sahiyo

United Against **Female Genital Cutting**

Examining Intersections Between Female Genital Mutilation/Cutting And Social Oppressions

A Qualitative Study

February 2025



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Trigger Warning:

This report contains material of a sensitive nature, including discussions of female genital mutilation/cutting (FGM/C) and other forms of gender-based violence (GBV), that may be triggering for some individuals.
Please be advised.

About Sahiyo

Sahiyo was formed in December 2015 as an advocacy collective uniting South Asians and other survivors of female genital mutilation/cutting (FGM/C) to address the lack of acknowledgment around FGM/C as a global form of gender-based violence (GBV) and child abuse. We utilize collaborative grassroots campaigns and storytelling techniques to train members of FGM/C-practicing communities in leading the demand for widespread abandonment; work with frontline professionals (e.g. healthcare providers) to create culturally sensitive systems of care for survivors; and partner with government officials to address policy level change.

Sahiyo's mission is to empower Asian and other communities to end FGM/C and create positive social change through dialogue, education, and collaboration based on community involvement. Since 2015, our work has expanded beyond the scope of South Asian and U.S. based women to include survivors and FGM/C-practicing communties from around the world. This expansion has afforded us the opportunity to create a project in which we can look at a myriad of factors that impact survivors, their access to support, as well as the overall movement and work done to both support survivors and end the harmful practice of FGM/C.

About This Project

In July 2021, Sahiyo hosted a public webinar titled, "Critical Intersections: Anti-Racism and Female Genital Mutilation/Cutting (FGM/C)" (Sahiyo, 2021). We invited anti-FGM/C activists, Leyla Hussein, Aarefa Johari, Sunera Sadicali, and Aissata M.B. Camara to engage in a conversation that helped to elevate our understanding of how systems of racism operate in—and negatively impact—the movement to end FGM/C. The webinar drew close to 300 registrants, making it one of the most highly sought-after webinars Sahiyo has hosted since our founding.

Using the momentum generated from the webinar, Sahiyo embarked on the Critical Intersections Research Project.

Overall, this research sought to address the following questions:

> **How has systemic racism delayed substantial change on this issue of meeting progress toward achieving the U.N. Sustainable Development Goal (SDG) to end FGM/C by 2030?**
>
> **Are there possible connections to other movements, such as MeToo and Black Lives Matter that can come into play?**

The research began with *Part One: Examining the Current State of Critical Intersections: Female Genital Mutilation/Cutting and Social Oppressions* (Sahiyo, 2023), a scoping review of the current state of literature on the topic of FGM/C and intersectionality. From the review, seven major intersections were derived: religion, race, bodily autonomy, Queer gender & sexuality, feminism, law & policy, and climate change. This was followed by *Part Two: Examining Intersections Between Female Genital Mutilation/Cutting and Social Oppressions A Mixed Methods Study* (Sahiyo, 2024). Based on a mixed-methods survey, this paper examined systemic levels of oppression (such as xenophobia and racism), and interpersonal forms of oppression (particularly the influence of patriarchy in FGM/C-practicing communities), as well as challenges and opportunities for cross-collaboration between anti-FGM/C work and other social justice movements. Despite participants' overwhelming agreement that there was value in cross-collaboration, few participants referenced concrete or existing examples of cross-collaboration.

This report builds on the themes introduced in the aforementioned reports, and enhances the findings by providing detail only made possible through in-depth interviews with advocates working in the anti-FGM/C movement and other sectors/social justice movements. In particular, interviewees had more time to consider concrete examples that exist in regards to cross-movement collaborative work, and new opportunities that could exist for programming to address intersectionality, ideas not explored in depth in previous reports.

The goals of Sahiyo's research are to:

> **Create a foundation for further research into the locally-specific confluence of factors that have significant implications for the holistic well-being of marginalized communities affected by FGM/C.**
>
> **Illuminate possibilities for creating ties between social reform and social justice movements that may accelerate change.**

This research may be more applicable to those working in the anti-FGM/C movement and who are knowledgeable on the topic of FGM/C. This research does not cover the basics of what FGM/C is, why it is practiced, or who practices it.

Acronyms

BIPOC
Black, Indigenous, and People of Color

FGM/C
Female Genital Mutilation/Cutting

GBV
Gender-Based Violence

CBO
Community-Based Organization

GCS
Global Cosmetic Surgery

GMW
Global Majority World

GmW
Global Minority World

IGM
Intersex Genital Mutilation

LGBTQIA+
Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, Plus

SDGs
Sustainable Development Goals

SRH
Sexual And Reproductive Health

UNICEF
United Nations Children's Fund

A Note on Terminology

Language plays a pivotal role in shaping the boundaries of our discourse. It dictates what we are allowed and not allowed to say, how we think, and what questions we can ask. In order to better reflect the reality of global systems of power, this study is intentional about the language used to describe the world and how it operates. The following terms are drawn from the lexicon of anti-racist and anti-colonial movements to help us better describe the world around us (Campbell-Stephens, 2020):

***Global Majority World* (GMW)**
Nations where most of the global population resides who are in possession of the ***least*** collective wealth as a result of colonialism, enslavement, and resource depletion. To be used as a substitute for "Global South," which obscures the root cause of global poverty arising from the aforementioned systems. Examples include: India, The Gambia, Guinea-Bissau, etc.

***Global Minority World* (GmW)**
Nations where a small fraction of the global population possess the ***majority*** of collective wealth as a result of colonialism, enslavement, and resource depletion. To be used as a substitute for "Global North," which obscures the nature of the GmW's deliberate wealth hoarding in these regions resulting from the aforementioned systems. Examples include: United States, Canada, United Kingdom, etc.

Executive Summary

Examining Intersections Between FGM/C and Social Oppressions

A QUALITATIVE STUDY

Goals and Methodology

In Part Three of this global study, we conducted qualitative interviews with 29 key experts, social justice advocates, and organizations in the anti-FGM/C movement and other related social justice movements. The interviews were semi-structured and in-depth, and were conducted across multiple geographic regions virtually via Zoom from November 2022 to February 2023. Interview transcripts were analyzed and coded using the qualitative data analysis software, Dedoose. A codebook was created and updated in an iterative process to comprehensively reflect emergent themes across interviews.

Limitations

There are several limitations in our study to note. First, participants' experiences regarding FGM/C may not apply to all survivors, communities, and advocates due to the sample size and study design. While deliberate efforts[1] were taken to create a diverse sample based on geographic location, race/ethnicity, gender, sexual orientation, and other factors, most of our participants were located in North America and identified as cisgender women. Our findings, consequently, are limited by participants' positionality in the Global Minority World (GmW); this is particularly relevant to views on race and racism. Furthermore, our sample size of Black participants was too small to make definitive conclusions on the basis of race, especially when comparing viewpoints between racial and ethnic groups on issues such as the criminalization of FGM/C.

Additionally, there were several themes we were unable to explore in our analyses due to the limited number of participants mentioning those themes in interviews. Future research on intersectionality around FGM/C should examine themes such as disability, male allyship, socioeconomic class, colorism, and other potential factors impacting efforts to end FGM/C.

Overview of Results

Participant Demographics

The study participants (N=29) reflected a variety of backgrounds, experiences, and identities, aligning with the study's main goals:

> Most of the participants identified as cisgender women (n=22), and most participants were from North America or Europe (n=20).
>
> 20 participants worked in FGM/C prevention, and at least 15 worked with survivors of FGM/C or other forms of GBV.
>
> More than half (n=15) of participants were raised in a community that practices FGM/C.
>
> Lastly, the ethnicity/race most represented was Asian (n=12), followed by Black (n=8), and white (n=6).

1. Deliberate outreach included a focus on advocates working in the FGM/C movement and other related social justice movements, followed by targeted outreach to underrepresented geographic areas and underrepresented social justice movements.

Intersectionality

Nearly all participants discussed the significance of intersectionality in the movement to end FGM/C. Across all interviews, we observed how race, gender, sexuality, and other identities intersect with FGM/C to impact:

> **How advocates and organizations frame FGM/C in the media or to relevant actors;**
>
> **The inclusion (or exclusion) of intersectionality in terminology, data, and support services related to FGM/C prevention and treatment; and**
>
> **The role of political, legal, and criminal justice systems in designing and enforcing anti-FGM/C legislation.**

Race and racism were identified as one of the most salient themes across interviews in the context of intersectionality and FGM/C. **One of the most frequently mentioned challenges to ending FGM/C** was the racialization of FGM/C, particularly the association of specific racial/ethnic groups, and Black communities especially, with the practice. The second key theme that emerged was the consequences of criminalizing FGM/C for communities of color.

Several participants described the **lack of LGBTQIA+ inclusive language, terminology, and data within the movement to end FGM/C** as a clear barrier to addressing the unique needs of LGBTQIA+ survivors. A related and growing challenge is the use of anti-FGM/C legislation by anti-LGBTQIA+ legislators to block gender-affirming health care for transgender individuals. Additionally, multiple participants reported resistance to LGBTQIA+ inclusion within the movement to end FGM/C, including opposition to the incorporation of intersex issues.

Religion was also recognized as a key theme related to how FGM/C is framed and used to justify the oppression of certain religious groups. In particular, participants frequently discussed the harm of portraying FGM/C as an issue exclusive to Muslim groups, or non-Christian religious communities in general. Participants also discussed how religion has been used as a tool to sustain the continuation of FGM/C in FGM/C-practicing communities. Indeed, several participants highlighted the role of religious institutions in shaping views of women's sexuality.

Cross-Collaboration

All participants recognized the importance of cross-collaboration with other social justice movements in the efforts to end FGM/C. However, they also identified challenges to cross-collaboration, such **as the tendency for the anti-FGM/C movement to be siloed from other social justice movements (e.g. MeToo, Black Lives Matter, etc.). In fact, several perceived challenges to cross**-collaboration were shared, such as **the exclusion of LGBTQIA+ survivors within the anti-FGM/C movement due to cisgendered and hetero-normative framing of FGM/C.**

Participants emphasized the significance of cross-collaboration in raising general awareness of FGM/C and including individuals who have been historically excluded from the movement. Additionally, cross-collaboration may also be influential in addressing the racialization of FGM/C and underscoring the global nature of the practice. Lastly, several participants mentioned the need to broaden the focus of FGM/C into wider feminist and GBV movements.

