Prevention
Working for Youth Justice and Safety

Keeping Kids Safe: Preventing Female Genital Mutilation/Cutting in the United States

March 18, 2015

Webinar Objectives

- Raise awareness and understanding of issues that some young girls and women face in the U.S. and abroad related to female genital mutilation/cutting (FGM/C).
- Present information on the physical, psychological, and emotional effects of FGM/C.
- Provide tools and resources to identify and prevent FGM/C in at-risk young girls and a toll free phone number and e-mail for reporting tips about persons at risk for FGM/C.
- Explain the legal consequences of FGM/C as a federal crime, a state crime in 23 states, and as reportable child abuse.

Presenter

Sarah Sisaye, MPH, CHES
Management and Program Analyst
Office of Elementary and Secondary Education
Office of Safe and Healthy Students
U.S. Department of Education

The United States is committed to ending female genital mutilation or cutting (FGM/C).

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.

Sampling of USG Responses to FGM/C

- **Domestically**:
  - Specific federal criminal penalties for performing FGM/C in the U.S. on any minor as well as transporting a minor outside of the U.S. for the purpose of performing FGM/C.
  - U.S. Department of Health and Human Services grant programs
    - Ethnic Community Self-Help Program
- **Internationally**:
  - U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally
  - U.S. works through its embassies and consulates in countries where FGM/C is practiced
  - U.S. strengthened reporting of FGM/C in its Annual Country Reports on Human Rights Practices

Recent* USG Efforts Against FGM/C

- Creation of FGM/C cross-government working group
  - USG Fact Sheet on FGM/C released
  - Updated immigration notice on FGM/C released
- Continual engagement with the field and stakeholders
- February 6, 2015 – International Day of Zero Tolerance for Female Genital Mutilation/Cutting
- October 2, 2014 – FGM/C Civil Society Consultation

*Please note that this list is not exhaustive.

Presenter

JOHNS HOPKINS SCHOOL of NURSING

Nicole Warren, PhD, MPH, CNM
Assistant Professor
Johns Hopkins School of Nursing and
Certified Nurse Midwife at Johns Hopkins Hospital

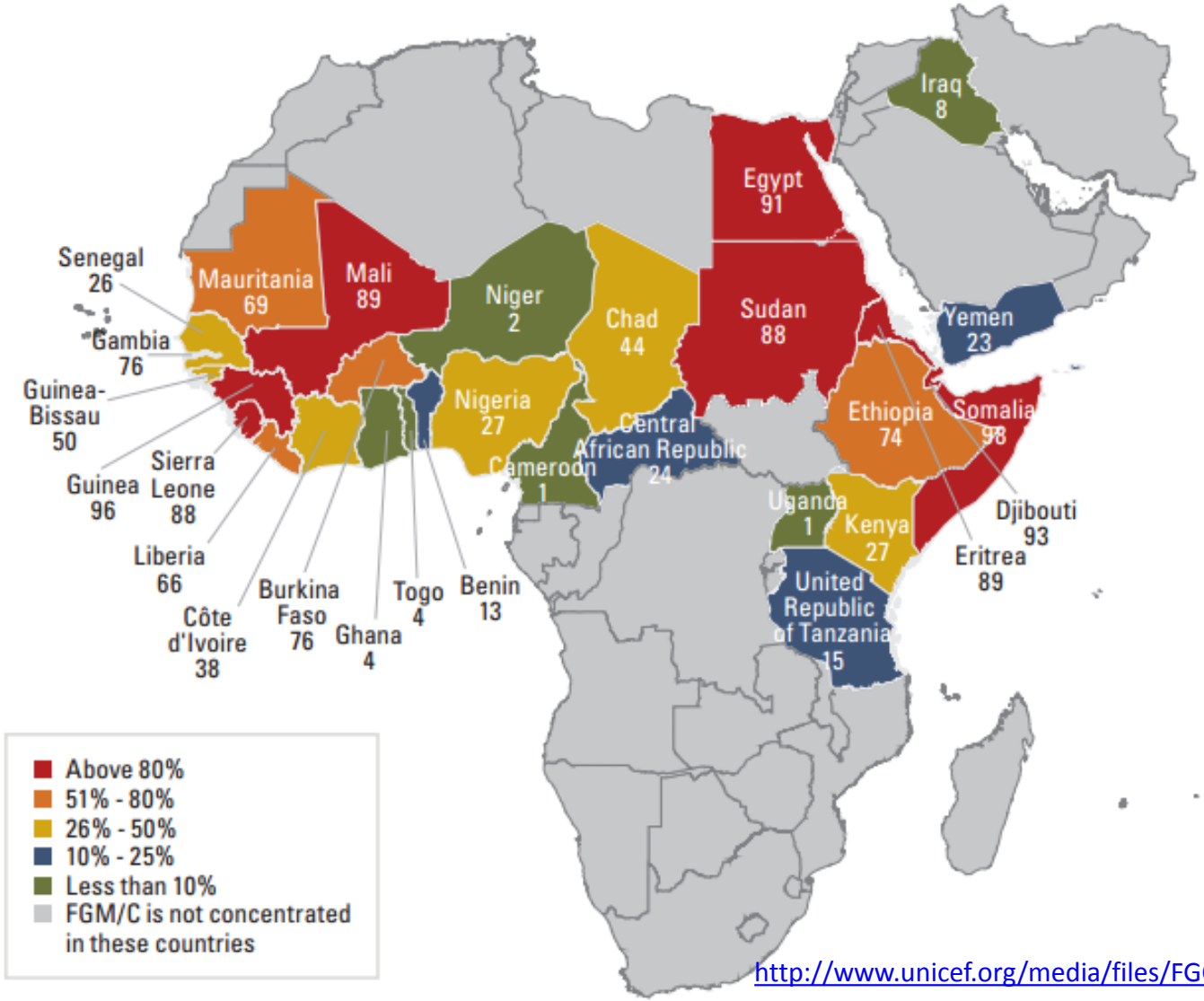
Physical, Psychological, and Emotional Effects of the Practice

