



Talking Points for Addressing Female Genital Mutilation/Cutting (FGM/C) in Public Discourse - Massachusetts

INTRODUCTION

This document was created to support fostering a common language and uplift best practices to address and converse on the issue of female genital mutilation/cutting (FGM/C), specifically for those working in communities and service provider roles in Massachusetts in which they may support or work with survivors of FGM/C or communities impacted by FGM/C. This document can also support holding conversations for anyone who may wish to discuss FGM/C with family members, healthcare providers, organizations, and others. The talking points and associated framing points below are listed to support uplifting accurate information about FGM/C and to avoid unintentionally fueling further misperception and false information.

WHAT IS FGM/C?

FGM/C comprises all procedures that involve the partial or total removal of the external female assigned genitalia, or other injuries to the female assigned genital organs for non-medical reasons. It is recognized internationally as a human rights violation, torture, and an extreme form of violence against women and girls, and it is usually performed between birth and puberty.

The World Health Organization (WHO) outlines four major categories of FGM/C. In general, these four categories are very broad and range from the least physically severe to the most physically severe in terms of the type of FGM/C that occurs.

- **Type I** — Excision (removal) of the clitoral hood with or without removal of part or all of the clitoris
- **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 creation 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** — Other - including pricking, piercing, cauterizing, etc.

Framing Points to Consider:

- Recognize that all forms of FGM/C, regardless of "Type," can cause emotional, physical, and sexual harm.
- Not all survivors experience the same type of harm, and some survivors may not have memories of the experience and/or believe they have been harmed. Trauma impacts individuals differently.
- **Language Best Practice:** Use the term most relevant or preferred by the person you're talking to, particularly in speaking with survivors and communities impacted by FGM/C, as different communities use different words.

WHO IS IMPACTED?

Global & National Prevalence

A study by Equality Now, the U.S. Network, and the European Network to End FGM shows that FGM/C is carried out in at least 94 countries around the world, including the United States.

UNICEF reports that over 230 million women and girls have undergone or are at risk of undergoing FGM/C. Africa accounts for the largest share of this total, with over 144 million. Asia follows with over 80 million, and a further 6 million are in the Middle East. Another 1-2 million are affected in small practicing communities and destination countries for migration in the rest of the world.

A 2016 study by the Centers for Disease Control and Prevention (CDC) estimates that FGM/C impacts over half a million women in the U.S.

This data is largely based on immigration patterns to the U.S. combined with nationally representative surveys conducted in only 32 countries, mostly within Africa and the Middle East. This lack of measuring data in all 94 countries where FGC has been reported shows that FGM/C is severely underestimated in the United States.

Massachusetts Prevalence

According to a **2013 Population Reference Bureau study**: **14,211** women and girls in the state of Massachusetts have been affected by FGM/C.

According to a **more recent study** conducted by Sean Callaghan, Head of Research at Orchid Project: From 2015 - 2019, **9,416** women and girls were likely living with FGM/C, and **697** girls were likely at risk of FGM/C in Massachusetts.

- The majority of those impacted by FGM/C reside in Middlesex, Suffolk, and Norfolk counties.
- Specifically, most of those impacted live in the greater Boston-Cambridge-Newton and Providence-Warwick metropolitan areas.
- Over 60% of the impacted population in the state identified as Egyptian (20.9%), Somali (17%), Ethiopian (13.8%), or Nigerian (13.7%).
- Girls at risk from the study are predominantly Egyptian, Somali, Ethiopian, Sudanese, and Liberian.
- *An estimated 270 women and girls from the Dawoodi Bohra community live in Massachusetts and are not included in the population extrapolation calculation. Furthermore, Nigerian and Indonesian girls are likely underrepresented in this data since they are cut at a very young age, resulting in most girls being encoded as already living with FGM/C.
- It is estimated that 1,643 women were living with Type 3 FGM/C in Massachusetts. While all survivors may require some level of medical and mental health support, those living with Type 3 would likely require additional medical attention.

Framing Points to Consider:

- FGM/C occurs in communities of various backgrounds, including socioeconomic status, education level, race/ethnicity, religion, and more.
- Not everyone who has undergone FGC may identify as female. The experiences of survivors encompass a wide range of identities.
- These estimates are under-representative of the true figures of individuals impacted by FGM/C, given that these figures are based on immigration patterns to the U.S. from only 32 countries (largely from sub-Saharan Africa, where UNICEF collects data on FGM/C).

FGM/C as a Social Norm

There are many justifications for why FGM/C might occur, and it varies from community to community. In some cases, you might have many reasons given in one community (culture, tradition, religion, community identity, marriageability, gender role conformity, chastity beliefs, health/hygiene, etc.). Recognizing that many justifications occur, it can be helpful to frame FGM/C as a Social Norm justified for many reasons. See for more info: [Dynamic of Social Norms: Female Genital Mutilation/Cutting](#).

Framing Points to Consider:

- Uplift and recognizing that FGM/C is a harmful social norm
- FGM/C is a learned form of gender-based violence.
- Avoid using definitive language like: "correlation, linked-to" (i.e, don't use "religious correlation.")
- Recognize that social pressure can be immense and can play a part in FGM/C continuing because FGM/C is a social norm.