Recommendations

1. **Coordinate with social service sectors** across various social justice issues to improve support and resources for survivors.

2. **Improve language and framing of FGM/C to** limit racialization and/or exclusion of marginalized communities in terms of who is impacted by FGM/C.

3. **Increase education on how FGM/C is intersectional** within anti-FGM/C organizations, as well as across different movements/sectors.

4. Implement **more diverse and equitable approaches to data collection, analysis and dissemination** that include input from a diverse array of stakeholders.



Introduction

Female genital mutilation/cutting (FGM/C) affects over half a million women and girls in the United States, 230 million women and girls globally, and has been reported to occur in at least 92 countries (Equality Now et al., 2020) (UNICEF, 2024). Recent data released by the United Nations Children's Fund (UNICEF) indicates a 15% increase in the total number of FGM survivors compared to data released in 2016; this is largely due to greater population growth in FGM/C-affected countries (2024). The harmful practice is recognized as a human rights violation, a form of violence against women and girls, and a manifestation of gender inequality (Payne et al., 2019). Survivors of FGM/C are at risk of experiencing long-term consequences, such as sexual dysfunction, adverse mental health outcomes, infections, and obstetric and gynecologic complications (Payne et al., 2019).

The United Nations has underscored the importance of eliminating FGM/C by incorporating it into the Sustainable Development Goals (SDGs); under the overarching goal of achieving gender equality, SDG 5.3 seeks to "eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation" (United Nations, 2023)(United Nations, n.d.). While progress has been made, FGM/C continues to persist across the globe. In some countries such as The Gambia and Guinea-Bissau, there is no substantial decline in FGM/C prevalence, calling attention to a need for greater investment to achieve SDG 5.3 (UNICEF, 2024).

One area that has not received enough attention in the movement to end FGM/C is how other intersectional social issues have impacted the movement to end FGM/C and work to support survivors. Examining the layered social and oppressive forces that operate to sustain the practice are crucial for understanding both how these forces have hampered the movement to end FGM/C, as well as how the end FGM/C movement can partner with other social movements to build collective solutions. Recognizing the role of intersectionality and how FGM/C may overlap with or exacerbate other social issues related to race, gender, sexual orientation, and geographic region may be key to advancing progress in moving towards achievement of SDG 5.3.

The Combahee River Collective, a Black lesbian socialist organization, first introduced the concept of "integrated analysis and practice based upon the fact that the major systems of oppression are interlocking" (1977). Dr. Kimberlé Crenshaw developed and codified the framework of intersectionality to understand the consequences of treating different social oppressions, such as race and gender, as mutually exclusive experiences (1989). In the context of FGM/C, a harmful norm that is globally prevalent, we can not treat survivors as a homogeneous group; addressing FGM/C without intersectionality at the center negates practicing communities' identities and how those identities interplay with social inequities to further perpetuate FGM/C. This report seeks to shed light on those intersections in order to support FGM/C advocates in creating targeted interventions, policies, and programs aimed at moving the anti-FGM/C movement forward and ultimately ending FGM/C.

Methodology

Methods

Sahiyo conducted qualitative, semi-structured in-depth interviews with 29 participants across multiple geographic regions using Zoom from November 2022 to February 2023. To ensure quality interviews, we used purposive sampling, deliberately choosing participants based on demographic characteristics to ensure diversity in gender, sexual orientation, race/ethnicity, and geographic region. We first assessed willingness to participate in the interviews during the mixed methods survey individuals took part in for *Part Two* of our research project (Sahiyo, 2024). From those who expressed interest, we identified a diverse pool of candidates to reach out to for interviews. Additional participants who had not completed the survey were invited to participate, as we identified gaps in demographic representation from the pool of survey respondents. All participants worked in the anti-FGM/C movement and/or related social justice movements.

For the interviews, we created an interview field guide in accordance with the study's research goals and questions. The interview questions were designed to provide in-depth explanations of the high-level findings generated from our mixed methods survey. Findings from Part One, the scoping review, also served as a foundation for further exploration during the interviews. As a result, the questions were divided into six key categories: introduction, intersectionality, framing, funding, legal and political systems, and conclusion.[2] We created two different interview questionnaires based on whether or not the participant worked directly on anti-FGM/C efforts.

We created an Advisory Committee to ensure a wide range of feedback and guidance went into creating the research tools. This Advisory Committee reviewed and edited the interview questions to ensure alignment with the project's objectives.

Interviewees were given multiple options for self-identification. Amongst those options were researcher, survivor, and advocate. For clarity, "advocate" within this context refers to those who identify as campaigners, activists, and champions/supporters of the cause to end FGM/C and other social justice issues. Lastly, participants were offered a $50 USD gift card to honor their time in completing the interview.

Qualitative Analysis

Interview transcripts were analyzed and coded using the qualitative data analysis software, Dedoose. A codebook was created and updated in an iterative manner to comprehensively reflect emergent themes across interviews. Qualitative data analysis and coding were conducted across five coders on the research team, and each transcript was coded by two independent researchers to improve internal validity. Coding was conducted on all interviews until saturation and a consensus on parent codes and child codes was reached between the two independent coders. Following the coding of all interviews, thematic analysis was conducted to explain major patterns across participants. Lastly, interview responses were analyzed by cross-referencing codes with descriptor data collected (e.g. geographic location, gender identity, etc.) to further understand key themes based on participant demographics.

2. See Appendix 1 for interview questions

Limitations

There are several limitations in our study to note. First, participants' experiences regarding FGM/C may not apply to all survivors, communities, and advocates due to the sample size and study design. While deliberate efforts[3] were taken to create a diverse sample based on geographic location, race/ethnicity, gender, sexual orientation, and other factors, most of our participants were located in North America and identified as cisgendered women. Our findings, consequently, are limited by participants' positionality in the GmW; this is particularly relevant to views on race and racism. Furthermore, our sample size of Black participants was too small to make definitive conclusions on the basis of race, especially when comparing viewpoints between racial and ethnic groups on issues such as the criminalization of FGM/C.

Additionally, there were several themes we were unable to explore in our analyses due to the limited number of participants mentioning those themes in interviews. Future research on intersectionality around FGM/C should examine themes such as disability, male ally-ship, socioeconomic class, colorism, and other potential factors impacting efforts to end FGM/C.

3. Deliberate outreach included a focus on advocates working in the FGM/C movement and other related social justice movements, followed by targeted outreach to underrepresented geographic areas and underrepresented social justice movements.

Results

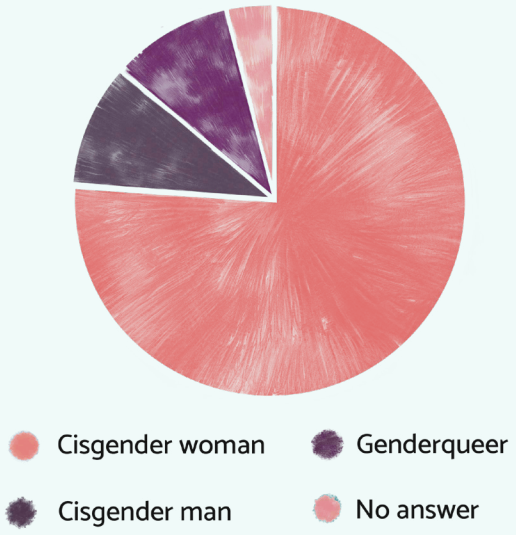
Participant Demographics

All study participants (N=29) were asked to complete a survey of basic demographic information prior to completing the qualitative interview. The results are explored below.

Participant gender identity

22 participants identified as cisgender women. The remaining participants identified as Genderqueer or non-binary (n=3), cisgender male (n=3), or declined to answer (n=1).

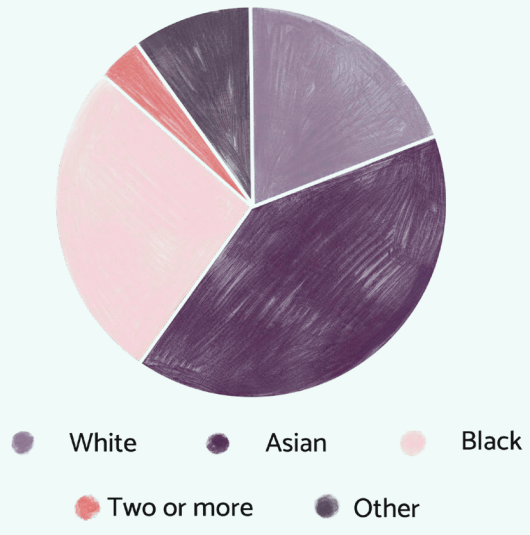
Figure 1: *Participant gender identity*



Race/ethnicity of participants

12 participants identified as Asian, 8 identified as Black, and 6 identified as white. 1 participant identified as having two or more races, and 2 identified as "other."

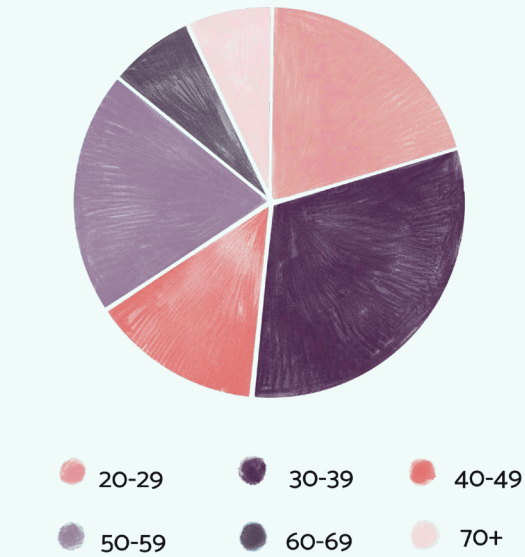
Figure 2: *Race/ethnicity of participants*



Ages of participants

Most participants (n=19) were between the ages of 20 and 49. The remaining 10 were participants between the ages of 50 years and older.

