Female Genital Mutilation: A New Crisis for American Practitioners

Deborah Ottenheimer, MD, FACOG
April 20, 2017
Learning Objectives

Attendees will be familiar with:

- The common myths and misconceptions surrounding FGM
- The prevalence of the practice in the US and abroad
- The types of FGM/C as defined by WHO
- The gynecologic, obstetric and psychological impact of FGM
- Accurate ICD10 coding of FGM and the importance thereof
- The federal and state laws surrounding FGM and the providers role as a mandatory reporter of FGM in minors
I have no conflicts of interest to report

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Persecution/VAW Takes Many Forms

- Sex-selective abortion and female infanticide
- Denial of food/medical care/education
- Female genital mutilation/cutting
- Child “marriage” and Forced marriage
- “Honor” killings and dowry killings
- Domestic violence/femicide
- Rape
- Human trafficking: commercial sex industry (pornography and prostitution) and domestic slavery
- Mass rape (instrument of war)
Devaluation of Women

WHO Definition of FGM/C

“Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs, for *non-medical* reasons.”

WHO, UNICEF, and UNFPA, 1997

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FGM is a Human Rights Violation

- Considered extreme form of discrimination against women, and constitutes both physical and psychological abuse
- Violation of the rights of the child, as well
  - Usually carried out on minors (typically 4-12 years old, but sometimes on infants and older girls)
- Violates the rights to health, security and physical integrity of the person, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death
The right to participate in cultural life and freedom of religion are protected by international law.

However, international law stipulates that freedom to manifest one’s religion or beliefs might be subject to limitations necessary to protect the fundamental rights and freedoms of others.

Therefore, social and cultural claims cannot be evoked to justify female genital mutilation.
Eliminating Female genital mutilation

An interagency statement

OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO
Other Ritual Body Modification Performed on Non-consenting Minors

Not a Human Rights Violation

Piercing of infants’ ears

Facial scarification

Human Rights Violation

Neck Rings

Foot Binding

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False Assumptions

- FGM occurs only in Muslim Communities.
- Only children are at risk of FGM.
- FGM only has physical consequences.
- FGM is not a crime in the U.S.
- FGM does not occur in the U.S.
Prevalence of FGM

• 200 million women worldwide
  Newly added: 70 million in Indonesia as of 2016
• Primarily: occurs in 28 African countries and Indonesia
• Secondarily: India, Pakistan, Sri Lanka, Singapore, Malaysia, Thailand, Russia, Bangladesh, Iran
• Immigrants to first world nations
• History of FGM in the West for excessive masturbation, lesbianism and nymphomania
• Incidence varies by nation and ethnic group/tribe, rural/urban, education, age
## Where is FGM Most Common?

<table>
<thead>
<tr>
<th>Country</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somalia</td>
<td>98%</td>
</tr>
<tr>
<td>Guinea</td>
<td>97%</td>
</tr>
<tr>
<td>Djibouti</td>
<td>93%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>90%</td>
</tr>
<tr>
<td>Mali</td>
<td>89%</td>
</tr>
<tr>
<td>Egypt</td>
<td>87%</td>
</tr>
<tr>
<td>Sudan</td>
<td>87%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>83%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>76%</td>
</tr>
<tr>
<td>Gambia</td>
<td>75%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>74%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>69%</td>
</tr>
<tr>
<td>Liberia</td>
<td>50%</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>45%</td>
</tr>
<tr>
<td>Chad</td>
<td>44%</td>
</tr>
<tr>
<td>Cote d’Ivoire</td>
<td>38%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>25%</td>
</tr>
<tr>
<td>Senegal</td>
<td>25%</td>
</tr>
</tbody>
</table>

- Nearly half of girls under 12 in **Indonesia** have undergone FGM (UNICEF).
- At least 50-60% of women in the **Bohra** community in India have undergone FGM (IRIN News).
- About 40% of **Iraqi Kurdish** women and girls ages 11-24 have undergone FGM (Human Rights Watch).
- The prevalence rate for FGM in **Yemen** is 19% (UNICEF).
Historical Origins: no one knows

- Greek documents:
  - 163 BC in Egypt: at time of receipt of dowry
  - 25 BC in Egypt: documented by Strabo
  - 5 BC in Egypt: at time of onset of menses