"FGM includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons."

World Health Organization, 2013

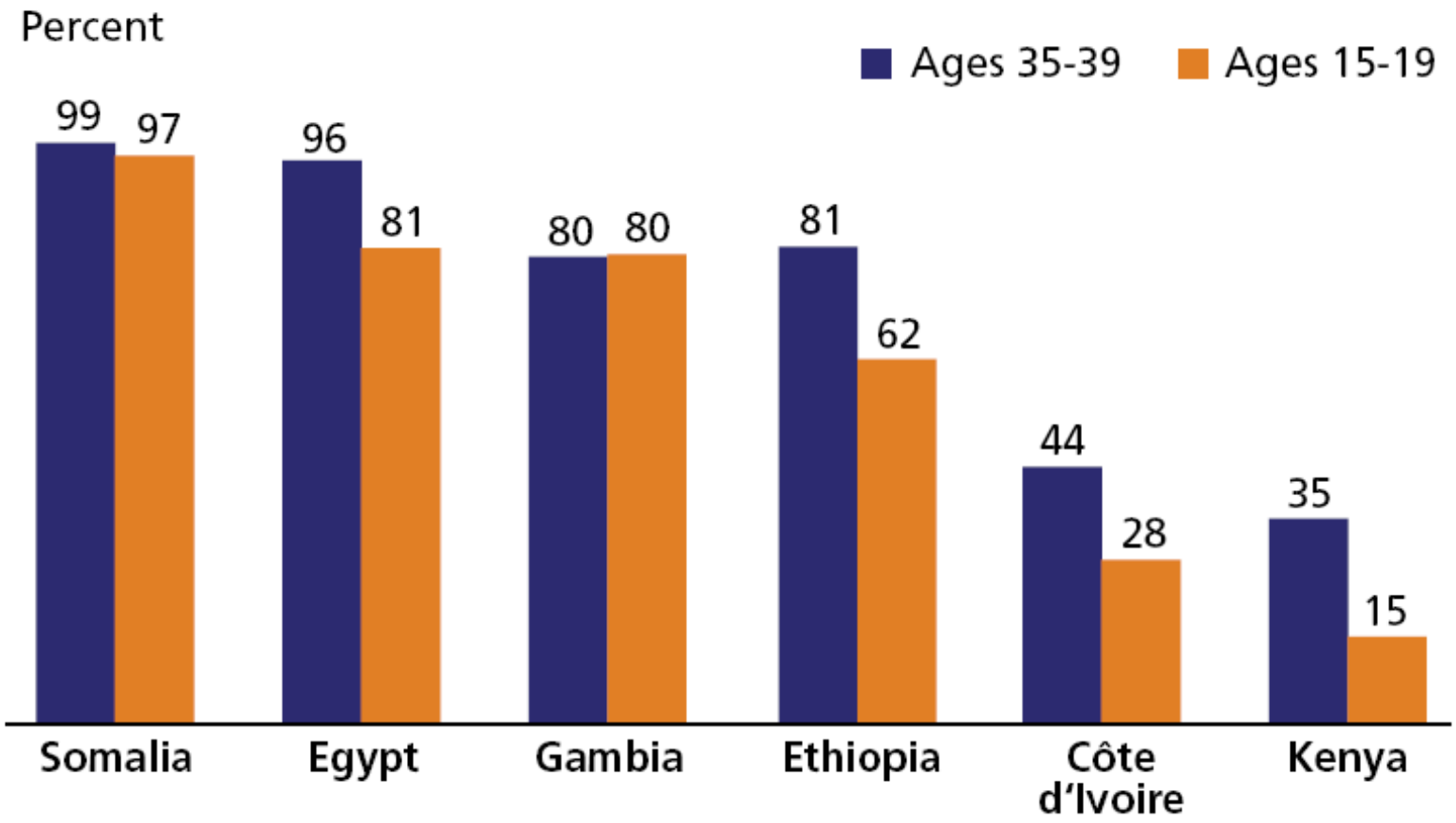
Map 4.1 FGM/C is concentrated in a swath of countries from the Atlantic Coast to the Horn of Africa

Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by country



http://www.unicef.org/media/files/FGCM_Lo_res.pdf

Prevalence Among Younger and Older Women



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Trends

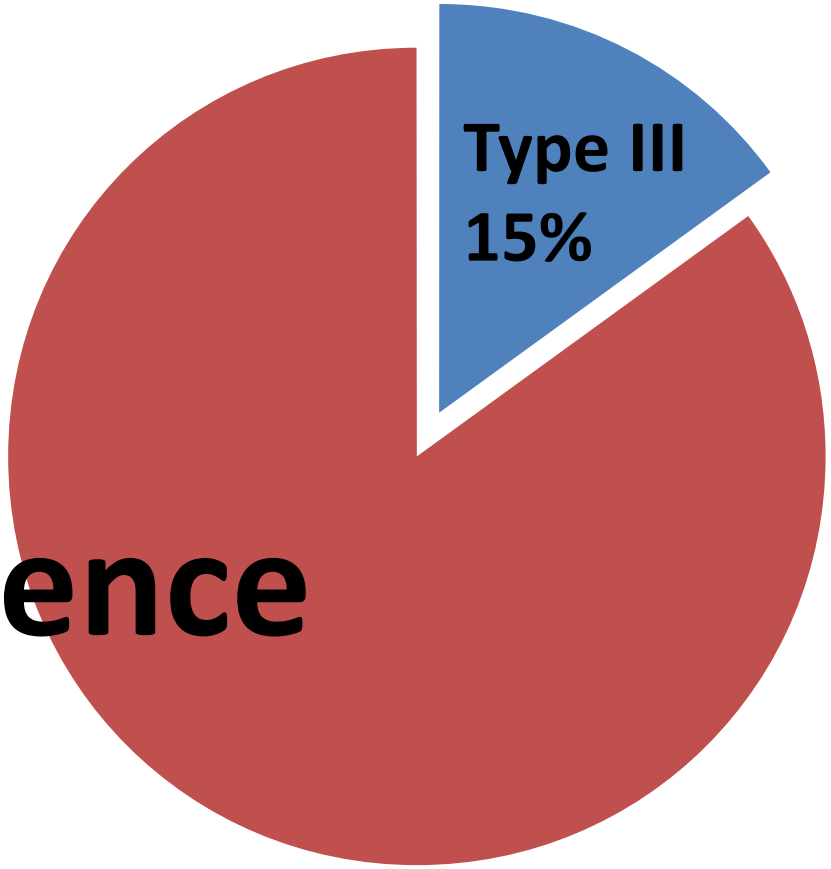
*M*otivation

social acceptability

Type	Description
Type I	Partial or total removal of the clitoris and/or the prepuce (clitorectomy)
Type II	Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).
Type III	Narrowing of the vaginal orifice with creating of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)
Type IV	Unclassified