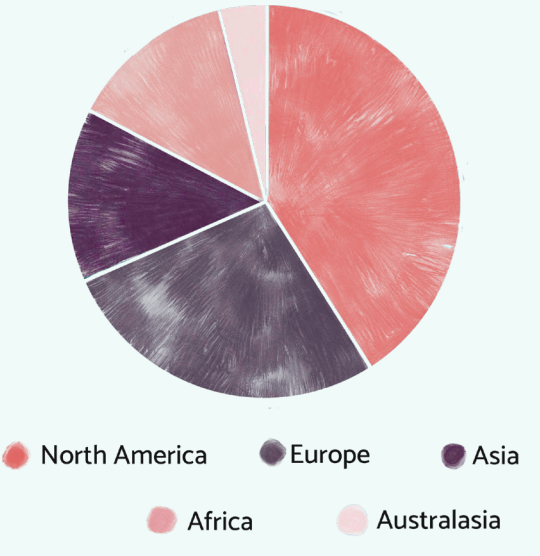
Figure 3: *Age of participants*



Geographic location of participants

Most participants were located in North America or Europe (n=20). 4 participants were located in Africa, 4 in Asia, and 1 in Australasia.

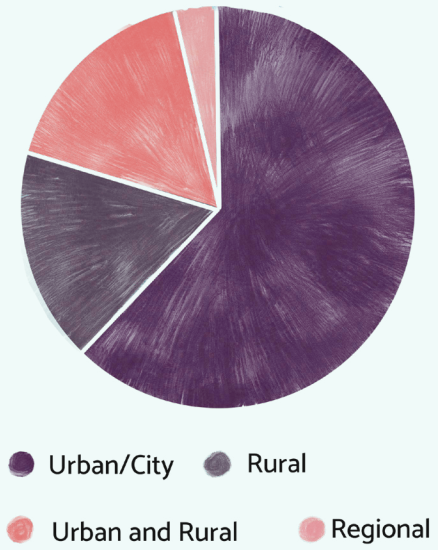
Figure 4: *Geographic location of participants*



Setting of participants' work

A majority of participants (n=18) primarily worked in urban/city settings, while 5 participants worked in both urban/city and rural settings, and 5 participants worked in rural settings. One participant worked regionally.

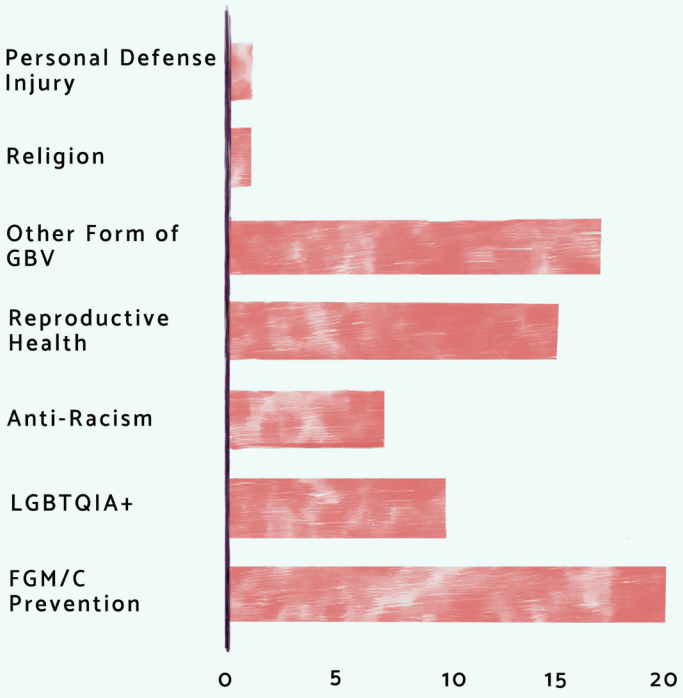
Figure 5: ***Setting of participants' work***



Social issues participants work on

20 participants worked in FGM/C prevention. A majority of participants (n=17) also focused on other forms of gender-based violence (such as domestic violence, trafficking, sexual assault, and early and forced marriage), and 15 focused on reproductive health. Participants were less likely to work on social issues such as LGBTQIA+ issues (n=10), anti-racism (n=7), religion (n=1), and personal injury defense (n=1).

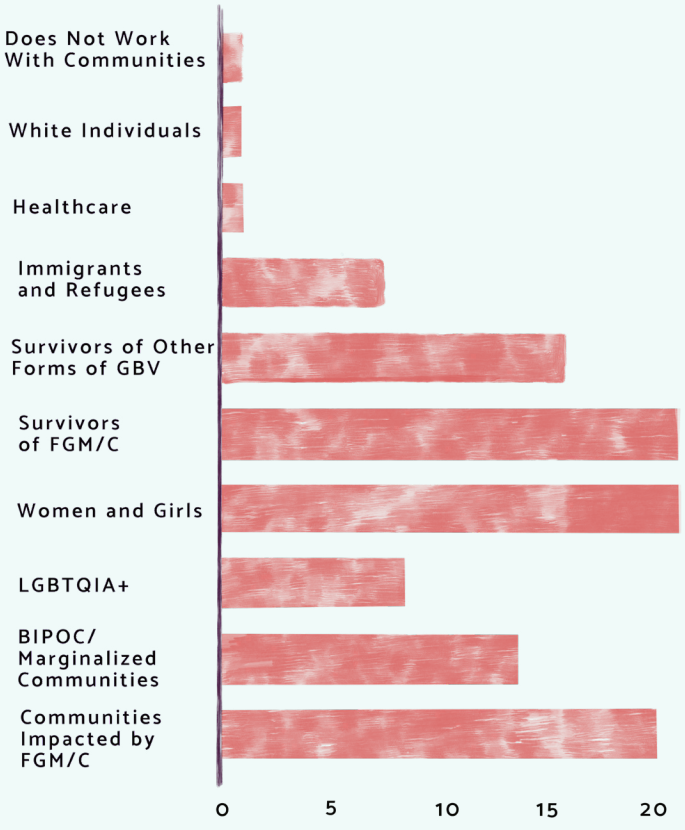
Figure 6: ***Social issues participants work on***



Communities participants work with

20 participants worked with survivors of FGM/C, and 19 participants worked with communities impacted by FGM/C. Additionally, a majority of participants worked with women and girls (n=20) or survivors of other forms of GBV (n=15). 13 participants worked with Black, Indigenous, and people of color (BIPOC) and other marginalized communities. Participants were less likely to work with LGBTQIA+ communities (n=8), immigrants and refugees (n=7), health care providers (n=1), and white individuals (n=1). Only one participant stated they do not actively work with communities.

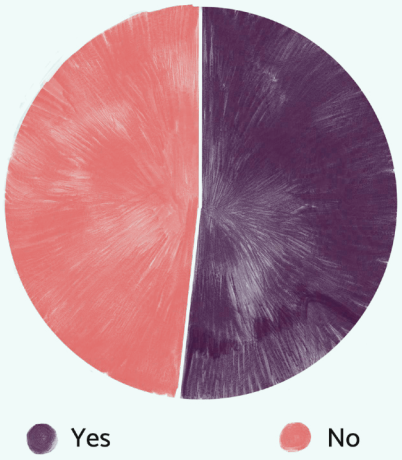
Figure 7: *Communities participants work with*



Participant was raised in an FGM/C-practicing community

A majority of participants (n=15) were raised in a community that practices FGM/C. 14 participants stated they were not raised in an FGM/C–practicing community.

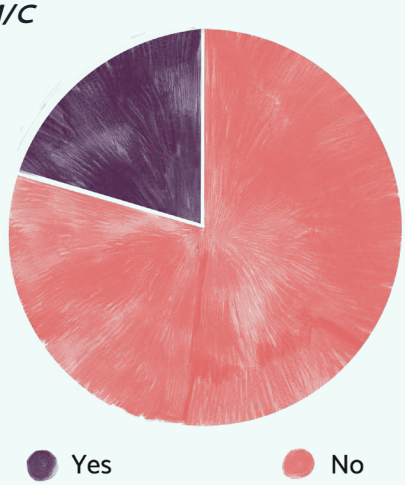
Figure 8: *Participants raised in an FGM/C–practicing community*



Participant is a survivor of FGM/C

Of the participants who stated they were raised in a community that practices FGM/C (n = 15), 12 are survivors of FGM/C. The remaining 3 participants did not identify as survivors.

Figure 9: *Participant is a survivor of FGM/C*



Intersectionality and FGM/C

Nearly all participants discussed the significance of intersectionality in the movement to end FGM/C. Across the interviews, participants described how race, gender, sexuality, and other identities intersect with FGM/C to impact: (1) how advocates and organizations frame FGM/C in the media or to relevant actors; (2) the inclusion (or exclusion) of intersectionality in terminology, data, and support services related to FGM/C prevention and treatment; and (3) the influence of political, legal, and criminal justice systems in designing and enforcing anti-FGM/C legislation.

Race

Race and racism were identified as one of the most salient themes across all interviews. **The most frequently mentioned challenge to ending FGM/C related to race was the racialized framing of the practice, or its association with specific racial/ethnic groups, particularly Black communities.** Participants specifically described how racialized misconceptions portraying FGM/C as an "African issue" have hampered efforts to put an end to the practice at both the policy and community levels. These racialized beliefs surrounding FGM/C may result in political elites and government officials, especially in GmW countries, being less likely to engage in policy or legislative efforts to prohibit FGM/C in their jurisdictions. Additionally, participants described other harmful forms of framing FGM/C that may contribute to the racialization of the practice, such as xenophobic language and racist discourse which includes phrases or language that portray FGM/C–practicing communities as "barbaric" or "backwards." Such terminology further reinforces racist attitudes toward communities of color.

"People think that [FGM/C] is an African issue, a Black issue, so they don't care." (*Black survivor of FGM/C and advocate in FGM/C prevention; North America).*

The association between race and FGM/C was noted to also apply to migrant communities.