How is Gender-Affirming Care Different from FGM/C?

FGM/C (which has no medical benefit and is done to control a girl's sexuality) and gender-affirming healthcare are two completely separate issues. Some politicians have incorrectly conflated the two very different issues, using the words "child sexual mutilation" while referring to trans youth care to disenfranchise the trans community.

While trying to protect girls who are at risk of FGM/C, or who are dealing with the consequences of it, laws must be carefully written so that they cannot be weaponized against trans youth seeking [life-saving gender-affirming care](#).

Framing Points to Consider:

- FGM/C is often performed on prepubescent girls because it is a social norm. It is a result of societal pressure placed on girls, deeming it necessary for them to be a woman, to be a member of their own culture and society, and to be married. FGM/C can have great psychological outcomes, such as PTSD, anxiety, and depression. Furthermore, these girls often have no choice in the matter, violating their bodily autonomy.
- In contrast, gender-affirming care includes a wide range of treatments, including social interventions (new names and pronouns), pubertal suppression, hormone therapy, and gender-affirming surgeries. These treatments are associated with better mental health outcomes and [minimal long-term side effects](#) for trans people who receive them. Notably, gender-affirming surgeries, such as vaginoplasty, are usually performed on older adolescents who have shown a consistent gender identity, have stable mental health, and have parental support. These surgeries are undergone after meticulous medical care, often following other prior forms of treatment. [Research](#) has shown that regrets about having undergone this procedure are very rare. Furthermore, transgender people must consent to choices about their care as part of their right to bodily autonomy, something that is not present in FGM/C.

- FGM/C strips girls of their right to bodily consent and can have a great negative impact on their lives. While [Gender-affirming care saves transgender people's lives](#), can stand as a positive improvement to their lives. It is important to note that individuals identifying as part of the LGBTQIA+ communities can be survivors of FGM/C and negatively impacted as well.

Legal Framework and Advocacy- International and National Laws

Many countries have laws against FGM/C. Internationally, some human rights instruments explicitly include provisions aimed at ending FGM/C, such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child (CRC).

In the U.S., FGM/C is illegal under federal law and many state laws. However, enforcement and prosecution rates are low. See more state-specific info:

[U.S. Laws Against Female Genital Mutilation/Cutting](#)

Massachusetts Legislation

Massachusetts Governor Charlie Baker signed Bill H4606, "An Act Relative to the Penalties for the Crime of Female Genital Mutilation," into law (Chapter 149 of Acts of 2020) on August 6, 2020. This law seeks to:

- Promote inter-agency partnerships to prevent FGM/C
- Clarifies that FGM/C is illegal in Massachusetts for anyone under 18. Violators can face up to 5 years in prison or a \$10,000 fine.
- Makes it illegal to transport or send a minor for the purpose of FGM/C, either within the state or out of state. Violators can face up to 5 years, or a fine of up to \$10,000
- Allows survivors of FGM/C to file a civil lawsuit for damages within 10 years of the incident.

**In Massachusetts, female genital mutilation or cutting (FGM/C) is legally considered a form of child abuse. It is not specifically called out in the state's Mandatory reporting laws, but the Massachusetts Department of Children and Families (DCF) has confirmed that FGM/C is considered child abuse. Mandated reporters who have reasonable cause to suspect that a child is a victim of FGM/C are legally required to report it to the DCF.*

Framing Points to Consider:

- Balancing legal measures with community engagement and education to ensure comprehensive and effective intervention. Laws should be part of a broader strategy that includes culturally sensitive awareness programs and support services for survivors.
- Emphasize the need for effective implementation and enforcement of existing laws.
- Advocate for legislative amendments where laws are outdated or insufficient.
- Focus should be on supporting and uplifting survivors and engaging with communities that practice FGM/C, rather than solely on punishment.

1. End FGM European Network, Equality Now, and U.S. Network to End FGM/C. *The Time is Now: End Female Genital Mutilation/Cutting, An Urgent Need for Global Response 2025.* February 2025. Available at: <https://equalitynow.org/resource/the-time-is-now-end-female-genital-mutilation-cutting-an-urgent-need-for-global-response-2025-update/>
2. Government Accountability Office. *Female Genital Mutilation/Cutting: Existing Federal Efforts to Increase Awareness Should Be Improved.* 2016. "The Centers for Disease Control and Prevention (CDC) estimated that 513,000 women and girls in the United States were at risk of or had..." Available at: <https://www.gao.gov/products/gao-16-645>
3. Population Reference Bureau. "Women and Girls at Risk of Female Genital Mutilation/Cutting in the United States." 2016. "A new Centers for Disease Control and Prevention (CDC) report on female genital mutilation/cutting in the United States was released in January 2016." Available at: <https://www.prb.org/resources/women-and-girls-at-risk-of-female-genital-mutilation-cutting-in-the-united-states/>
4. UNICEF. "Female Genital Mutilation (FGM) Statistics." 2019. "Around the world, over 230 million girls and women have been cut." Available at: <https://data.unicef.org/topic/child-protection/female-genital-mutilation/>

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