- Evident in mummies

- Infibulation also referred to as Pharaonic circumcision in Sudan

- Many myths supporting practice
  - Pharaonic belief in bisexuality of gods
  - Masculine soul of woman in clitoris, feminine soul of man in foreskin

This applies only to cutting in Africa. No similar study in other parts of the world....yet

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April 2017
Cultural Rationales for FGM

Sociologic
• Confers eligibility for marriage
• Maintains tradition; rite of passage
• Prevents the rape of women
• Demarcates the sexual difference between men and women

Psychosexual
• Enhances male pleasure
• Ensures girl’s virginity
• Limits woman’s sexual desire
• Ensures monogamy
• Removes the “poisonous” clitoris*
• Reduces the sexual demands on any man who has more than one wife

Hygienic
• Beliefs that it ensures fertility
• Prevents infant mortality by removing the “poisonous” clitoris*
• Removes the “dirty” female genitalia**
• “Beautifies” female genitalia**

Religious
• NOT REQUIRED by any religious tradition; predates both Christianity and Islam
• Religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others contribute to its elimination.

* The “poisonous clitoris” refers to a folk belief that the clitoris can act as a stinger, both during intercourse and during the birth of a child.

** The genitalia have a smooth appearance after FGM, and removal of the labia is considered cleaner and better looking, less “dirty”
FGM in the USA

- In 2000, CDC estimated ~228,000 girls at risk
  - FGM increased by 35% between 1990 and 2000
- 2015 report: ~507,000 girls in the US are cut or at risk
  - Estimates based on calculating % of certain immigrant populations from FGM-affected countries
- Vacation cutting
- Cutting occurs also here in US – moderate frequency African immigrant communities
Who is at risk in the United States?

The number of women and girls at risk of FGM/C varies widely across the states.

Source: Population Reference Bureau, 2013 data.
# Highest Risk Cities

1. New York, Newark, Jersey City 65,893
2. Washington, Arlington, Alexandria 51,411
3. Minneapolis, St. Paul, Bloomington 37,417
4. Los Angeles, Long Beach, Anaheim 23,216
5. Seattle, Tacoma, Bellevue 22,923
6. Atlanta, Sandy Springs, Roswell 19,075
7. Columbus 18,154
8. Philadelphia, Camden, Wilmington 16,417
9. Dallas, Fort Worth, Arlington 15,854

Who is at Risk by Country of Origin

Table 1
U.S. Women and Girls Potentially at Risk for FGM/C, 2013 Data

<table>
<thead>
<tr>
<th>Top 10 Countries of Origin</th>
<th>U.S. Women and Girls at Risk of FGM/C</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Countries of Origin</td>
<td>506,795</td>
</tr>
<tr>
<td>Egypt</td>
<td>109,205</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>91,768</td>
</tr>
<tr>
<td>Somalia</td>
<td>75,537</td>
</tr>
<tr>
<td>Nigeria</td>
<td>40,932</td>
</tr>
<tr>
<td>Liberia</td>
<td>27,289</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>25,372</td>
</tr>
<tr>
<td>Sudan</td>
<td>20,455</td>
</tr>
<tr>
<td>Kenya</td>
<td>18,475</td>
</tr>
<tr>
<td>Eritrea</td>
<td>17,478</td>
</tr>
<tr>
<td>Guinea</td>
<td>10,302</td>
</tr>
<tr>
<td>Other Countries of Origin</td>
<td>69,981</td>
</tr>
</tbody>
</table>

Source: Population Reference Bureau. Estimates are subject to both sampling and nonsampling error.
PERFORMING FGM/C
Typical Tools
Performing FGM/C
Performing FGM/C
Post-FGM

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FGM Classified into 4 Major Types

Type I: Clitoridectomy - partial or total removal of the clitoris and, in very rare cases, only the prepuce/ clitoral hood

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 opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris

Type IV: Other - all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area

AVOID THE USE OF THE TERM “CIRCUMCISION”
Normal Anatomy

- clitoris
- labia minora
- labia majora
- external urethral opening
- vaginal opening
FGM Type I

**Type I**  Partial or total removal of the clitoris (clitoridectomy) and/or the prepuce

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April 2017
FGM Type I
FGM Type II

Ila: removal of the labia minora only

Ilb: partial or total removal of the clitoris and the labia minora

Ilc: partial or total removal of the clitoris, the labia minora and the labia majora
FGM Type II
FGM Type III

**Type III** Narrowing of the vaginal orifice with the creation of a covering seal by cutting and apposing the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).