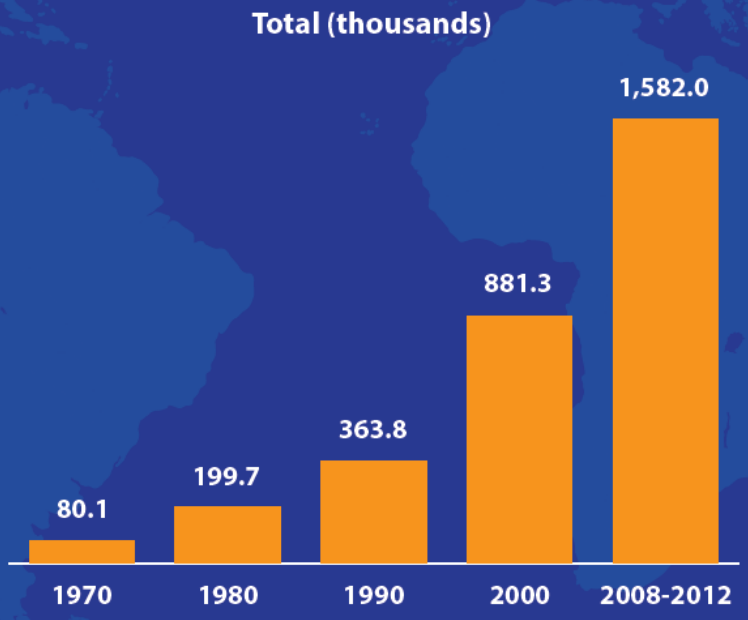
WHO, 2008

Prevalence



Rapid Growth

African-Born Population in U.S. Increases Since 1970



United States Census Bureau

U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov

Source: U.S. Census Bureau, 1970 to 2000 censuses, 2008-2012 American Community Survey

