

Testimony before the Joint Committee on Judiciary – March 24, 2021

Presented by the Connecticut Coalition to End FGM/C

Senator Winfield, Representative Stafstrom, ranking & other distinguished members of the Judiciary Committee:

We are a newly formed survivor-led Coalition working to end the practice of Female Genital Mutilation/Cutting (FGM/C) in the State of Connecticut. We comprise a broad group of survivors, stakeholders and advocates. Brief descriptions of our members are attached. We formed in late summer 2020, just after our neighboring state, Massachusetts, became the 39th state in the nation to enact a law - Session Law - Acts of 2020 Chapter 149 <https://malegislature.gov/Laws/SessionLaws/Acts/2020/Chapter149> - to ban the practice of FGM/C on minors. Some among us worked on the passage of that legislation. Connecticut has yet to address this important human rights issue in any manner. This proposed legislation SB 1069 under review today may be a good first step, provided it does not serve to unnecessarily delay passage of a comprehensive law that seeks to prevent the practice and support survivors.

FGM/C is a practice that impacts Connecticut residents. The Population Reference Bureau estimates 2,658 women and girls in the state are at risk of or have undergone FGM/C - <https://www.prb.org/wp-content/uploads/2016/02/us-fgmc-all-states-table.pdf>. We already know that in 2021, one high school girl in Connecticut had to seek sanctuary in New York State to avoid family pressure to undergo FGM/C.

FGM/C is the cutting, partial or total removal of the external female genitalia for non-medical reasons to control a girl's sexuality and make her acceptable for marriage and to the community in which she lives. It is an extreme form of gender-based violence that the World Health Organization has recognized as a human rights violation. It is a universal practice, not prescribed by any religious teachings, typically performed on girls from infancy through puberty. In 2019, a survivor in Kentucky whose family are members of a white Christian religious sect stepped forward to help Kentucky pass its legislation to ban this practice - <https://www.theguardian.com/global-development/2020/mar/17/true-numbers-of-fgm-victims-could-be-far-higher-as-countries-fail-to-record-cases>.

FGM/C poses serious reproductive health consequences, including excessive bleeding, damage to adjacent organs, infection and death and may result in long-term effects such as chronic reproductive and urinary tract infections, infertility, sexual dysfunction and obstructed labor and hemorrhage during childbirth that may lead to maternal and/or fetal death. In addition to the medical harm, FGM/C is often the cause of psychological harm as a consequence of the trauma and as a result of the short- and long-term effects. FGM/C is a major cause of later experiences of fear of sexual penetration, post-traumatic stress disorder, anxiety, depression and suicide. The practice denies girls agency over their sexual and reproductive health for a lifetime.

Members of communities that practice FGM/C have expressed a strong desire to pass a holistic law addressing FGM/C. Such communities state that if FGM/C were illegal, it would provide them with the justification to act in contravention to the strong cultural and traditional forces urging the continuation of the practice.

Sahiyo: United to End Female Genital Cutting, a survivor-led organization and member of the US End FGM/C Network, which worked with Congress to pass the STOP FGM Act, and a supporter of the proposed legislation in Connecticut, has produced a series of survivor stories that highlight the various trauma of living with FGM/C. Many of these women grew up in the US and were cut as children and speak directly to the harm of the practice, their pain, shame, the family distrust it has engendered <https://youtube.com/playlist?list=PLp9wwcTOXTRwLLNCqKEznWijm1FC4Rkz>.

Survivors have started a change.org petition to call on the General Assembly to enact legislation banning FGM/C in Connecticut. This petition, which launched in September 2020, has been signed by more than 80,000 people including a large number of Connecticut residents - <https://www.change.org/BanFGMinCT>.