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FGM Type III
FGM Type III
FGM Type IV

Type IV  All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, pulling, piercing, incising, scraping and cauterization
Ritual Scarification After FGM
COMPLICATIONS FROM FGM

FGM HAS NO HEALTH BENEFITS
FGM Is Not A One Time Event

- Many short-term and long-term physical sequelae
  - Some vary directly with severity of FGM
- Frequent psychological sequelae
- Some women require opening before first intercourse
- Some traditions demand re-closure after childbirth
## Short Term Medical Sequellae

### Immediate Risks

<table>
<thead>
<tr>
<th>Risk</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemorrhage</td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td></td>
</tr>
<tr>
<td>Shock</td>
<td>Haemorrhagic, neurogenic or septic</td>
</tr>
<tr>
<td>Genital tissue swelling</td>
<td>Due to inflammatory response or local infection</td>
</tr>
<tr>
<td>Infections</td>
<td>Acute local infections; abscess formation; septicaemia; genital and reproductive tract infections; urinary tract infections</td>
</tr>
<tr>
<td></td>
<td>The direct association between FGM and HIV remains unclear, although the disruption of genital tissues may increase the risk of HIV transmission.</td>
</tr>
<tr>
<td>Urination problems</td>
<td>Acute urine retention; pain passing urine; injury to the urethra</td>
</tr>
<tr>
<td>Wound healing problems</td>
<td></td>
</tr>
<tr>
<td>Death</td>
<td>Due to severe bleeding or septicaemia</td>
</tr>
</tbody>
</table>

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Female Genital Mutilation Cutting: A Global Concern. UNICEF; 2016

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April 2017
### Long Term Medical Sequellae

<table>
<thead>
<tr>
<th>Risk</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genital tissue damage</td>
<td>With consequent chronic vulvar and clitoral pain</td>
</tr>
<tr>
<td>Vaginal discharge</td>
<td>Due to chronic genital tract infections</td>
</tr>
<tr>
<td>Vaginal itching</td>
<td></td>
</tr>
<tr>
<td>Menstrual problems</td>
<td>Dysmenorrhea, irregular menses and difficulty in passing menstrual blood</td>
</tr>
<tr>
<td>Reproductive tract infections</td>
<td>Can cause chronic pelvic pain</td>
</tr>
<tr>
<td>Chronic genital infections</td>
<td>Including increased risk of bacterial vaginosis</td>
</tr>
<tr>
<td>Urinary tract infections</td>
<td>Often recurrent</td>
</tr>
<tr>
<td>Painful urination</td>
<td>Due to obstruction and recurrent urinary tract infections</td>
</tr>
</tbody>
</table>
Obstetric Complications

<table>
<thead>
<tr>
<th>Obstetric Risks (9, 10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caesarean section</td>
</tr>
<tr>
<td>Postpartum haemorrhage</td>
</tr>
<tr>
<td>Episiotomy</td>
</tr>
<tr>
<td>Prolonged labour</td>
</tr>
<tr>
<td>Obstetric tears/lacerations</td>
</tr>
<tr>
<td>Instrumental delivery</td>
</tr>
<tr>
<td>Difficult labour/dystocia</td>
</tr>
<tr>
<td>Extended maternal hospital stay</td>
</tr>
<tr>
<td>Stillbirth and early neonatal death</td>
</tr>
<tr>
<td>Infant resuscitation at delivery</td>
</tr>
</tbody>
</table>


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Disorders of Sexual Function

<table>
<thead>
<tr>
<th>SEXUAL FUNCTIONING RISKS (6, 11)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dyspareunia (pain during sexual intercourse)</td>
<td>There is a higher risk of dyspareunia with type III FGM relative to types I and II (6).</td>
</tr>
<tr>
<td>Decreased sexual satisfaction</td>
<td></td>
</tr>
<tr>
<td>Reduced sexual desire and arousal</td>
<td></td>
</tr>
<tr>
<td>Decreased lubrication during sexual intercourse</td>
<td></td>
</tr>
<tr>
<td>Reduced frequency of orgasm or anorgasmia</td>
<td></td>
</tr>
</tbody>
</table>