"There is this association, both at the policy level but also in the general audience, of FGM being an issue for only migrant populations, and migrant populations mostly from Africa and from Asia, basically." (*Advocate in FGM/C prevention organization; Europe).*

"FGM/C often has a racialized debate, especially anti-immigrant sentiment, [which] gets caught up in anti-FGM/C arguments." (*Researcher on FGM/C, gender equity, and LGBTQIA+ issues; Europe).*

Moreover, participants reported that racialized framings of FGM/C are prominent in some FGM/C–practicing communities. Specifically, they noted that some Asian communities perceive their practice of FGM/C as different and less severe than forms practiced in parts of Africa. They discussed how these communities often downplay the risks and harms of FGM/C within their own context by contrasting it with what they believe to be more severe forms practiced in African communities. One participant specifically discussed how messaging about FGM/C within these communities varied depending on the type of FGM/C,[4] often carrying racial undertones:

"In my community, the Dawoodi Bohras, they will often say… 'what we practice… isn't FGM because it's civilized, it's just a small cut.' It's sort of minimizing the gravity… whereas in Africa, they would sort of racialize that the Africans are the barbarians. And so there was sort of this 'good' FGM, 'bad' FGM dynamic, and so there were definitely racial undertones to differentiating one over the other…[which] was a very powerful tactic." (*FGM/C survivor; North America).*

"There are also some local words in the Malay language which [refer to FGM/C]. [Malay communities] don't call it FGM/C because FGM/C is seen so much as an "African issue" so [survivors] don't relate it at all. So they'll say, "Oh, no, what we do is not [FGM/C]." (*Advocate in sexual and reproductive health; Asia).*

[4]The World Health Organization (WHO) classifies FGM/C into 4 major types: (1) Type I refers to the partial or total removal of the clitoris; (2) Type II refers to the partial or total removal of the clitoris and the labia minora; (3) Type III, also known as infibulation, is the "narrowing of the vaginal opening through the creation of a covering seal…formed by cutting and repositioning the labia minora or labia majora"; and (4) Type IV includes "all other harmful procedures to the female genitalia for non-medical purposes" (World Health Organization, 2024). Nearly 90% of FGM/C cases include Type I, II, or IV, while only 10% of cases are Type III FGM/C (World Health Organization, n.d). Common misconceptions posit Type III FGM/C as "African FGM/C," while Types I, II, and IV FGM/C are associated with Asian countries, despite the considerable variation in the prevalence and type of FGM/C across regions.

Additionally, participants noted how **racialization may impact the distinction between genital cosmetic surgery (GCS) and FGM/C.**[5] Specifically, some participants discussed how FGM/C among Black and Brown communities is often racialized and stigmatized, while GCS among white individuals is viewed as more permissible, or even empowering.

"If you are a white upper-class woman who puts their daughter through [genital cosmetic surgery], people don't think too much… [and won't] necessarily talk about the violence of that practice. Whereas if you can portray the act of FGC on a Black or Brown woman from a country that is not the U.S. and is poor, it's so easy to demonize and it's so easy to reprimand them in that way." (Advocate in FGM/C prevention and LGBTQIA+ rights; North America).

One participant also referenced the potential impact of the racialized distinction between GCS and FGM/C, highlighting how healthcare practitioners decide to perform GCS on consenting adults.

"Once a plastic surgeon from the Netherlands reached out to me a couple of years ago and said: 'Many white women want to undergo labiaplasty and I operate [on] them on a daily basis. However, now I have a Black woman (born in the Netherlands, both parents from Somalia) who reached out to me and wants the same – but I don't want to get sued in the Netherlands for FGM/C and risk a 12-year prison sentence. You have a legal background, so please tell me if it's okay to perform the surgery on this woman. What do you recommend me to do?' Of course this was a very hard question and shows clearly that there is a double standard." (Advocate in FGM/C prevention and LGBTQIA+ rights; North America).

The second key theme that emerged related to the intersection of race and FGM/C was the consequences of criminalizing FGM/C for communities of color. Most participants supported criminalizing FGM/C, believing it should be illegal. However, a small share of participants viewed criminalization as ineffective in achieving systemic change to end the practice. Several of these participants highlighted the impact of criminalization on racial and ethnic minority groups, specifically linking the criminalization of FGM/C to the over-policing of BIPOC.

"Around the idea of [FGM/C] being criminalized, I have a hard time because we know… the communities that are practicing these practices have already been disproportionately impacted by the policing." (Advocate in GBV organization; North America).



[5]The American College of Obstetricians and Gynecologists (ACOG) defines GCS as a "broad term that comprises numerous procedures, including labiaplasty, clitoral hood reduction, hymenoplasty, labia majora augmentation, vaginoplasty, and G-spot amplification" (ACOG's Committee on Gynecological Practice, 2020). However, limited high-quality data exists regarding the effectiveness of GCS, and several complications may result from GCS procedures (ACOG's Committee on Gynecological Practice, 2020).

"I think that's what's been hard about having passing an anti-FGM bill in Connecticut. There is that worry that, you know, a lot of Black and Brown bodies would be charged under this law." *(Advocate in FGM/C prevention organization; North America).*

Several participants emphasized the specific role of police in maintaining and enforcing cultural racism against FGM/C–practicing communities, contributing to the overall racialization of FGM/C. Across all interviews, participants' perceptions of police involvement in ending FGM/C were overwhelmingly negative. **Nearly all participants who mentioned law enforcement in their interviews cited negative interactions between police and both survivors of FGM/C** and practicing communities, across various global contexts. These negative interactions included a lack of support for FGM/C survivors from police, the reluctance of police involvement in anti–FGM/C efforts who view it as a cultural practice, and cultural or racial bias from police/law enforcement towards BIPOC. As a result of mistrust from the communities and the potential harms of policing, especially for communities of color, participants highlighted the need for alternatives to policing and law enforcement within the context of FGM/C and other social issues.

Lastly, we found mixed results when analyzing participants who mention race or racism based on their demographic characteristics (e.g. participant race/ethnicity, geographic location, and work setting). **Those who emphasized that racism can hinder efforts to eliminate FGM/C were more likely to be working in North America, Asia, and Europe.** Our data illustrates geographic variability in concerns about the intersection of oppression linked to FGM/C and racism, with few respondents working in Africa citing concerns about race. This may suggest that racism against Black and African people manifests itself more acutely in the North American, Asian, and European contexts. Moreover, participants who work in urban settings, or both urban and rural settings, were more likely to mention race or racism compared to participants who work exclusively in rural settings.

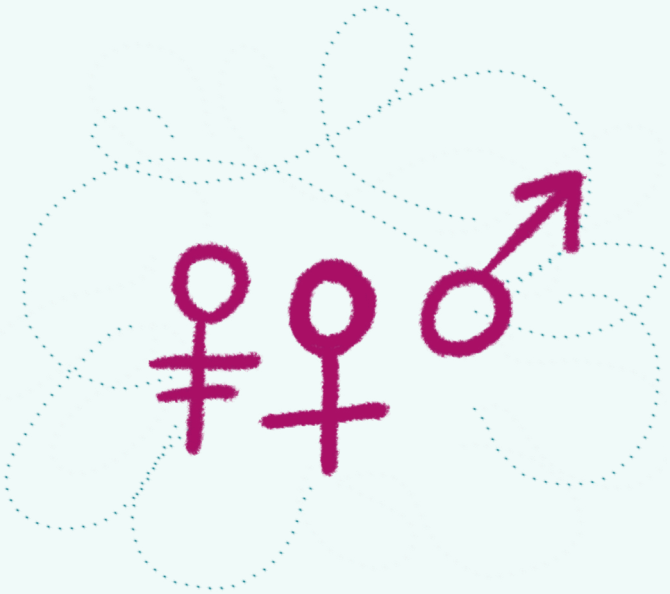
Racism can hinder progress toward ending FGM/C as a movement and prevent individual survivors from accessing justice in key ways. Racialization of FGM/C frames it as an "African issue" or "Black issue," thereby removing other FGM/C–practicing communities from their own responsibility for continuing or ending the practice. In addition, the criminalization of FGM/C disproportionately affects FGM/C–practicing communities of color, thus reinforcing an often preexisting fear and mistrust of law enforcement.

LGBTQIA+

More than half of our interviewees discussed the intersection between LGBTQIA+ communities and FGM/C, but only when prompted.[6] Several participants mentioned the **lack of LGBTQIA+–inclusive language and terminology within the movement to end FGM/C.**

FGM/C has historically been framed as only affecting cisgender, heterosexual women, excluding survivors who identify as transgender, nonbinary, Queer, and more. This exclusion extends to the absence of data on LGBTQIA+ survivors of FGM/C, effectively erasing a demographic of survivors who need tailored support services, such as sexual health care, resources that center LGBTQIA+ sexuality (rather than heterosexuality, which often centers complications with pregnancy and childbirth), as well as safe spaces for peer learning and sharing within the movement.

[6] Interviewees were specifically prompted to speak on the intersection of LGBTQIA+ issues and FGM/C. Only a few participants mentioned the intersection of LGBTQIA+ and FGM/C unprompted, which could indicate a lack of prioritization or recognition of the connection between FGM/C and gender/sexual identity. Participants who identified as Genderqueer or non-binary were more likely to mention this intersection without being prompted.



"Overall, there needs to be a better interrogation of statistics, and, the portrayal of these statistics [in] every single organization with regards to FGM/C. It's 200 million women and girls [who are affected by FGM/C], but where are the non-binary, and trans men? Are we a part of the women and girls? Do we not exist, were we not counted in it? We don't know!" (Advocate in FGM/C prevention and LGBTQIA+ rights; North America).

Some participants who identified as Genderqueer survivors of FGM/C also spoke of **the challenges they experienced with navigating multiple stigmatized identities.** While one participant noted the growing involvement of LGBTQIA+ individuals in the movement to end FGM/C, they also described the challenge in being able to express their identities in certain spaces or movements, particularly due to the cis-gendered and heteronormative framing of FGM/C. Additionally, one participant noted how the cumulative stigma of being LGBTQIA+ and a survivor of FGM/C may deter willingness to seek healthcare and other social services, due to potential discrimination from service providers. Lastly, participants who identified as LGBTQIA+ survivors of FGM/C described experiences of discrimination within their own community because of their gender identity or sexuality.

Participants also spoke about the **growing challenge of legislators attempting to use anti-fgm/c legislation to outlaw access to gender-affirming health care for transgender minors in the U.S.**[7] One participant emphasized the need to clearly define the difference between FGM/C and gender-affirming care, especially in terms of medical purpose or health benefits, to ensure that FGM/C laws and policies do not harm transgender individuals seeking care. Another participant discussed how conflating FGM/C with gender-affirming care in the United States has been weaponized to generate fear and controversy around LGBTQIA+ rights, particularly affecting transgender individuals.