As the largest global program addressing FGM/C, the UNFPA-UNICEF Joint Program on Female Genital Mutilation/Cutting plays a critical global role in achieving the UN goal of elimination of all harmful practices by 2030. UNFPA-UNICEF identifies FGM/C as a “social norm” which persists in spite of the physical and emotional scars it exacts on girls and women. Even in many countries where FGM is widespread, individuals report increasing opposition to the practice. In fact, the majority of people in countries with available data think FGM/C should end. While these findings suggest a readiness to abandon the practice, social norms often favor the status quo. Individuals are often reluctant to act on their beliefs if there is a perceived social price to pay. According to UNFPA-UNICEF, “to change a harmful social norm given the hierarchical nature of society, it is imperative that even as change is welling up from the grass roots, and spreading across communities laterally, it needs to be codified by laws, policies, sanctions and resolutions that come from the top. Legal frameworks that criminalize FGM send a clear signal that the practice will no longer be tolerated. Where FGM is socially contested, legislation serves to encourage those who wish to abandon it and deter those who fear prosecution.” According to UNICEF, these laws are a crucial step. Laws can help shift attitudes; changing attitudes in turn support stronger enforcement <https://www.unfpa.org/publications/how-transform-social-norm>.

In December 2012, the UN passed a unanimous resolution calling on member states to enact better laws and increase law enforcement to end the practice by 2030. At that time, only 19 US states had laws outlawing FGM/C. A 1996 Federal Law was struck down by a District Court in Michigan in November 2018, on the basis that Congress lacked the authority to enact the law under the commerce and the necessary and proper clauses of the US Constitution, finding that FGM/C is a criminal assault that could be subject to state criminal laws - <https://content-static.detroitnews.com/pdf/2018/US-v-Nagarwala-dismissal-order-11-20-18.pdf>. United States v. Nagarwala 350 F Supp 3rd 613 (E.D. Mich. 2018). Following this decision, numerous additional states passed laws to outlaw the practice and, in some cases, like Massachusetts, to provide services through the Department of Public Health to assist survivors and educate first responders and healthcare providers. Recently Congress unanimously enacted a new and expanded law intended to address the holding in the Nagarwala case the STOP FGM Act of 2020 - <https://www.congress.gov/bill/116th-congress/house-bill/6100/text>. This law has yet to be challenged. Notwithstanding this new law, federal law is no substitute for state laws when it comes to local issues of abuse and assault of children. The state of Connecticut must be clear about its values. Such a law must specifically prohibit FGM/C because existing state assault laws require proof of intent to harm, arguably a missing element in cases involving social norms such as FGM/C.

Girls subjected to FGM/C are told never to speak of it. According to Sanctuary for Families, an advocacy group based in NY, and dedicated to ending gender-based violence including FGM/C “Due to the secretive nature of FGM and the lack of resources allocated to research of this practice, it is impossible to say for sure how many girls in the U.S. are at risk of female genital mutilation. Nonetheless, we know from experience that FGM is taking place in our own backyard, at alarming rates. According to the Center for Disease Control (CDC), more than 513,000 women and girls in the U.S. have experienced or are currently at risk of undergoing this practice <https://pubmed.ncbi.nlm.nih.gov/26957669/>. This is more than three times higher than an earlier estimate based on 1990 data. Based on survivors’ testimony and research conducted by Sanctuary and other anti-FGM advocates, we believe that the incidence of FGM for women and girls in the United States may be even higher <https://sanctuaryforfamilies.org/wp-content/uploads/sites/18/2015/07/FGM-Report-March-2013.pdf>. Our data shows that FGM is being practiced in New York, New Jersey, Pennsylvania, Texas, Colorado, Washington, California, Georgia, Michigan, Minnesota, Kentucky, Kansas, and Washington, D.C.”

At the time of the Nagarwala case, Michigan did not have a law prohibiting FGM/C. The Department of Justice estimates that more than 100 girls were cut by Dr. Nagarwala, some of whom were trafficked to Michigan from other states including Minnesota, California, Illinois and New York over a period of years. Dr. Nagarwala, a Detroit emergency doctor, was charged with performing FGM on 10 minor girls out of a medical office in Livonia, Michigan. According to the complaint, some of the minor victims allegedly traveled interstate to have Nagarwala perform the procedure. The complaint alleges that Nagarwala performed FGM/C on girls who were approximately six to eight years old, including some who cried, bled and screamed during the procedure. When news of the case in Detroit broke, few people had any idea that FGM/C was occurring in Michigan. In the wake of the federal case, Michigan passed an anti-FGM/C law with penalties stiffer than those under the federal law, but it was too late to

help the girls who had already been cut. Once the judge struck down the federal law, all charges against Dr. Nagarwala were dropped. Connecticut – completely surrounded by states that have already banned the practice – should not allow itself to become the new destination for FGM/C. Our laws must be amended to make clear that FGM/C is a punishable offense like any other abuse or assault of children. Let us not wait for law enforcement to tell us that 10 girls have just been cut in Connecticut, but that prosecutors are unable to bring charges in light of the inadequate state laws. Let us take action now to protect girls living in Connecticut from this painful, harmful and unnecessary practice.