Psychological Sequelae

- Immediate:
  - Feelings of betrayal, social isolation
  - Mistrust of family/community
  - Shame for crying or resisting

- Long term:
  - Sexual dysfunction/fear of intercourse
  - PTSD
  - Anxiety
  - Depression/hopelessness/powerlessness
  - Fear for daughters

Female Genital Mutilation in the United States: Sanctuary for Families 2014 report
PROGRESS IS BEING MADE TOWARDS ELIMINATION

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Support for FGM is Decreasing

Two out of three people living in the 29 countries think the practice should stop

Female Genital Mutilation/ Cutting: A Statistical Overview and Exploration of the Dynamics of Change. UNICEF July 2013

Deborah Ottenheimer, MD, FACOG
Rates are Dropping
But....Incidence is Increasing

While the proportion of girls aged 15 to 19 who undergo FGM/C may continue to decline, their absolute numbers will increase.

Female Genital Mutilation/ Cutting: A Statistical Overview and Exploration of the Dynamics of Change.
UNICEF July 2013
Celebrating Girls Without Cutting

Bondo without Blood

Love and acceptance ceremonies are replacing FGM in Kenya and Tanzania
By Joe McCarthy | March 11, 2016
WHAT IS OUR ROLE?

Ethical
Medical
Legal
FGM Should NEVER be Performed by Medical Professionals

- Trained health professionals who perform female genital mutilation *are violating* girls’ and women’s right to life, right to physical integrity, and right to health
  - violating the fundamental medical ethic to ‘*Do no harm*’
- Some consider medicalization as a harm-reduction strategy and support the notion that when the procedure is performed by a trained health professional, some of the immediate risks may be reduced (Shell-Duncan, 2001; Christoffersen-Deb, 2005).
  - not necessarily less severe, or conditions sanitary
  - no evidence that medicalization reduces the documented obstetric or other long-term complications
  - there is no documented evidence that this leads to abandonment of the practice
In Your Practice

- Provide respectful and non-judgmental care to women / girls with FGM/C who you see in the clinics
  - Trauma Informed Care
  - Harm reduction
- The importance of pediatric genital exams can’t be overstated
- Be cognizant of reconstructive surgery as an option for adults
- Assist undocumented women / girls to seek asylum
- Educate your colleagues, majority not trained
- Support anti-FGM advocacy
Effects of Ancient Custom Present New Challenge to U.S. Doctors

Genital Cutting Cases Seen More as Immigration Rises

By JULIE TURKEWITZ  FEB. 5, 2015

DENVER — One immigrant woman told of visiting five gynecologists in recent months, each of whom gasped audibly at her anatomy.

Another went to see a doctor, only to become the subject of a gawking crew of medical residents.

And a third said she had never visited a gynecologist, despite experiencing abdominal pain since age 10, when her genitals were cut in her native Gambia. “I feel ashamed,” said the woman, Mariama Bojang, 25. “The doctor has probably never seen anything like this. How am I supposed to explain it?”

As the number of African immigrants in the United States has grown, so has the number of women living in this country who have undergone genital cutting. About half a million women in the United States have experienced the procedure or are likely to be subjected to it by their families, according to a preliminary report from the Centers for Disease Control and Prevention. That figure is about three times the last government estimate, made in 1997.

A study to be released Friday by the Population Reference Bureau is expected to show similar numbers.

Public health officials, however, are warning that some doctors and nurses are not prepared to deal with the physical and emotional complications associated with the procedure — sometimes called female genital mutilation or F.G.M./C — and in some cases, the procedure itself — genital cutting or circumcision.
Provide Sensitive Care

• Don’t look shocked or make a face
• Discuss openly with teens / adult women
  • Be mindful with younger girls – they may not be aware
• Don’t judge: counsel about the physical consequences
• Be sensitive to possibility of re-traumatization during your exam
• Refer to therapy as needed (PTSD, depression, etc.)
• Advise patients / parents that FGM and vacation cutting are illegal in the US.
• Your role as a mandatory reporter
Accurate Documentation is Critical

America's Underground Female Genital Mutilation Crisis

FGM is illegal in the U.S.—yet activists estimate that hundreds of thousands of girls are at risk of being cut each year.