"We talk about the movement to end FGM/C, especially within the context of sexual health when it comes to gender-affirming care for the LGBT[QIA+ community because FGM/C is often used as the hammer to deny trans people their ability to get gender-affirming care." (Genderqueer survivor of FGM/C; North America).

On another note, multiple participants also described resistance to LGBTQIA+ inclusion within the movement to end FGM/C. This may be due to some organizations viewing LGBTQIA+ issues as separate or unrelated to the goal of ending FGM/C, the lack of awareness surrounding how FGM/C

[7]Gender-affirming care serves to support transgender individuals who may experience gender dysphoria, defined as clinically significant distress or impairment related to gender incongruence (mismatch between a person's gender identification and their assigned sex at birth), which may include desire to change primary and/or secondary sex characteristics (Perzanowski, Ferraiolo, & Keuroghlian, 2020). Gender-affirming care is a holistic and individualized approach that "focuses on the needs of each individual by including psychoeducation about gender and sexuality (appropriate to age and developmental level), parental and family support, social interventions, and gender-affirming medical interventions" (Matouk & Wald, 2022). One of many options for medical intervention is gender confirmation surgery, which is defined as "the surgical procedure(s) by which a transgender or non-binary person's physical appearance and functional abilities are changed to align with the gender they know themselves to be" (Denver Health, n.d.). Surgical interventions may include vaginoplasty, "a gender-affirming, feminizing, lower surgery to create a vagina and vulva (including mons, labia, clitoris, and urethral opening) and remove the penis, scrotal sac and testes" (Denver Health, n.d.).

intersects with sexuality and Queer gender, or the overall cis-gendered and heteronormative framing used to discuss FGM/C in the public realm. Moreover, one participant expressed concerns that efforts to address LGBTQIA+ inclusion in the anti-FGM/C movement may divert attention from the broader context of the oppression of women. According to this participant, discussing the intersection of FGM/C with LGBTQIA+ oppression may draw away from focusing on FGM/C as a feminist issue that impacts cisgender, heterosexual women. Additionally, addressing the intersection of LGBTQIA+ issues with FGM/C may also be particularly challenging in countries where identifying as LGBTQIA+ is criminalized.[8]

Some participants discussed resistance to LGBTQIA+ inclusion in the anti-FGM/C movement in regard to the intersex community and intersex genital mutilation (IGM).9 Among those who mentioned IGM, they highlighted similarities between the two practices, such as lack of consent and bodily autonomy, child rights violations, the conflation of anatomical sex with gender identity, medicalization of the practices, and resulting trauma. A major challenge participants noted in addressing the intersection of IGM and FGM/C is the exclusion of IGM-related issues in the anti-FGM/C movement and the broader GBV movement. For example, one participant described the historical dismissal of IGM within the anti-FGM/C movement. The participant described how this may have been rooted in the belief that FGM/C is an issue that only affects women and, therefore, many assume that other genital modifications are not within the scope of the anti-FGM/C movement.[10]

"Some of the most vocal, anti-FGM activists on the global stage were thinking FGM is one thing. Other gender modifications are not our business, and we're not going to talk about it. Similarly, [there was an] ignoring of the intersex issue… they're completely dismissed and told that they should not be detracting attention away from this women's issue and so forth. And so there was all these schisms that were created, where it was like FGM/C is its own thing. Anybody else who wants to talk about genital autonomy, anybody else who cares about protecting people from surgeries, should get out of the discussion. And I think that that's finally, after 40 years, starting to break down." (Researcher on FGM/C, gender equity, and LGBTQIA+ issues; Europe).

Finally, we noted that participants differed in their recognition of FGM/C with LGTBQIA+ issues dependent on the interviewee's gender identity, geographic location, work setting, and primary social issue focus in their work. **Participants from the GmW who worked in urban areas or identified as Genderqueer were much more likely to mention the intersectionality of FGM/C with LGTBQIA+ issues.**

[8]At least 67 countries have national laws that criminalize forms of gender expression and/or same-sex relations. The severity of these laws and criminal sentencing vary across countries, and range from fines to the death penalty. Even in countries where legal sanctions are rarely enforced, LGBTQ+ individuals experience severe discrimination and inequities in access to employment, healthcare, and other social services (Human Rights Watch, n.d.).

[9]According to InterACT, intersex is an "umbrella term for many different variations in sex characteristics that can cause an individual not to fit the two usual paths of human sex development" (InterACT, n.d.). This includes intersex traits such as an enlarged clitoris, and can affect reproductive organs and hormones. Intersex youth may be subjected to medically unnecessary, harmful, and irreversible surgeries to "normalize" their bodies, often without their consent (InterACT, n.d.).

[10]Interestingly, only one participant mentioned male circumcision throughout Part Three of the research.



Religion

Religion was identified as a key theme related to how FGM/C is framed and used to justify the oppression of certain religious groups. In particular, participants frequently discussed the harm of portraying FGM/C as an issue that only occurs in Muslim groups, or non-Christian religious communities in general.

Additionally, several participants discussed how the **misconception of FGM/C being a primarily Islamic practice has been used to discriminate and persecute Muslim communities, especially in the U.S. and India.** Most notably mentioned were right-wing groups, such as white supremacists and Hindu nationalists, who have used harmful framings of FGM/C to justify oppression towards Muslim communities. As a result, Muslim communities may be reluctant to publicly engage in anti-FGM/C efforts due to fear of backlash from Islamaphobic groups and potential religious discrimination. To address this challenge, participants highlighted the importance of **emphasizing that the practice is not exclusive to one particular religion or community when discussing FGM/C with stakeholders and the public.**

"I'd say in addition to the racialization of FGM, it's also in the context of the United States, the fact that [FGM/C is] perceived as a Muslim issue, and sometimes used by right-wing groups that are anti-Muslim to justify why we should block Muslims from coming to the United States, or for sort of a pretext for law enforcement to profile Muslims." *(Survivor of FGM/C and advocate in FGM/C prevention; North America).*

"In India, the Muslims are a minority, and FGM/C is largely practiced within the Muslim communities in the world… And as a Muslim community, you are also subject to Islamophobia, and there's already this whole stigma which is attached to being a Muslim. There's a certain kind of othering of the Muslims within the country, and so when [FGM/C] comes up, it kind of adds to that [narrative] like 'these Muslims are so backward, and they are barbaric'." *(Survivor of FGM/C and advocate in FGM/C prevention; Asia).*

Simultaneously, participants also highlighted how religion has been used as a tool to perpetuate the practice within communities where it is a social norm. Several participants underscored the pivotal role of religion and religious institutions in shaping harmful views of women's sexuality. These perceptions of women's sexuality, participants noted, are critically linked to the continuation of practices such as FGM/C that aim to suppress sexual expression. This suppression not only affects sexuality but also impacts open discourse on sexual health, which may deter individuals from seeking resources due to feelings of shame. Additionally, in certain religious communities, FGM/C may be seen as an important, symbolic ritual that serves as a religious initiation for girls to be viewed as "equal" to their male counterparts. Consequently, some communities may align FGM/C with religious obligation to justify gendered expectations of women and girls.

"The woman's body is not supposed to be talked about from an Islamic perspective, let's say, or Pakistani perspective as well." *(Researcher on FGM/C; Australasia).*

"I think that's because FGM/C comes from the locus of… religious interpretation, trying to determine what is a good woman, or what is not a good woman, and to control the sexuality [of women]." *(Survivor of FGM/C and advocate in FGM/C prevention; Asia).*

"So striking is that in some Muslim communities, there's an argument that the female circumcision is meant to initiate girls into the religion on equal footing to the boys, so that they're seen as just as worthy of being welcomed into the fold with this metaphysically symbolic, important ritual as the boys." *(Researcher on FGM/C, gender equity, and LGBTQIA+ issues; Europe).*

Religion is commonly associated with FGM/C as a cause, and as such several important consequences should be acknowledged. Externally, harmful framing of FGM/C as only an Islamic practice can lead to discrimination and hinder advocacy against FGM/C from FGM/C–practicing Muslim communities, largely due to fears of being associated with perpetuating FGM/C resulting in Islamaphobic backlash amongst the larger Mulim population. Internally, within FGM/C–practicing communities, strong ties between religious identity and this harmful social norms creates pressure to conform and undergo FGM/C; shame is frequently used as a tool to enforce this conformity.

Gender

Nearly all participants discussed the intersectionality of gender with FGM/C, particularly in relation to female gender, misogyny, and the role of patriarchal systems. This finding is consistent with the fact that most participants mentioned gender inequality and patriarchal systems in their framing of FGM/C and their definitions of oppression. Also, participants frequently linked FGM/C with feminist perspectives on bodily autonomy, or the fundamental right to make informed choices about one's body. Participants emphasized the impact of gender norms and patriarchal expectations in describing the reasons why FGM/C is practiced, especially in relation to inhibiting sexual expression (i.e. FGM/C is used to satisfy sexual "purification,"



reduce sexual pleasure, prevent adultery, and ensure marriageability). FGM/C was linked to other forms of patriarchal violence as well, such as child marriage, rape and sexual assault, and economic injustice. Throughout the interviews, the lack of human rights for women was referenced extensively in participants' framing of FGM/C and overall discussion.