We are aware of the significant costs posed by a potential study and posit that expenses used for such a study could otherwise be used to support survivors living in Connecticut. We are further concerned about the possible delay in putting in place appropriate survivor supports while awaiting the results of the study and seek to ensure no such delay is caused.

There is extensive community support for legislation to ban FGM/C in Connecticut. In a few short months, our survivor led Coalition has secured the support of many stakeholder organizations for proposed legislation that is modeled on the Massachusetts legislation. These groups include:

American College of Obstetrics and Gynecology CT Section
AHA Foundation
Center for Youth Leadership
Connecticut Children's Alliance
Connecticut Commission on Women, Children, Seniors, Equity and Opportunity
Connecticut Gambian Association
Connecticut Counseling Association
Connecticut Trial Lawyers Association
Connecticut Voices for Children
Equality Now
Every Woman Connecticut
Guilford Human Rights Commission
Inter African Committee on Traditional Practices USA
IRIS - Integrated Refugee and Immigration Services
Love 146
Office of the Child Advocate, State of Connecticut
Sahiyo: United to End Female Genital Cutting
UNICEF USA
U.S. End FGM/C Network
WeSpeakOut
Women & Family Life Center
Yale Center for Asylum Medicine

And the list is growing.

The Commission on Women, Children, Seniors, Equity and Opportunity is hosting a webpage supporting the legislation - <https://wp.cga.ct.gov/cwcseo/children-home/>.

As part of our overall efforts to educate stakeholders and professionals likely to encounter cases, we presented for The Commission on Women, Children, Seniors, Equity and Opportunity and at the MCH Coalition meeting in December of 2020, and at the Response to Recovery Child Abuse Conference in February of 2021.

And we have set up a Facebook page to help educate and raise awareness about the practice, which you can access at <https://www.facebook.com/BanFGMinCT>.

Respectfully, we are attaching a copy of the draft bill the Coalition proposes. This bill is based on the Massachusetts model which, just last session, vetted many of the same concerns you raised in your proposed study bill and advocates worldwide have been raising for decades in attempts, with little to no success, to halt the practice short of outright bans. As drafted, this survivor-led legislation will direct the commissioner of public health to raise awareness, prohibit the practice of FGM/C and provide a civil remedy for victims. The Coalition would be honored to work with this Committee, the legislature and, should SB 1069 be enacted, with The Women's Center at the University of Connecticut Health Center, to advance this issue with the urgency and nuance that it merits.

Respectfully,

- Mariya Taher, MSW, Survivor/Activist, Co-Founder, Sahiyo: United to End Female Genital Cutting
- Zehra Patwa, Survivor/Activist, Co-Founder and US Lead, WeSpeakOut
- Absa Samba, Survivor/Activist, Community educator in the Gambia on the effects of harmful cultural practices
- Joette Katz, JD, Former Connecticut Supreme Court Associate Justice, Former Commissioner of the Connecticut State Department of Children and Families, Partner, Business Litigation practice at Shipman & Goodwin
- Steven Hernández, Executive Director, Commission on Women, Children, Seniors, Equity and Opportunity
- Krystal Rich, MSW, Executive Director, Connecticut Children's Alliance
- Jo Keogh, Chair, Guilford Human Rights Commission
- Stephanie Roberge, JD, Partner, Kennedy, Johnson, Schwab & Roberge, LLC
- Faith Vos Winkel, MSW, Assistant Child Advocate, Office of the Child Advocate
- Amanda Carrington, Intern, Office of the Child Advocate
- Sana Sarr, Founder and Executive Director, Citizens First - Gambia
- Deborah Benson, JD, MA Access to Justice Fellow, Chair, CT Coalition to End FGM/C & MA Coalition to End FGM/C
- Amanda Parker, Senior Director, AHA Foundation
- Monica Oliveira, Community Engagement Associate, UNICEF USA

An Act Prohibiting Female Genital Mutilation

Be it enacted by the Senate and House of Representatives in General Assembly convened:

SECTION 1. Chapter 368a of the General Statutes is hereby amended by inserting after Sec.19a-131 the following new section:-

Sec.19a-132. (a) The commissioner shall develop and administer a program of education for the prevention of female genital mutilation. The program shall be designed to provide information about the health risks and emotional trauma inflicted by the practice of female genital mutilation, as well as the criminal penalties for committing female genital mutilation.