As a one-week-old baby, Jaha Dukureh was circumcised—just as women in her family had been for generations in their home country of Gambia. Fifteen years later, when she was brought to the United States for an arranged marriage, she was taken to a New York City doctor who worked closely with African communities, in order to be "reopened" for her husband. "Now that I think back," Dukureh says, addressing that physician, "that's what pisses me off. The fact that I was 15—you saw how young I was, you didn't say anything, you didn't do anything."

As students across the country prepare for summer vacation, female genital
Coding for FGM

- N90.81 FGM STATUS
- N90.811 - FGM TYPE I
- N90.812 - FGM TYPE II
- N90.813 - FGM TYPE III
- N90.818 - FGM TYPE IV
- N90.810 – STATUS UNSPECIFIED
There are extensive photographs of adult FGM

Needed: a pediatric slide set for FGM to add to the NASPAG information base.
Federal Law

Performing FGM on girls 18 years of age or less is illegal (1996)
AND
“Transport for Female Genital Mutilation Act” (2013)
Criminalizes the transportation of girls abroad to undergo FGM
- Mandatory Reporting of suspected or completed FGM or anticipated illegal transport of minors for FGM - considered child abuse
  - Federal Law mandates 5 year prison sentence
  - Perpetrators can be deported.
  - Perpetrators can be found to be ineligible for certain immigration benefits
States with Anti-FGM Laws

- Arizona
- California
- Colorado
- Delaware
- Florida
- Georgia
- Illinois
- Kansas
- Louisiana
- Maryland
- Minnesota
- Missouri
- Nevada
- New Jersey
- New York
- North Dakota
- Oklahoma
- Oregon
- Rhode Island
- South Dakota
- Tennessee
- Texas
- West Virginia
- Wisconsin
ACOG Guidance on Labial Surgery

Committee Opinion

Number 686, January 2017

Committee on Adolescent Health Care
The North American Society for Pediatric and Adolescent Gynecology endorses this document. This Committee Opinion was developed by the American College of Obstetricians and Gynecologists’ Committee on Adolescent Health Care in collaboration with committee member Julie L. Strickland, MD.

This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

INTERIM UPDATE: This Committee Opinion is updated to clarify medical indications and reflect legal considerations of performing genital surgery on females younger than 18 years.

Breast and Labial Surgery in Adolescents

ABSTRACT: The obstetrician–gynecologist may receive requests from adolescents and their families for advice, surgery, or referral for conditions of the breast or vulva to improve appearance and function. Appropriate counseling and guidance of adolescents with these concerns require a comprehensive and thoughtful approach, special knowledge of normal physical and psychosocial growth and development, and assessment of the physical maturity and emotional readiness of the patient. Individuals should be screened for body dysmorphic disorder. If the obstetrician–gynecologist suspects an adolescent has body dysmorphic disorder, referral to a mental health professional is appropriate. As with other surgical procedures, credentialing for cosmetic procedures should be based on education, training, experience, and demonstrated competence.
Mandatory Reporting

- Falls under the rubric of child abuse.
  - Mandatory reporters: school personnel, health care workers, child care providers, law enforcement officers
- Very few investigations at the state or federal level, even fewer prosecutions
- Should report as for child abuse to local child protection services
  - State laws vary
- No designated federal tip line for reporting
  - National Center for Missing or Exploited Children
  - FBI tip line / email
  - ICE tip line / email
# NJ/NY Laws

<table>
<thead>
<tr>
<th>State</th>
<th>Applicable Law</th>
<th>Only applies to minors (under 18 unless otherwise specified)</th>
<th>Parent/guardian and circumciser subject to prosecution</th>
<th>“Vacation Provision” banning travel outside the state for FGM</th>
<th>Cultural/ritual reasons, and/or consent not a defense</th>
<th>Provisions for community education &amp; outreach</th>
<th>Sentence (Imprisonment &amp;/or fine)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Jersey</td>
<td>N.J. Stat. § 2C:24-10</td>
<td>TX</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>Imprisonment 3-4 years</td>
</tr>
<tr>
<td>New York</td>
<td>N.Y. Penal Law § 130.85</td>
<td>TX</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>Imprisonment up to 4 years</td>
</tr>
<tr>
<td></td>
<td>Passed 9/29/1997; Effective 45 days later</td>
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<td></td>
<td>N.Y. Public Health Law § 207(k)</td>
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<td></td>
<td>Effective 11/20/2015</td>
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</tbody>
</table>

Equality Now Fact Sheet: Female Genital Mutilation in the United States

Deborah Ottenheimer, MD, FACOG  
February 2017
Assist Girls/Women to Seek Asylum

The basis for asylum in cases of FGM is asylum based on “membership in a particular social group” and “political opinion.”