Gambino et al., 2014

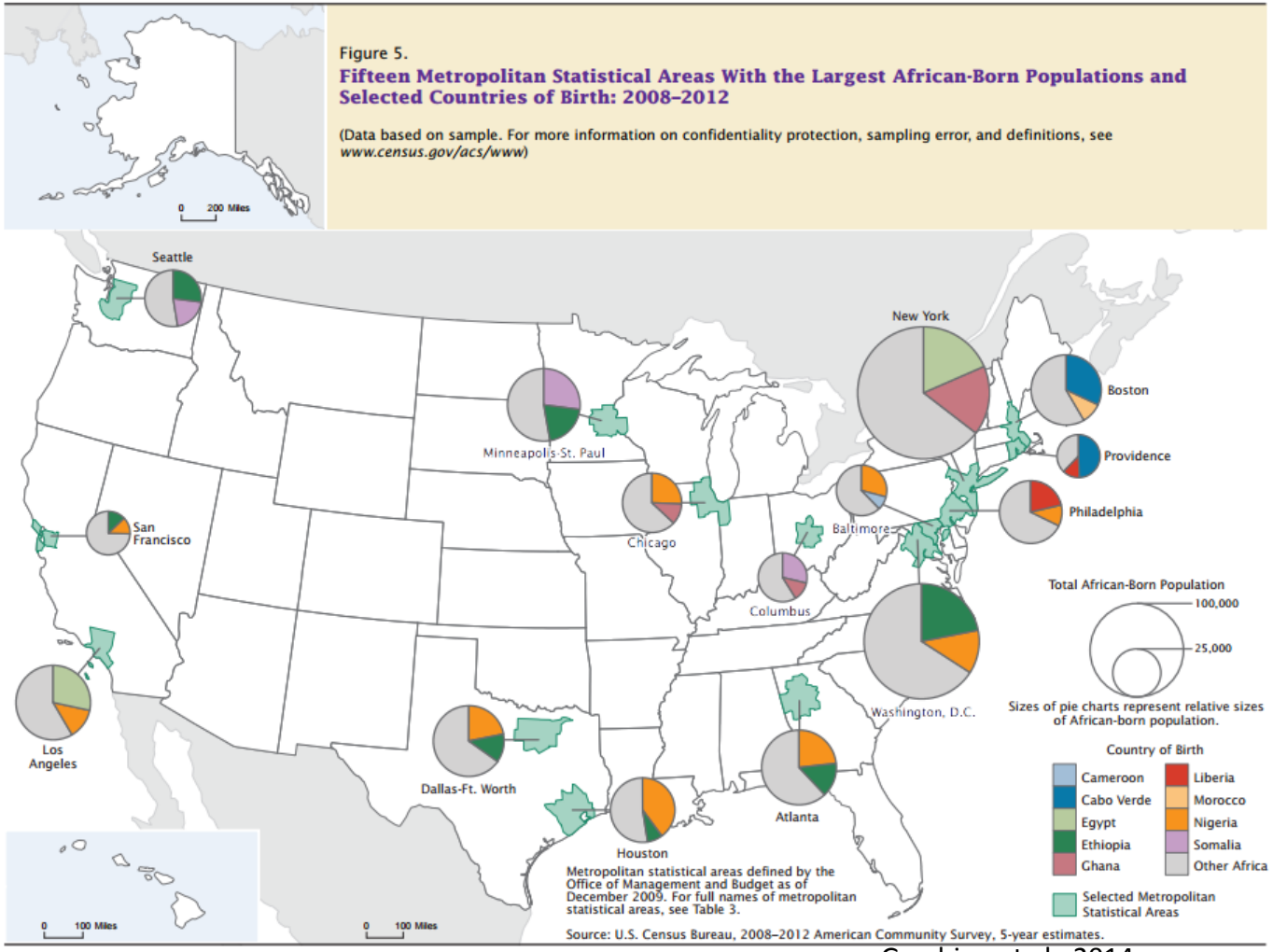


Figure 5.
Fifteen Metropolitan Statistical Areas With the Largest African-Born Populations and Selected Countries of Birth: 2008–2012

(Data based on sample. For more information on confidentiality protection, sampling error, and definitions, see *www.census.gov/acs/www*)

Gambino et al., 2014

Implications

Office of Justice Programs

OJJDP Office of Juvenile Justice and Delinquency Prevention
Working for Youth Justice and Safety

Carla Makhlouf Obermeyer
Department of Population and International Health
Harvard University

With the assistance of Robert Reynolds and Amy Ratcliffe, Department of Population and International Health, Harvard University

Female Genital Surgeries: The Known, the Unknown, and the Unknowable

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This article reviews the literature on female genital surgeries and examines the extent to which available research supports commonly accepted "facts" about the prevalence and harmful effects of these practices, in particular their possible health complications, and their effect on sexuality. While information regarding the prevalence of female genital surgeries is becoming increasingly available, the powerful discourse that depicts these practices as inevitably causing death and serious ill health, and as unequivocally destroying sexual pleasure, is not sufficiently supported by

Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries

*WHO study group on female genital mutilation and obstetric outcome**

Summary

Background Reliable evidence about the effect of female genital mutilation (FGM) on obstetric outcome is scarce. This study examines the effect of different types of FGM on obstetric outcome.

Methods 28 393 women attending for singleton delivery between November, 2001, and March, 2003, at 28 obstetric centres in Burkina Faso, Ghana, Kenya, Nigeria, Senegal, and Sudan were examined before delivery to ascertain whether or not they had undergone FGM, and were classified according to the WHO system: FGM I, removal of the prepuce or clitoris, or both; FGM II, removal of clitoris and labia minora; and FGM III, removal of part or all of the external genitalia with stitching or narrowing of the vaginal opening. Prospective information on demographic, health, and reproductive factors was gathered. Participants and their infants were followed up until maternal discharge from hospital.

Findings Compared with women without FGM, the adjusted relative risks of certain obstetric complications were, in women with FGM I, II, and III, respectively: caesarean section 1·03 (95%CI 0·88–1·21), 1·29 (1·09–1·52), 1·31 (1·01–1·70); postpartum haemorrhage 1·03 (0·87–1·21), 1·21 (1·01–1·43), 1·69 (1·34–2·12); extended maternal hospital stay 1·15 (0·97–1·35), 1·51 (1·29–1·76), 1·98 (1·54–2·54); infant resuscitation 1·11 (0·95–1·28), 1·28 (1·10–1·49), 1·66 (1·31–2·10), stillbirth or early neonatal death 1·15 (0·94–1·41), 1·32 (1·08–1·62), 1·55 (1·12–2·16), and low birthweight 0·94 (0·82–1·07), 1·03 (0·89–1·18), 0·91 (0·74–1·11). Parity did not significantly affect these relative risks. FGM is estimated to lead to an extra one to two perinatal deaths per 100 deliveries.

Interpretation Women with FGM are significantly more likely than those without FGM to have adverse obstetric outcomes. Risks seem to be greater with more extensive FGM.