(b) The commissioner shall develop policies and procedures to promote partnerships between the department, agencies and political subdivisions of the State such as the Department of Education, the Department of Children and Families, The Office of Early Childhood, The Child Advocate, The Victim Advocate, the Attorney General's Office, other government entities and non-governmental organizations to prevent female genital mutilation and to protect and provide assistance to victims of female genital mutilation.

(c) The commissioner shall make recommendations and develop procedures regarding strategies and methodologies for training providers of health services on recognizing the risk factors associated with female genital mutilation and the signs that an individual may be a victim of female genital mutilation.

(d) The commissioner shall develop regulations to carry out this section and may contract with non-governmental organizations, entities or individuals with experience working with victims of female genital mutilation to provide training and materials and other services as the department deems necessary.

SECTION 2. Chapter 925 of the General Statutes is hereby amended by inserting after Sec. 571j the following new section:-

Sec. 571k. A victim of female genital mutilation may bring a civil action for female genital mutilation. The court may award actual damages, compensatory damages, punitive damages, injunctive relief or any other appropriate relief. A prevailing plaintiff shall be awarded attorney's fees and costs. Treble damages may be awarded on proof of actual damages if the defendant's acts were willful and malicious.

SECTION 3. Chapter 925 of the General Statutes is hereby amended by inserting after Sec. 572r the following new section:-

Sec. 572s. In all actions under Sec.571k of Chapter 925 of the General Statutes brought by or on behalf of a child against her parent, the defense of parent-child immunity is abrogated.

SECTION 4. Chapter 926 of the General Statutes is hereby amended by inserting after Sec. 52-577e the following new section:-

Sec. 52-577f. A civil action for female genital mutilation shall be commenced within thirty years from the date such person attains age 18.

SECTION 5. Chapter 939 of the General Statutes is hereby amended by adding the following section:-

Sec.53-21b. (a) As used in this section, the following words shall have the following meanings:-

"Child", shall mean a person under the age of 18.

"Female genital mutilation" shall mean partially or totally removing the female genitalia or altering the structure or function of the female genitalia for non-medical purposes including but not limited to infibulation, the partial or total removal of the clitoris, prepuce, labia minora, or labia majora, the narrowing of the vaginal orifice, or any other procedure that causes injury to the female genitalia for non-medical purposes.

“Health care professional”, shall mean a physician or other health care practitioner licensed, accredited or certified in the State to perform specified health services.

(b) Any person:

1. Who commits, procures, permits or facilitates female genital mutilation on a child; or

2. Who transports or removes or causes or permits or facilitates the transportation of a child to or within the state or removal from the state for the purpose of female genital mutilation of such child

shall be guilty of female genital mutilation a Class B felony.

(c) It is not a defense to female genital mutilation that the defendant believes that (i) the child or the child’s parent or guardian consented to the female genital mutilation, or (ii) female genital mutilation is a matter of custom or ritual.

(d) A surgical procedure is not a violation of this section if the procedure is performed by a Health care professional and is necessary to preserve or protect the physical health of the child or for gender reassignment as requested by the person on whom it is performed.

(e) This section shall not in any manner limit or exclude prosecution or punishment for any crime or any civil remedy.