"FGM is part of a broader patriarchal society and social values and social systems wherein a woman is subjugated, wherein the rights of women are denied. She is not considered as a full citizen. She is considered less than a man, and as such there are implications on her, physically, sexually, socially, economically, politically." *(Advocate in FGM/C prevention; Asia).*

"In the end, it's about gender equality. I want… women [to] have agency so that there is not this imbalance in power relations, but that women are free to do whatever they want with their own body." *(Researcher on FGM/C and human rights; Europe).*

According to some participants, the framing of FGM/C in the context of gender inequity and patriarchal systems also differed depending on the audience. For instance, one participant described using different approaches to discuss FGM/C within FGM/C–practicing communities. When working with individuals with lower literacy levels, the participant emphasized employing more accessible language:

"I address FGM [as something] that happens to women, and it is being practiced in my community as a rite of passage to transition women from child work to adult work. This is different from when I speak to different levels of people. When I speak to the community of literates or the larger community, I speak about FGM as a social construct that has been practiced and continues to be practiced to transition women from child work to adult work and is also a practice that has been done on women to make them marriage-able. So, when I speak about FGM on social media or to a different class of people, maybe those… who are educated, I speak to them about FGM as a source of oppressing women, undermining women, denying women their rights, and violating women's rights and taking away what belongs to them. So, I use also the rights approach; but when I'm in the community, I talk about FGM as an issue or as a practice that denies women also the opportunities to live their full potential." (Advocate in gender-based violence prevention; Africa)

The silencing of survivors and their experiences of FGM/C represents another form of gendered discrimination and deeply-rooted trauma. Several participants **linked the silencing of FGM/C survivors to patriarchal and gendered expectations of women and girls that aim to instill obedience.** While women often play a role in perpetuating the silence around the practice, some participants mentioned how the silencing of FGM/C survivors is a manifestation of powerlessness among marginalized women created by gender discrimination. Survivors of FGM/C may also be less likely to share their experiences with survivors within their own families due to the norm and pressure to remain silent and feelings of shame.

"It's a facilitated oppression that comes from those who continue the practice. By, you know, girls, even from the minute they're cut they're told to be silent. 'Don't scream. If you scream, you'll bring shame to your family.' And so right away that message is: 'don't talk about it.' So you hear this theme from survivors over and over again: 'I couldn't tell anyone. I can't talk about it.' I don't even talk to my mother about it. I don't talk to my sisters about it. They know who's been cut within their families. But beyond that, no one knows." (Health care provider in the SRH movement; North America).

Unfortunately, those who are not cut face harm and discrimination from their communities as well; **of the participants who discussed discrimination within FGM/C–practicing communities, nearly all of them cited "not being cut" as the primary factor for discrimination.** The stigma attached to being uncut resulted in exclusionary practices, both physically and socially, against women who had not undergone the procedure. Moreover, women who were uncut may experience financial insecurity due to social ostracization, further fueling gender-based economic inequities.

"If you haven't [undergone FGM/C], that's where you get incredible marginalization. People don't want to have anything to do with you. You can't serve water. You can't prepare a meal for people. I mean, the oppression comes from not having been cut." (Advocate in FGM/C prevention; Africa)

"Most often the girls who are excluded or suffer from discrimination will be the ones who are not cut rather than the ones who are [cut], because most often in the communities where we work, all girls, all women, pretty much universally will be cut. And so actually, because that's the norm, it's those who are uncut who are ostracized, or have to leave the community." *(Advocate in FGM/C prevention; Europe)*

Furthermore, a participant who identified as Genderqueer framed FGM/C as being a **practice that affects individuals who are socialized or perceived as women**, and explained the harms resulting from this.

"You call it 'FGM/C,' and it is. It is a gender-based violence based on the perception of femininity. And I think that, too, needs to be put in the definition of it, [that] it's not done to women. It is done to those who are perceived as women, and that becomes, I think, part of it because it is not an internal claim of our gender. It is something that is forced onto us" *(Genderqueer survivor of FGM/C; North America).*

Significantly, participants also mentioned how **female survivors within FGM/C–practicing communities often become the individuals who uphold and justify the continuation of the practice.** Recognizing the generational impact and trauma of FGM/C, especially in the context of misogyny and patriarchal violence, is critical to ending the practice.

"FGM/C, though it is not often done by men onto women, it is part of patriarchal tradition. And you look at a lot of historical and generational trauma with it when it comes to grandmothers and mothers who may subject their daughters to it, who themselves have been subjected to it, thus perpetuating the trauma." *(Genderqueer survivor of FGM/C; North America).*

"I used to have women that [were] upholding patriarchy… they don't even realize what's being done to them so they actually uphold [FGM/C]. I remember someone's sister saying, 'I don't want to call it mutilation, because my mother would mutilate me right, which is justified. It is cutting. She cut. She did what she knew with what she had.' That I understand completely. I would feel the same way with my mother. But then you actually have women who actually uphold the patriarchy, they are actually the ones that are advocating for FGM/C and it's usually older women." *(Advocate in GBV prevention; Africa).*

Lastly, a reason for practicing FGM/C in relation to gender that only one participant observed was the **role of FGM/C in strengthening social cohesion among women in the community.** This participant highlighted how the experience of FGM/C led survivors to build social solidarity amongst other women within their communities.

"In many societies, then the women have created a parallel ritual as a form of counterbalancing of power, where the girls are thereby also initiated in the same way that goes through a tragic experience, they formed bonds of solidarity amongst themselves. And then this becomes the primary source in some communities of female solidarity and bonding and political power and an ability to exchange goods amongst themselves and resist male dominance in the public sphere." *(Researcher on FGM/C, gender equity, and LGBTQIA+ issues; Europe).*

Participants who noted the role of women in upholding patriarchal violence and enforcing the continuation of FGM/C through generations, or explored FGM/C as a form of female solidarity and political power, illuminate the complex challenge of ending FGM/C within patriarchal systems.

Cross-Collaboration Across Social Movements To End FGM/C

Interview participants were asked about their perception of cross-collaboration between the anti-FGM/C movement and other social justice movements. While there was a diverse array of perspectives, two common themes emerged from the data: many participants were in support of collaboration, and many participants perceived significant challenges for those collaborations to be actualized and fruitful.

Challenges

Table 1: *Challenges to Collaboration by Social Justice Movement*

Potential Social Justice movements to collaborate with	Challenges mentioned
LGBTQIA+ Movements	• Cisgendered and heteronormative framing of FGM/C leads to exclusion of LGBTQIA+ survivors within the movement • Some countries where FGM/C occurs have criminalized LGBTQIA+ identity • Beliefs within the movement that collaborating with LGBTQIA+ movements detracts from FGM/C as a form of female oppression
BLM and other Anti-Racist Movements	• Racialized framing of FGM/C as an "African issue" leading to: • Over-policing and harm for FGM/C-practicing communities of color • Lack of incentive for politicians to make FGM/C illegal in the U.S.
Anti-Gender-Based Violence and Sexual Reproductive Health Movements	• The siloed nature of the FGM/C movement leads to lack of uplifting FGM/C as a form of GBV

Participants frequently discussed the challenges they experienced in cross-collaborative efforts in the movement to end FGM/C. **These challenges included the framing of FGM/C, resistance to intersectional approaches, and the overall siloed nature of the movement.**

Framing of FGM/C in the media and in organizational spaces was a key barrier for some participants in elevating the issue in their regions and collaborating with other social justice movements. Participants frequently mentioned that the racialized framing of FGM/C has been harmful to the end FGM/C movement. This might explain the fact that while **most participants discussed the intersection between FGM/C and race/racism, very few participants mentioned specifically collaborating with or partnering with anti-racism organizations.**

Additionally, participants discussed how **the cisgendered and heteronormative framing of FGM/C has been a barrier to including LGBTQIA+ survivors within the movement.** Some emphasized how collaborating with LGBTQIA+ organizations to uplift this intersection and support Genderqueer survivors of FGM/C may be especially difficult in countries where LGBTQIA+ communities are criminalized.

Participants reiterated that **the siloed nature of the anti-FGM/C movement has been a significant barrier to building cross-collaboration with other social justice movements and organizations.** Most participants recognized the need to broaden the focus of FGM/C to be more holistic and inclusive of other intersecting identities. However, participants found it challenging to integrate intersectionality into their advocacy and FGM/C prevention work due to resistance from others within the movement, and the tendency to view FGM/C as an issue restricted to certain communities. The lack of public awareness of FGM/C within other social justice movements may also be a challenge for advocates to collaborate with other organizations. Additionally, participants

cited the **lack of examples of cross-collaboration between FGM/C and other social justice movements as a barrier to partnering with organizations that do not focus on FGM/C or GBV.**

Opportunities

Despite the limited number of formal examples of cross-collaboration between the anti-FGM/C movement and other social justice movements, participants described and suggested several opportunities for integrating the goal to end FGM/C into other movements. This included **reframing FGM/C to highlight intersectionality, education for FGM/C-practicing communities and the wider population, joint funding with related social justice movements, and equitable data approaches.**

Education for FGM/C-practicing communities and the wider population

The major opportunities that participants suggested in their interviews were to **improve educational efforts to recognize the intersectionality of FGM/C with the anti-FGM/C movement and across social justice movements** (e.g. GBV, LGBTQIA+ rights, feminism, anti-racism, etc.).

For example, one participant discussed utilizing education in FGM/C-practicing communities to end both FGM/C and child marriage. According to this participant, highlighting the connection between the two practices has been effective in reducing the prevalence of both in their community:

"I am using education as a solution to curb or to eradicate FGM and child marriage. So in my community, FGM is closely related with the child marriage because FGM is a recipe or a prerequisite for child marriage. Girls are cut so they can be married off, so they can fetch dowry. So, even the dowry is also a key informant of FGM" (Advocate in GBV prevention; Africa).