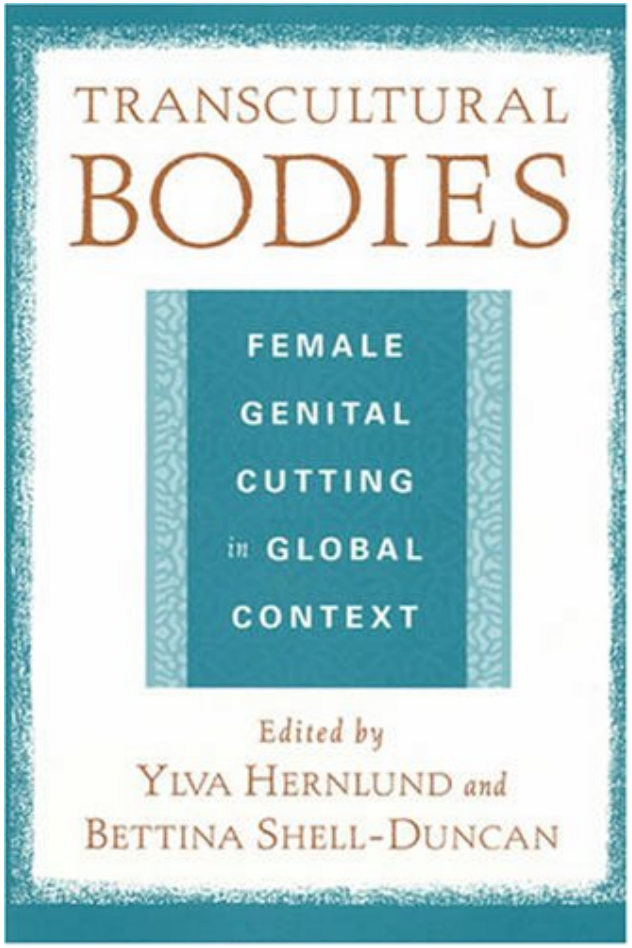
Psychological, social and sexual consequences of female genital mutilation/cutting (FGM/C): a systematic review of quantitative studies

Report from Kunnskapssenteret (Norwegian Knowledge Centre for the Health Services)

No 13–2010

Systematic review

kunnskapssenteret
Norwegian Knowledge Centre for the Health Services


TRANSCULTURAL
BODIES
FEMALE
GENITAL
CUTTING
in GLOBAL
CONTEXT
Edited by
YLVA HERNLUND and
BETTINA SHELL-DUNCAN

Seven Things to Know about Female Genital Surgeries in Africa

BY THE PUBLIC POLICY ADVISORY NETWORK ON FEMALE GENITAL SURGERIES IN AFRICA

Western media coverage of female genital modifications in Africa has been hyperbolic and one-sided, presenting them uniformly as mutilation and ignoring the cultural complexities that underlie these practices. Even if we ultimately decide that female genital modifications should be abandoned, the debate around them should be grounded in a better account of the facts.

The Public Policy Advisory Network on Female Genital Surgeries in Africa, 2012

Short term

Bleeding
Genital tissue swelling
Infection
Urination problems
Wound complications

Long term

Urinary tract infections
Vaginal infections
Cysts/neuromas
Sexual sequelae

Obstetric

Prolonged labor

Tears

Instrumental delivery

Obstetric hemorrhage

Cesarean section

Psychological

Fear

PTSD

Confounding influence of resettlement

American Journal of Obstetrics and Gynecology (2005) **193**, 475–82

ELSEVIER

American Journal of Obstetrics & Gynecology
www.ajog.org

Increased risk of adverse pregnancy outcome among Somali immigrants in Washington state

E. Blair Johnson, MD,[a] Susan D. Reed, MD, MPH,[a,b] Jane Hitti, MD, MPH,[a,b] Maneesh Batra, MD[c]

Department of Obstetrics and Gynecology, University of Washington Medical Center, Harborview Medical Center,[a] and Departments of Epidemiology,[b] and Pediatrics, University of Washington, Seattle, WA[c]

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Journal of Transcultural Nursing
21(3) 220–227