Who qualifies?
- A woman who has experienced FGM
- A woman who wants to protect her daughters from FGM
- A woman or girl who is being directly threatened with FGM, either in the US or in her home country
Don’t Do This:

To whom it may concern:

Please be informed that [redacted] has undergone female circumcision in his native country of [redacted]. Both his clitoris and labia minora were removed.

[Signature]

Deborah Ottenheimer, MD, FACOG

February 2017
The US Campaign to End FGM has Just Begun

- DOJ round tables
- First Summit to End FGM in the US
  - Equality Now
  - Wallace Foundation
- NY Working Group on FGM

- Education and advocacy are crucial
Case Studies
Case 1: FD

• 19 year old from Chad, came to the US age 12

• Paternal grandmother was a traditional cutter
  • FD had been made to watch many FGM ceremonies
  • Had promised herself that she would never undergo FGM
  • Tremendous family pressure to have her cut

• After 4 years in the US, her family returned to Chad
  • She ran away from home to avoid being forced to undergo FGM
  • Her sister had undergone FGM and forced marriage

• FD is depressed and anxious
  • Misses her mother terribly
Case 2: HJ

31yo from the Gambia, underwent FGM age 12

- Brought to the US at age 15 to be the second wife of a much older man.
  - Twin girls born at age 16, third daughter born age 19
  - Domestic violence

- Determined to protect her daughters from FGM/ forced marriage
  - Escaped her abuser after 10 years
  - Got an education, currently in nursing school

- Now with symptoms of PTSD
  - Poor concentration, poor memory, doing poorly in school
  - Easily angered, nightmares, poor sleeping, flash backs
Referral Resources

**NYC**
- Sanctuary for Families – legal/ counseling / social services
- African Services – legal services
- Weil Cornell Clinic for Human Rights – asylum exams/ medical services / social service referrals
- Mount Sinai Human Rights Clinic – asylum exams/ medical services / social service referrals
- Columbia Human Rights Initiative -- asylum exams/ medical services / social service referrals

**National**
- Physicians for Human Rights - coordinates legal and medical
- Health Right International - coordinates legal and medical
- Catholic Charities USA– legal / social services
- North American Society for Refugee Health – medical
- Equality Now – advocacy/ local resource referral
- Safe Hands for Girls – advocacy / local resource referral
**Assistance/Resources**

- To report someone who is performing FGM/C or to report to law enforcement that you or someone else is in danger of undergoing FGM/C, contact the ICE tip line (1-866-347-2423 or www.ICE.gov/tips) or the Department of Justice (1-800-813-5863 or HRSTIPS@USDOJ.gov).
- To speak with someone immediately about a child at risk of FGM/C or find a crisis counselor who can assist you, call the Childhelp National Child Abuse Hotline at 1.800.4.A.CHALD (1-800-422-4453).
- To obtain more information about FGM/C or to locate potential support resources, call the HHS Office on Women’s Health Help Line at 1-800-994-9662.
Further Reading

Policy/ Healthcare

- WHO Global Strategy to stop Health Care Providers from Performing Female Genital Mutilation, 2010
- Female Genital Mutilation in the United States: Protecting Girls and Women in the United States from FGM. Sanctuary for Families Report 2014
- WHO Guidelines on the Management of Health Complications from Female Genital Mutilation 2016
- Female Genital Mutilation/ Cutting: Existing Federal Efforts to Increase Awareness should be Improved, GAO report 2016

First Person Accounts

- This American Life Episode #586 May 6, 2016 with Mariya Karimjee
- Cut, by Hibo Wardere

Video

- Africa Rising (Equality Now)
- The Cruel Cut
- Jaha’s Journey
I am only one
But still I am one.
I cannot do everything,
But still I can do something.
And because I cannot do everything,
I will not refuse to do the something that I can do.

-Edward Everett Hale, 1822-1909