Moreover, a variety of needed educational efforts were discussed. For example, several participants also discussed **educating youth in primary and secondary school systems on FGM/C and its connection to other issues such as sexuality and bodily autonomy.** They proposed training educators and teachers on the intersectional experiences of FGM/C survivors as a way of supporting students in FGM/C-practicing communities, which in turn can serve as a potential collaboration between the anti-FGM/C movement and bodily autonomy movements like MeToo, as well as the SRH and anti-GBV movements:

"FGM/FGC programs should be embedded within the learning institutions, so that from a young age, from from after preschool a young girl gets to learn about her body, like things like consent or autonomy, you know things like that but also for the, even for the school systems for the teachers themselves to be trained" (Advocate in FGM/C and GBV prevention; Africa)

"[FGM/C] should be part of the syllabus so [that] it can be taught in the primary school and the secondary school. So maybe that can help…but there [is currently no discussion] of the effects of FGM from primary school to secondary school" (Advocate in FGM/C prevention and SR; Africa)

"In India, we have absolutely zero recognition of FGM in any program, in any policy, in any system. So we have to start literally from the scratch, and a good starting point would be education. [FGM/C] should be part of education. Especially in schools where you know webinars taught about their bodies, and women are taught about physiology, women and men, for that matter, not just women. There should be references to the physiology of a woman, and to violent and harmful practices like FGM" (Advocate in FGM/C prevention; Asia)

"We do advocate for FGM to be included in comprehensive sexual education. And that [it should] be for all children, because there is this kind of idea that we should [only] teach the at-risk population about FGM, but actually everyone should learn about it" (Advocate in FGM/C prevention; Europe)

Additionally, participants emphasized the need for cross-collaboration in educating individuals **and organizations across social justice movements and sectors on how FGM/C intersects with other social identities.** This included education on LGBTQIA+ survivors of FGM/C, racism against survivors and FGM/C-practicing communities, and other forms of gender-based violence that are linked to FGM/C:

"We need to be in a coalition and we need allyships. What is the internal conversation [that is] happening [within anti-FGM/C organizations]? Because if we're still misgendering people, not recognizing diverse identities and expressions, if we're not understanding the communities who we want to be in the dialogue with, then we're not going about this in the right way" (Genderqueer advocate in anti-racism and LGBTQIA+ rights; Europe)

Participants suggested coordinating with and educating stakeholders such as legislators, lawyers, mental healthcare providers, physicians, and others on the intersectionality of FGM/C to improve social service provision to address survivors' multiple identities and lived realities.

"One big opportunity is educating social service agencies and organizations on the issue itself. An example that I would consider looking to is Tahirih Justice Center, which convenes a forced marriage working group. They've been working on research and policies and then developing guidance for organizations on the ground because forced marriage is, again, similar to FGM/C. So [education on FGM/C is] embedded in their work already but they may not have a specific way to address it. I think having roundtables and written guidance and workshops and technical assistance [may] really support embedding [FGM/C prevention] into social service organizations and I just think a lot of it starts with education [of staff]" (Advocate in gender-based violence prevention; North America)

"More awareness of the intersections [is needed]... in training the staff that's delivering the services" (Mental health care provider; North America).

"In terms of health services, we also push for gender-sensitive health care services, and also for professionals in the care industry, and... the health care services to be trained on FGM and how to handle it, and how to support survivors, and how to also protect people at risk of FGM as well. And yeah, like, preventive measures and things like that. So these professionals, in both the education sector and the health care sector, are also the frontline in terms of prevention and support. So it's really important that it's mandatory for them to know about this and to know about this in an inclusive and gender-sensitive and culturally-sensitive way as well" (Advocate in FGM/C prevention; North America)

Reframing FGM/C to highlight intersectionality

Moreover, **improving the language, terminology, and discourse on FGM/C within the anti-FGM/C movement may also be a critical step toward fostering collaboration with other social justice movements.** This involves promoting anti-racist language to prevent the racialization of survivors and communities of color, adopting gender-diverse and gender-inclusive language, and actively challenging discourse that dehumanizes FGM/C survivors. For example, one participant discussed the importance of interrogating and critically examining framings

of FGM/C that solely refer to culture, which may limit collaboration with other movements and silo anti-FGM/C advocacy:

"Framing FGM as a cultural practice has even caused more harm than good. Yes, it has been practiced because of that - but it is just one of the reasons it is being done. It is not the entire reason. It is not the only reason. But for people to continuously blanketly support FGM because it is a cultural [practice], that has even made even very key law enforcers to assume girls running away from the FGM itself and by sending them back home and thinking that is the culture. What is culture, without understanding what culture means and what that culture does to women and girls? So for me, I think what has really hurt or caused more harm than good in our campaigns or in my programming is the way that people want to associate FGM with culture, and they want to leave it alone to those communities to deal with their culture" (Advocate in gender-based violence prevention; Africa).

Equitable data approaches

In addition to education, participants recommended cross-collaboration with other movements in implementing equitable data approaches to improve research on the intersectionality of FGM/C. For example, creating inclusive data collection strategies that increase the representation of survivors with multiple identities. Improving data collection mechanisms focusing on the intersectionality can support building evidence-based programs and policies that address FGM/C in addition to other social harms.

"The starting point [for cross-collaboration] would be research to show the connectedness [between FGM/C and other social justice issues]. I've published a paper... where we showed the intersectionality between FGM and climate change. And it was a result of a project I led in Kenya that I implemented in government. Once we have evidence, then people will gravitate towards each other. But without that connection, it's easier to connect FGM with SRH [sexual and reproductive health]. [But] there is need to connect FGM to WASH - water and sanitation. There is a need to connect FGM to issues of populations, which we have tried also locally" (Researcher and policy advocate in FGM/C prevention and reproductive health; Africa).

Joint funding with related social justice movements

Lastly, participants uplifted cross-collaboration between FGM/C prevention organizations and organizations in other sectors to leverage joint funding. Participants involved in FGM/C prevention organizations mentioned having experience with partnering with universities, GBV prevention organizations, and feminist organizations to apply for joint funding. For some participants who expressed challenges in receiving funding for their work, building partnerships with other organizations and movements allowed them to increase the awareness of FGM/C and, consequently, receive adequate funding for prevention programming.

"The benefits [in joint funding] is that you have more resources, especially for grassroots organizations, that it gives them more funding and more resources and just more support, more people, more energy and ideas and collaborations" (Mental health care provider; North America)

Pursuing joint, cross-sector funding is a potential avenue to address the intersectionality of FGM/C and strengthen capacity-building for anti-FGM/C organizations to effectively collaborate with other social movements.

Recommendations

The finding from Part Three of our research continue to illuminate both the need for and processes that can be taken to create ties between the FGM/C movement and other social justice movement for the purpose of accelerating social change. These findings are consistent with Part One **(Scoping Review)** and Part Two **(Mixed Methods Report)** of our research (Sahiyo, 2023; Sahiyo, 2024).

Building off the opportunities presented by interview participants, four recommendations were developed, as were potential actions that can be taken by individuals and organizations to concretize the recommendations. Please note these are not an exhaustive list, and were created to serve as a jumping off point for anti-FGM/C advocates and organizations to consider in their own work.

1. ***Coordinate with social service sectors across various social justice issues*** to improve support and resources for survivors.

2. **Improve language and framing of FGM/C** to limit racialization and/or exclusion of marginalized communities in terms of who is impacted by FGM/C.

3. **Increase education on how FGM/C is intersectional** within anti-FGM/C organizations, as well as across different movements/sectors.

4. **Implement more diverse and equitable approaches to data collection, analysis and dissemination** that include input from a diverse array of stakeholders.

> **Coordinate with social service sectors across various social justice issues to improve support and resources for survivors.**

Example Action: Build partnerships with racial justice organizations.

Collaboration with racial justice organizations to improve access to social services can create culturally competent and holistic approaches that mitigate challenges in acquiring survivor support and justice caused by racism. For example, nearly all participants who mentioned law enforcement cited negative interactions between police and survivors of FGM/C and FGM/C impacted communities around the globe. This reality necessitates creating a coordinated care framework with racial justice tenets built into its foundation, particularly in developing support systems for FGM/C impacted communities that are BIPOC.

Example Action: Build partnerships with organizations supporting LGBTQIA+ communities.

An education from LGBTQIA+ focused organization could support an understanding of how to address the needs of FGM/C survivors who identify as LGBTQIA+. Our research indicates that the FGM/C movement has historically focused its programming around who FGM/C impacts as cisgendered women and girls, thus excluding LGBTQIA+ survivors. This type of education born from partnership could therefore inform how to build support services specific to the needs of LGBTQIA+ survivors.

Example Action: Broaden the focus of FGM/C into wider feminist and GBV movements.

Organizations focused on ending more widely known forms of GBV (e.g. domestic violence and sexual assault) can utilize their trauma-informed skills to support survivors of FGM/C via their programs (e.g. crisis lines, support groups, counseling) and locate resources for those at-risk of FGM/C. This particular partnership could also provide access to shelters, job resources, and more for those affected by FGM/C at their most vulnerable.

> **Improve language and framing of FGM/C to limit racialization and/or exclusion of marginalized communities in terms of who is impacted by FGM/C .**

Example Action: Uplift that FGM/C is not exclusive to one particular faith or community.

Given the strong connection between social norms and religion, providing culturally competent services that at least acknowledge the role religion can play in survivor or community members' life may be helpful Further, normalizing the conversation around FGM/C as being a global issue, whether with stakeholders, the public, or service-providers, can break stereotypes on who FGM/C impacts; this in turn can help to dissasociate FGM/C from being exclusive to one religion, namely Islam. Further building partnerships with a variety of religious affiliations who are supportive of ending FGM/C can ensure that all

populations impacted by FGM/C have access to communal support and spiritual guidance if they choose.

Example Action: Expand framing of FGM/C beyond the current cisgender and heteronormative standards to better support LGBTQIA+ FGM/C survivors.

Recognizing the similarities between IGM and FGM/C (e.g. lack of consent and bodily autonomy, child rights violations, cisgender and heteronormative limitations, resulting trauma, and more) could strengthen a broader movement against medically unnecessarily harms done to children. There has traditionally been an exclusion of IGM within the anti-FGM/C movement, in large part due to cisgender and heteronormative language within the movement to end FGM/C, leaving little or no room for discussion of IGM and the spectrum of gender identities affected by IGM. In some cases, the research found there has been a refusal to acknowlege that similarities do exist, and instead a focus on uplifting differences to make FGM/C a more pressing concern. Interestingly, the Third Stage of this research project was the only stage where a participant mentioned an intersections between IGM and FGM/C.

Increase education on how FGM/C intersects with other social justice issues amongst anti-FGM/C organizations and FGM/C-practicing communities.