DOI: 10.1177/1043659609358780
http://tcn.sagepub.com
SAGE

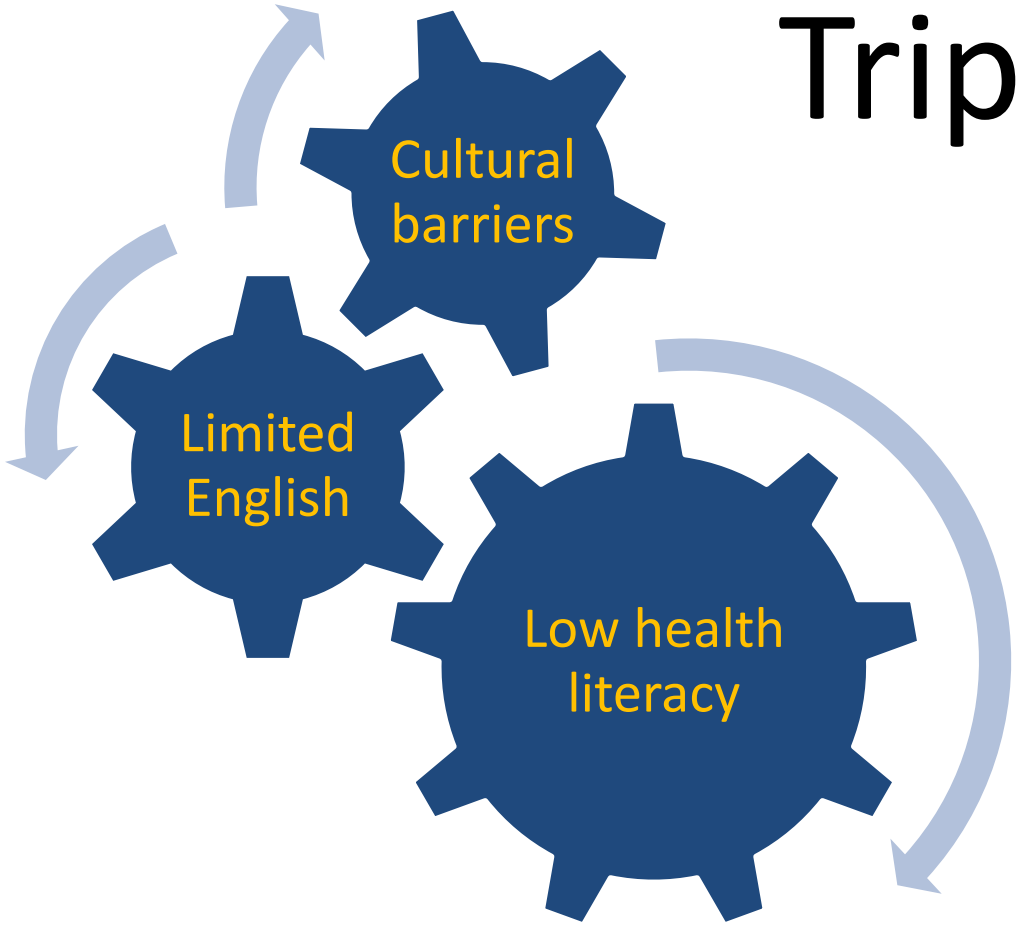
"They Get a C-Section . . . They Gonna Die": Somali Women's Fears of Obstetrical Interventions in the United States

Elizabeth Brown, MD, MPH[1], Jennifer Carroll, MD, MPH[1], Colleen Fogarty, MD, MSc[1], and Cristina Holt, MD, MSc[1]

Abstract

The authors explore sources of resistance to common prenatal and obstetrical interventions among 34 Somali resettled adult women in Rochester, New York. Results of individual interviews and focus groups with these women revealed aversion to or outright fear of cesarean sections because of fear of death and substantial resistance regarding other obstetrical interventions. Because Somali women expressed resistance to many common U.S. prenatal/obstetrical care practices, educating health professionals about Somali women's fears and educating Somali women about common obstetrical practices are both necessary to improve maternity care for non-Bantu and Bantu Somali women.

Triple threat



Schyve, 2007

FEMALE GENITAL MUTILATION/CUTTING

FGM/C

PRB

INFORM EMPOWER ADVANCE

IN THE UNITED STATES

507,000 WOMEN AND GIRLS

HAVE UNDERGONE OR ARE AT RISK OF FGM/C

SHARE AND SPREAD THE WORD ABOUT

ZERO TOLERANCE DAY FEBRUARY 6

Presenter

Sanctuary for Families

Mariama Diallo, MSW
African Community Specialist and Adult Counselor
Sanctuary for Families

Overview

- Brief overview of Sanctuary for Families
- My work with survivors of FGM/C and girls at risk
- My recommendations for educators
- How to assess the risk
- How to assist survivors and those who are at risk

Sanctuary for Families

New York based NGO

Who we serve: survivors of gender violence

Our locations: Manhattan, Queens, Bronx, and Brooklyn

Our services: legal, clinical, shelters

My Work Around FGM/C

Counseling
- Individual
- Group

Outreach
- African Community
- Professionals

Other Roles

- Advocacy
- Accompaniment
- Translation

Recommendations for Teachers

- **TRAINING ON FGM/C**: Teachers should know:
  - How and why it is performed
  - Where: at least 28 African countries, Asia, Middle-East
  - The prevalence: why it varies (5% to 95+%)
  - The consequences: physical and psychological
- **KNOW YOUR STUDENTS:** Teachers should know:
  - Where students/families are from
  - Familiarize yourself with these countries and the cultures

Assessing the Risk

- **Who is at risk**
- **How to initiate a conversation with students**
- **How to address FGM/C with parents/families**
- What to avoid with families/girls at risk

How to Assist

- What to do when a student is in imminent danger
- How to assist survivors
- NYS Central Register Child Abuse & Maltreatment Hotline:

1-800- 342-3720 or **1-800-635-1522**

Sanctuary for Families Contact

Mariama Diallo

Sanctuary for Families
P.O. Box 1406
New York, NY 10268-1406
Email: mdiallo@sffny.org
212-349-6009 x310

Presenter

Kathleen O'Connor
Deputy Chief
Human Rights and Special Prosecutions Section
Department of Justice

Department of Justice

Human Rights and Special Prosecutions Section

- **Prosecuting human rights violators in the U.S.**
- **Enforcing the FGM/C statute**

Female Genital Mutilation is a Federal Crime

See 18 U.S.C. § 116

- **Perform or assist FGM/C**
- **Girls younger than 18 years in the U.S.**
- **Vacation cutting**

State Criminalization of FGM/C

- **OUTLAWING FGM/C**
  - 23 states criminalize FGM/C of a minor
    - Vacation cutting bans
    - Victims not minors
- **OUTLAWING CHILD ABUSE**
  - FGM via child abuse statutes
  - Mandatory reporting of child abuse

State-Specific Mandatory Reporting Requirements

FGM/C Reporting

Child Abuse Reporting

HRSP Contact

1-800-813-5863

hrsptips @usdoj.gov

FGM/C Resources

- U.S. Department of Health and Human Services, Office of the Secretary, Office of the Assistant Secretary for Health, Office on Women's Health **FGM/C Call Center: 1-800-994-9662**
- USG Statements:
  - White House
  - Secretary of State John Kerry
  - U.S. Ambassador-at-Large for Global Women's Issues Cathy Russell
  - U.S. Ambassador-at-Large for Global Women's Issues Cathy Russell
- USG Fact Sheet
- U.S. Department of State FGM/C Notice
- U.S. Department of Justice Newsletter
- Federal Criminal FGM/C Statute, 18 U.S.C. § 116
- UN Resolution on Ending FGM/C
- UNICEF Report
- Eliminating Female Genital Mutilation: An Interagency Statement, WHO/UN
- Dr. Nour

For more information, please contact:

OJJDP's National Training and Technical Assistance Center (OJJDP's NTTAC)

http://www.nttac.org

Office of Juvenile Justice and Delinquency Prevention

http://www.ojjdp.gov

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References

Berg, R.C. & Underland, V. (2013). The obstetrics consequences of female genital/cutting: A systematic review and meta-analysis. *Obstetrics & Gynecology Internatioal,* 2013. http://dx.doi.org/10.1155/2013/496564

Berg, R.C., Underland, V., Odgaard-Jensen, J., Fretheim, A., Vist, G.E., (2014). Effect of female gential cutting on physical health outcomes: a systematic review and meta-analysis. *British Medical Journal, 4,* e006316. doi: 10.1136/bmjopen-2014-006316.

Brown, E., Carroll, J., Fogarty, C., & Holt, C. (2010). "They get a c-section...they gonna die": Somali womens fears of obstetrical interventions in the united states. *Journal of Transcultural Nursing,21*(3), 220-227. doi: 10.1177/1043659609358780

Gambino, C.P., Trevelyan, E.N., Fitzwater, J.T. (2014). The Foreign-born population from Africa: 2008-2012. Retrieved from: http://www.census.gov/newsroom/press-releases/2014/cb14-184.html.

Hernlund, Y. and Shell-Duncan, B. (eds.) (2007). Transcultural Bodies: Female genital cutting in global context. Rutgers University Press: New Brunswick.

References

UNICEF. (2013). Female genital mutilation/Cutting: A statistical overview and exploration of the dynamics of change. Retrieved from: http://www.unicef.org/publications/index_69875.html.

Nour, N. Female genital mutilation/cutting: Health providers should be advocates for change. Retrieved from: http://www.prb.org/Publications/Reports/2015/fgmc-health-providers.aspx

Schyve, P.M. (2007). Language Differences as a Barrier to Quality and Safety in Health Care: The Joint Commission Perspective. *Journal of General Internal Medicine, 22* (Suppl 2). 360-1. doi: 10.1007/s11606-007-0365-3

The Public Policy Advisory Network on Female Genital Surgeries in Africa, "Seven Things to Know about Female Genital Surgeries in Africa," *Hastings Center Report* 42, no. 6 (2012): 19-27. Retrieved from: http://www.thehastingscenter.org/Publications/HCR/Detail.aspx?id=6059

World Health Organization. (2008). Eliminating female genital mutilation. An interagency statement. Retrieved from: http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf

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Working for Youth Justice and Safety

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