SECTION 6. Chapter 961 of the General Statutes Sec. 54-86g and Sec. 54-86h are hereby amended by adding the terms female genital mutilation to the phrase “involving assault, sexual assault or abuse”, so that each time it appears in these sections it reads - - involving assault, sexual assault, abuse or female genital mutilation - -



WHO WE ARE

WE ARE A SURVIVOR-LED COALITION working to ensure that the State of Connecticut joins with 39 other states – including its neighboring states of New York, Rhode Island, and Massachusetts – to **prohibit female genital mutilation and cutting of minors.**

MARIYA TAHER

Mariya Taher is a writer and a social worker who has been working on issues of gender-based violence for over a decade, from domestic violence to female genital mutilation/cutting. She is a co-founder of Sahiyo, an organization dedicated to working with communities to end FGM/C, and sits on the steering committee of the US End FGM/C Network. Mariya was born in the United States and lives in Massachusetts, and at the age of seven, she was subjected to Female Genital Mutilation/Cutting. Due to her experience and because she has friends and relatives who have also undergone FGM/C both here in the United States or elsewhere in the world, for over five years, Mariya has worked with the Massachusetts Women's Bar Association to pass legislation protecting girls in her home state from having to undergo this harm too. The Massachusetts bill finally became law in August 2020. Now, she wants to ensure that all states, particularly her neighboring state of Connecticut, have holistic laws that include community education, outreach, and outlawing FGM/C so that ALL girls are safe from FGM/C.

ABSA SAMBA

Absa Samba is a survivor and an activist against FGM/C. Over the last 5 years, she has worked with organizations in The Gambia (her native country), including Think Young Women, Young People in the Media and Forum for African Women Educationalist -The Gambia, educating communities and creating awareness on the effects of harmful cultural practices that hinder the development of women and girls – including female genital mutilation – through personal story sharing and dramas. Absa has expanded this advocacy work to the United States, where she has presented at various forums and classrooms at Champlain College in Burlington, Vermont, educating and demanding the state put a law to end the practice of FGM. In January 2020, she testified for the Vermont Senate Health and Welfare Committee on a bill illegalizing the practice of FGM in the state. As a survivor, Absa aspires to see a world free of female genital mutilation so girls like herself can grow to their full potential.

ZEHRA PATWA

Zehra Patwa works in Digital Customer Delivery for the Knights of Columbus in New Haven, Connecticut and is the Co-Founder of WeSpeakOut, an organization that strives to work for equal rights for Bohra women in all spheres of life, specifically, on Female Genital Mutilation/Cutting (FGM/C) or khafz. As a long-time resident of Connecticut and survivor of FGM/C, Zehra is working to eliminate FGM/C to ensure that our state is a safe haven from the practice of FGM/C, not a destination for it. With an estimated 2,500 at risk girls in Connecticut, the risk is real and we need to ensure their safety.

JOETTE KATZ

Former Connecticut Supreme Court Associate Justice Joette Katz is now a partner in the Business Litigation practice at Shipman & Goodwin. Immediately prior to joining Shipman, Justice Katz served as Commissioner of the Connecticut State Department of Children and Families for eight years. As Commissioner of the State Department of Children and Families, Justice Katz was responsible for children in the Department's custody and under its guardianship, as well as for overseeing the Department's service delivery statewide, and for providing legal advice on a regular basis for the Department's litigation matters at trial and on appeal. During Joette's nearly two decades of service on the Connecticut Supreme Court, she heard some 2,500 cases and authored nearly 500 opinions. Joette was involved at nearly every level in the fight against sex trafficking, working with the legislature to enact Connecticut's Trafficking of Minor Children Law, and working tirelessly to educate, train and create public service flyers to raise awareness in the state, to enforce accountability on individuals and organizations alike by bringing criminal prosecutions against perpetrators, and to provide resources for the victims and educate the public. Her experience in the judicial and executive branches of state government as well as her strong commitment to human rights and child advocacy issues are truly remarkable, and Joette has always used her expertise and her strong voice in the legal field to advocate for an end to abuse of any kind, including FGM/C.

STEVEN HERNÁNDEZ

Steven Hernández is the Executive Director for the Commission on Women, Children, Seniors, Equity and Opportunity (CWCSEO). The CWCSEO researches best practices, coordinates stakeholders, and promotes public policies that are in the best interest of Connecticut's under-resourced, underserved and underrepresented women, children, and older adults. Steven is committed to ending FGM/C as part of his work to ensure women and girls' wellness throughout their lifespan and to promote the physical, social, and emotional wellbeing of children throughout the state.