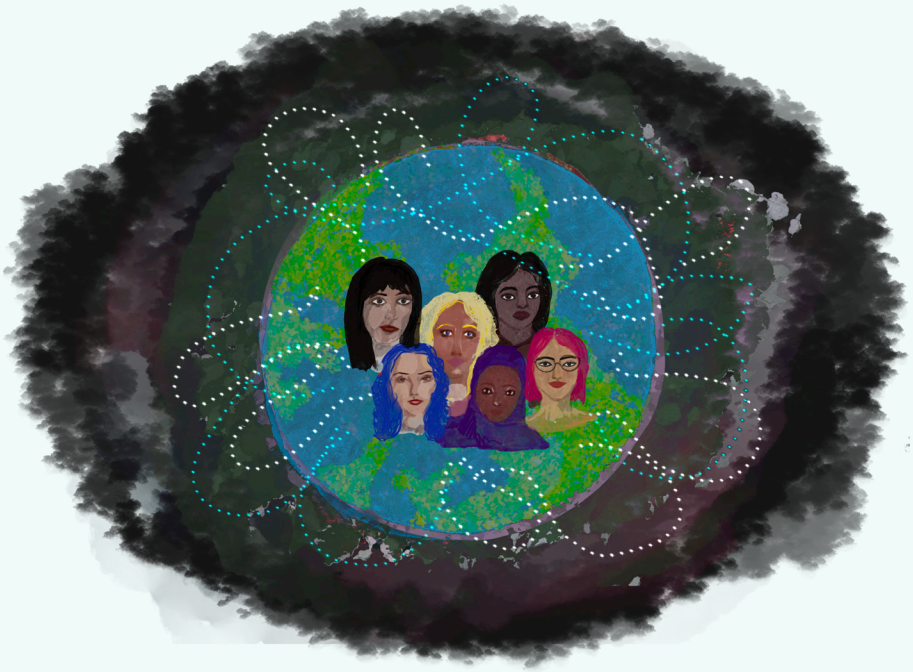
Example Action: Partner with learning institutions to build curriculum on FGM/C.

Training educators on FGM/C and embedding a curriculum on what FGM/C is in learning institutions or schools, reinforces that harmful practices like FGM/C are a global issue and ensures that all children and youth, not only those deemed "at-risk", as well as their guardians might learn needed information on resources around FGM/C prevention and support. Further, this type of curriculum can teach children about bodily consent and autonomy, which in turn builds potential collaboration between the movement to end FGM/C and bodily autonomy movements like MeToo, SRH, and anti-GBV.

Example Action: Provide education on gender-affirming care for youth to denounce misinformation about FGM/C.

Providing context on what FGM/C is and isn't can be helpful in ensuring FGM/C is not weaponized to further marginalize of other vulnerable communities. For example, legislation in the U.S. has been proposed to ban gender-affirming care for legal minors on the basis of expanding the definition of "genital mutilation" to be inclusive of gender-affirming care. Conflating the human rights abuse of FGM/C with medically necessary care for a marginalized community promotes transphobic rhetoric, and this type of discrimination isolates LGBTQIA+ survivors of FGM/C. Helpful context can include some of the following information:

- Gender-affirming care requires patient consent and, in the case of a minor, consent and assent from the parent/legal guardian and patient after a long period of reflection and consultations with health providers (Boskey et al., 2019).
- FGM/C violates bodily autonomy and a vast majority of those who experience FGM/C have no say in the timing or nature of the cut (Sahiyo, 2023).
- Research shows that gender-affirming care leads to decreased rates of depression, improvement in psychosocial functioning, and minimal long-term side effects; FGM/C is associated with depression and other mental health challenges, as well as long-term physical challenges (Kessous, 2023).
- Sharing information and education between the anti-FGM/C sphere and LGBTQIA+ organizations can strengthen understanding, dialogue, and joint public framing of what FGM/C and gender-affirming care are and aren't in policy advocacy.



Implement more diverse and equitable approaches to data collection, analysis, and dissemination.

Example Action: Expand ways in which data are collected, including informal methods.

Expanding data collection to include accessible, informal methods such as storytelling enables a more inclusive understanding of FGM/C's impact. Informal methods accommodate diverse literacy levels, cultural contexts, and languages, making participation easier for those who may feel uncomfortable or alienated by formal surveys or interviews. Storytelling, for instance, allows survivors to express experiences in their own words, capturing the nuanced, emotional, and context-specific aspects often missed by structured methods and may address power dynamics at play in more traditional research/ interviewee positions. Storytelling allows researchers to engage with survivors in ways that are empathetic and contextually sensitive, ensuring that all voices contribute to a fuller understanding of the potential of FGM/C impact across different communities.

Example Action: Include FGM/C survivors of various demographic backgrounds within research on the topic.

Research should explore survivors of FGM/C and their intersectional identities (as survivors come from at least 92 countries around the globe) by seeking to be inclusive of survivors and FGM/C impacted community members coming from various backgrounds (Equality Now et al., 2020). This can include:

- Making data collection tools more accessible by providing multiple language options.
- Asking demographic questions about economic status, educational level, sexual and gender orientations, race/ethnicity, geographic location, religion, and more.
- Involving members of FGM/C impacted communities as data collectors and reviewers of the research before publication (as Sahiyo collaborated with our Advisory Committee for this research project) to ensure the data collection, analysis, and dissemination is sensitive to and relevant for those who the research is about.

By doing so, we can ensure research design, approach, and the research participants capture the diverse identities and experience of survivors across the globe.

Conclusion

Examining Intersections Between FGM/C and Social Oppressions

A QUALITATIVE STUDY

There is a clear desire among advocates and organizations in the anti-FGM/C movement to collaborate with other social justice movements in order to improve outcomes for FGM/C survivors of all backgrounds. While literature and data on FGM/C demonstrates the health and psychological effects on survivors and FGM/C-practicing communities, limited research exists that seeks to untangles how intersectionality has impacted the overall movement to end FGM/C. Our research highlights the intersectional role of race, gender, sexual orientation, and other social issues in the work to end FGM/C. We also observed how framing and discourse on FGM/C, programming for prevention efforts, and anti-FGM/C legislation may amplify experiences of discrimination among survivors and FGM/C-practicing communities. Lastly, our research explores the challenges that advocates face in addressing the intersectionality of FGM/C and offers recommendations to build cross-collaborative movements that address social inequity.



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Appendix 1: Interview Questions

Questions for those who work on FGM/C

Section 1: Introduction

- *What social issues does your work focus on?*
- *What communities do you work with?*

Section 2: Intersectionality

- How would you define 'oppression'?
- What connections have you seen between FGM/C and other forms of oppression?
  - How, if you believe they do, have these forms of oppression and/or discrimination impacted the work to prevent FGM/C?
- How have you witnessed discrimination coming from within FGM/C-practicing communities?
  - If they need examples: (eg. gender/religious/racial discrimination)
- How do those impacted by FGM/C cope with these challenges and what strategies have they developed to try to overcome these challenges?
  - If they need examples: (eg. social support, education, etc)
- What, if any, potential connections exist between the anti-FGM/C movement and other social movements?
  - What social movement do you think FGM/C belongs to?
  - How have you seen or what ideas would you suggest the anti-FGM/C field could make to build allyships between other social movements?
- How, if you think they should, could FGM/C programs be integrated into social services programs?
- In what ways could organizations better address the intersectional identities and needs of survivors of FGM/C?
  - Have you seen FGM/C connected to issues within the LGBTQ+ (Lesbian, Gay, Bisexual, Trans, and Queer) and Intersex communities? Can you think of ways in which they might be connected or there may be overlap?

Section 3: Framing

- When you talk about FGM/C, what terminology do you use and why?
- How do you think the framing (i.e. the way you talk about FGM/C) impacts the progress made on the movement to end FGM/C?
  - How would you frame FGM/C when discussing it (e.g. who it occurs to, what it is, why it is practiced)?
- Are there ways of framing FGM/C that you have found helpful? Does this change depending on who you are speaking with?
  - If they need examples: (eg. funders, communities, healthcare, law enforcement). How so?
- Are there ways of framing FGM/C that you have found can be harmful to your work to end FGM/C?
  - In thinking of framing, how would you, if you would, differentiate between genital cosmetic surgery and FGM/C?

Section 4: Funding

- What are some barriers you have experienced in getting funding for your work, if any?
- How could funding systems be improved to better address the needs of organizations and advocates?
- What benefits or challenges do you see collaborating and seeking joint funding to work on FGC with other social justice movements or social issues?

Section 5: Legal and Political Systems

- Do you believe FGM/C should be illegal/criminalized? Could you explain your position?
- What stakeholders or individuals have been involved when it comes to shaping legal policies around FGM/C in your country or region?
- How does trust/mistrust in police or law enforcement impacts reporting on FGM/C?
- What legal and political improvements could be made to make FGM/C laws more effective?

Section 6: End

- Is there anything else you would like to share that we might not have mentioned during this conversation?

Questions for those who DO NOT work on FGM/C

Section 1: Introduction

- What social issues does your work focus on?
- What communities do you work with?

Section 2: Intersectionality

- How would you define 'oppression'?
- What connections, if any, have you seen between FGM/C and other forms of oppression?
- Have communities you worked with that you know of experienced FGM/C?
- What, if any, potential connections exist between the anti-FGM/C movement and other social movements?
  - How have you seen or what ideas would you suggest the anti-FGM/C field could make to build allyships between other social movements?
- How, if you think they should, could FGM/C programs be integrated into social services programs?
- How, could the FGM/C movement work to collaborate with your organization and your social issues?
- In what ways could organizations better address the intersectional identities and needs of survivors of FGM/C?
  - Have you seen FGM/C connected to issues within the LGBTQ+ (Lesbian, Gay, Bisexual, Trans, and Queer) and Intersex communities? Can you think of ways in which they might be connected or there may be overlap?

Section 3: Framing

- How have you heard FGM/C framed or discussed? What are common things if any that you hear about who, what, where, and when FGM/C occurs?
- How do you think the framing (i.e. the way FGM/C is discussed) could impact the progress made on the movement to end FGM/C?
- In thinking of framing, how would you, if you would differentiate between genital cosmetic surgery and FGM/C?

Section 4: Funding

- How could funding systems be improved to better address the needs of organizations and advocates?
- What benefits or challenges do you see collaborating and seeking joint funding to work on FGC and the intersection of it with your own social issue?

Section 5: Legal and Political Systems

Do you believe FGM/C should be illegal/criminalized? Could you explain your position?

- How could trust/mistrust in police or law enforcement impact reporting on FGM/C?
- What legal and political improvements could be made to make FGM/C laws more effective?

Section 6: End

- Is there anything else you would like to share that we might not have mentioned during this conversation?

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