JO KEOGH

Jo Keogh has been working with female survivors of sexual, physical, and emotional trauma since 2014, and is passionate about protecting women and girls from all forms of abuse. She is currently serving as Chair of the Guilford Human Rights Commission, and is a member of the Connecticut Counseling Association's Public Policy and Legislative Committee. Jo wants to ensure that all of Connecticut's girls can emerge into adulthood with their bodies, spirits, and sexuality intact, so that they may take advantage of every opportunity available to them as adults.

MONICA OLVEIRA

Monica Oliveira is a Community Engagement Associate at UNICEF USA, working to engage networks of young people, professionals, partners, advocates and elected officials in the United States. She uses her platform to advocate for the survival and empowerment of youth both in the United States and abroad.

KRYSTAL RICH

Krystal Rich is the Executive Director of the Connecticut Children's Alliance (CCA), a statewide membership organization founded to provide support to CT's 9 Child Advocacy Centers (CACs) and 17 Multidisciplinary Teams (MDTs) across Connecticut through education, training and resources. CCA's mission is to avail comprehensive state-wide services to all child victims and their families through collaboration, systemic change, public awareness, and legislative advocacy while working to prevent child abuse from occurring. CCA is also the umbrella agency for the newly formed Prevent Child Abuse Connecticut Chapter (PACT), a program developed in collaboration with the Office of Early Childhood. PACT's focus is to ensure the growth and sustainability of primary prevention programming, public awareness, education, and legislative advocacy with the goal of ending the epidemic of child abuse. In addition, Krystal is a tri-chair for CT's Human Anti-Trafficking Response Team out of the Department for Children and Families as well as a member of several statewide committees dedicated to supporting child victims of abuse. Krystal holds a bachelor's degree in Psychology from Central Connecticut State University and a Master of Social Work with a focus on Policy from the University of Connecticut School of Social Work.

STEPHANIE Z. ROBERGE

Stephanie Z. Roberge is an accomplished trial attorney who has practiced law for 30 years. She is a partner at Kennedy, Johnson, Schwab & Roberge, LLC and currently serves as President of the Connecticut Trial Lawyers Association, CTLA, an organization dedicated to protecting individual rights through fair laws and access to justice. Stephanie is a Fellow of the International Academy of Trial Lawyers and the American College of Trial Lawyers where she currently serves as the diversity liaison, a member of the American Board of Trial Advocates and participates in the American Association for Justice. She is committed to championing individual rights, especially the rights of women and girls including ending the abuses associated with FGM/C.

SANA SARR

Sana Sarr has been a CT resident since 2001. Sana understands the impact of FGM very well, observing, "I was born and raised in The Gambia, West Africa, where FGM is a common practice and majority of the girls and women in my family have been through it. I have many family members and friends and know the physical and mental struggles they continue to suffer well into adulthood, including difficulty with sexual relations and during childbirth."

FAITH VOS WINKEL

Faith Vos Winkel began her work with the Office of the Child Advocate July 2001 and assists the Child Advocate to fulfill her statutory mandates including overseeing the systems of care and protection for children in Connecticut and advocating for their well-being. Faith's primary responsibilities focus on the review of all unexpected and unexplained child deaths in Connecticut. She is responsible for preparing child fatality cases and conducting comprehensive investigations. Faith represents the Child Advocate on a variety of statewide policy committees including the Suicide Advisory Board, CT Coalition Against Domestic Violence Fatality Review Committee, and the Governor's Task Force on Justice for Abused Children. Ms. Vos Winkel has an undergraduate degree from the University of Connecticut and a Masters of Social Work from the University Of Connecticut.

DEBORAH BENSON

Deborah Benson is an advocate for gender equality. A retired Boston attorney, who also has a home in Litchfield County, Deborah is a Massachusetts Access to Justice Fellow who led the effort on behalf of the Women's Bar Association to pass the legislation to address FGM in the Commonwealth. After unanimous votes in both the House and the Senate, H4606 was signed by Governor Baker on August 6, 2020 making MA the 39th state in the nation to enact laws prohibiting FGM. FGM is a cultural norm that legitimizes and reinforces harmful attitudes about women and girls and their place in society and inhibits a girl's right of self-determination over her reproductive and sexual health. Deborah is committed to passing this legislation as a step towards elimination of gender inequality.

AMANDA PARKER

Amanda Parker is the Senior Director of the AHA Foundation, overseeing AHA's women's rights programs. "I believe that human rights are universal. FGM/C is a form of gender-based violence primarily carried out to control the sexuality of women and girls. This human rights abuse impacts women and girls in Connecticut, and it must be fought both locally and globally," says Amanda. Amanda develops federal and state policy proposals to protect women and girls from harmful cultural practices, recently supporting the passage of the Federal STOP FGM Act of 2020, and has spearheaded successful efforts in more than a dozen states to ban FGM/C or strengthen existing bans. She serves on the Steering Committee of the U.S. Coalition to End Child Marriage, has facilitated trainings on honor violence, FGM/C, forced marriage, and child marriage for more than 3,000 professionals likely to encounter cases, and has supported survivors of these abuses to help them find protection and the services they need.

PROTECT GIRLS FROM FEMALE GENITAL MUTILATION/CUTTING IN CONNECTICUT



CONNECTICUT MUST PASS A LAW THAT PROTECTS ALL GIRLS FROM FEMALE GENITAL MUTILATION/CUTTING (FGM/C).

FGM/C involves altering or injuring the female genitalia for non-medical reasons, and is internationally recognized as a human rights violation that can cause negative health consequences, such as difficulties during childbirth, lifelong psychological and emotional trauma, and in some cases, even death.

A prevalence study by the Center for Disease Control and Prevention reveals that in 2012 over half a million women and girls in the United States underwent FGM/C or were at risk of FGM/C. **CONNECTICUT RANKS 26TH IN THE NATION FOR AT-RISK POPULATIONS, TOTALING 2,658.**

To view digital stories of women who have undergone FGM/C, visit <http://bit.ly/VoicesFGMVideos>.

A federal FGM/C ban, first passed in 1996, has been amended and strengthened over the years to make it illegal for a girl to be taken overseas for the practice, to specifically include parents/guardians consenting to the procedure as a crime, and to call for government reporting on number of women and girls estimated to be impacted by FGM/C in the U.S. and government agencies' actions to end the practice.

Despite the federal law, state laws remain critical tools in preventing FGM/C. Specific state anti-FGM/C laws send a strong message that the practice is not acceptable. We know anecdotally that families on the fence or resisting having their daughters undergo the procedure, but facing pressure from family or community members to do so, use existing laws as the reason for why they will not cut their

daughters. In addition, state laws fill gaps left by federal laws. Comprehensive state legislation provides education and outreach on FGM/C to local communities and professionals likely to encounter cases, bans taking a girl outside of the state to undergo FGM/C, and gives survivors the opportunity to stand up for themselves in a court of law. A state law gives state prosecutors more leeway in the event DOJ can't/won't prosecute. Finally, federal law is not a substitute for state law and will not work in all instances.

A Connecticut ban on FGM/C is time-critical, as other New England states have passed laws criminalizing FGM/C, and Connecticut is also the only state bordering New York in which FGM/C is legal (an estimated 48,418 girls and women are currently at risk for FGM/C in New York). We do not want our state to be a destination for FGM/C. Additionally, Connecticut is the only state along the notorious sex trafficking corridor between Providence, RI and Atlantic City, NJ in which FGM/C is legal.

change.org

PETITION SUPPORTS LAW IN CT

Join the movement and sign the Change.org petition -

<https://www.change.org/BanFGMinCT>

contact your legislator -

<https://act.unicefusa.org/fgmCT>

and/or follow us on Facebook at

[@BanFGMinCT!](https://www.facebook.com/BanFGMinCT)

- 200 million women and girls worldwide live with FGM/C consequences
- FGM/C has been reported to occur in over 92 countries in the world
- 30 million girls under the age of 15 are at risk, including girls living in the United States.
- 39 States have passed laws banning FGM/C, in some cases as amendments to child abuse laws. **Make Connecticut number 40.**
- FGM/C is usually performed between birth and puberty
- FGM/C is performed for a variety of reasons, including to control a girl's sexuality and to ensure virginity until marriage and fidelity in marriage.
- FGM/C in many cases can be performed on girls without anesthetics, but there is growing concern that FGM/C is being medicalized and performed by health professionals. In either situation, FGM/C can have lifelong health consequences including chronic infections, hemorrhage, severe pain during urination, menstruation, and sexual intercourse.

[#BanFGMinCT](https://www.facebook.com/BanFGMinCT)

39 STATES HAVE ANTI-FGM/C LAWS, MAKE CONNECTICUT NO.40*

U.S. STATES WITH ANTI-FGM/C LAWS

| STATE | ONLY APPLIES TO MINORS (UNDER 18 UNLESS OTHERWISE SPECIFIED) | PARENT/ GUARDIAN & CIRCUMCISER SUBJECT TO PROSECUTION | "VACATION PROVISION" BANNING TRAVEL OUTSIDE THE STATE FOR FGM/C | MEDICALLY NECESSARY EXCEPTION | CULTURAL/ RITUAL REASONS, AND/OR CONSENT NOT A DEFENSE | PROVISIONS FOR COMMUNITY EDUCATION & OUTREACH |
|---|--|---|---|-------------------------------|--|---|
| ARIZONA | X | | X | X | X | |
| ARKANSAS | X | X | X | X | X | X |
| CALIFORNIA | X | X | | X | | X |
| COLORADO | UNDER 16 | X | | X | X | |
| CONNECTICUT (PROPOSED LEGISLATION) | X | X | X | X | X | X |
| DELAWARE | X | X | | X | X | |
| FLORIDA | X | X | X | X | X | |
| GEORGIA | X | X | X | X | X | |
| IDAHO | X | X | X | X | X | |
| ILLINOIS | | X | | X | X | |
| IOWA | | | X | X | X | X |
| KANSAS | X | X | X | X | X | |
| KENTUCKY | X | X | X | X | X | X |
| LOUISIANA | X | X | X | X | X | |
| MARYLAND | X | X | | X | X | |
| MASSACHUSETTS | X | X ^Δ | X | X | X | X |
| MICHIGAN | X | X | X | X | X | X |
| MINNESOTA | | | | X | X | X |
| MISSOURI | UNDER 17 | X | | X | X | |
| NEVADA | X | X | X | X | X | |
| NEW HAMPSHIRE | X | X | X | | X | |
| NEW JERSEY | X | X | X | X | X | |
| NEW YORK | X | X | | X | X | X |
| NORTH CAROLINA | X | X | X | X | X | |
| NORTH DAKOTA | X | X | | X | X | |
| OHIO | X | | X | X | X | |
| OKLAHOMA | | | | X | X | |
| OREGON | X | X | | X | X | X |
| PENNSYLVANIA | X | X | X | X | X | |
| RHODE ISLAND | | | | | | |
| SOUTH CAROLINA | X | X | X | X | X | |
| SOUTH DAKOTA | X | X | X | X | X | |
| TENNESSEE | | X | | X | X | |
| TEXAS | X | X | X | X | X | |
| UTAH | X | X | X | X | X | X |
| VERMONT | X | | X | X | X | |
| VIRGINIA | X | X | X | X | | |
| WEST VIRGINIA | X | X | | | X | |
| WISCONSIN | X | | | X | X | |
| WYOMING | X | X | X | X | X | X |

*Numbered facts provided by Equality Now. More info visit www.equalitynow.org ΔExisting MA aiding and abetting law covers parents/guardians

LEGISLATION TO CRIMINALIZE FGM/C IN CONNECTICUT HAS BEEN ENDORSED BY:

- AHA Foundation
- Center for Youth Leadership
- Connecticut Children's Alliance
- Connecticut Commission on Women, Children, Seniors, Equity & Opportunity
- Connecticut Counseling Association
- Connecticut Gambian Association
- Connecticut Section of the American College of Obstetricians and Gynecologists
- Connecticut Trial Lawyers Association
- Connecticut Voices for Children
- Equality Now
- Every Woman Connecticut
- Guilford Human Rights Commission
- Inter African Committee on Traditional Practices USA
- IRIS - Integrated Refugee and Immigration Services
- Love 146
- Office of the Child Advocate, State of Connecticut
- Sahiyo: United to End Female Genital Cutting
- UNICEF USA
- U.S. End FGM/C Network
- WeSpeakOut
- Women & Family Life Center
- Yale Center for Asylum Medicine (YCAM)