

Voices to END Female Genital Mutilation/Cutting

Digital Stories Screening Guide



sahiyo
United Against Female Genital Cutting

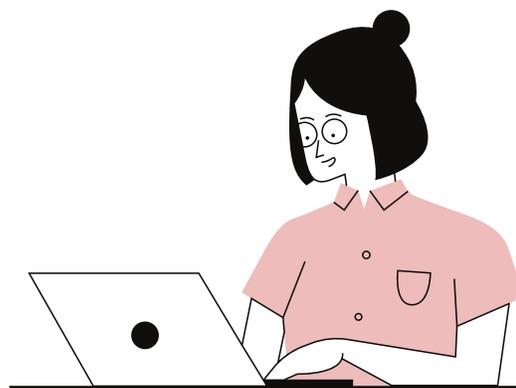
silence
SPEAKS



*Asian Women's
Shelter*

Table of Contents

Abbreviations	<u>3</u>
Terms of Use	<u>4</u>
About the Voices to End FGM/C Project	<u>5</u>
Purpose and Overview of the Screening Guide	<u>8</u>
Guidelines for Presenters	<u>9</u>
For FGM/C Survivors: Considerations When Sharing a Story	<u>10</u>
General Discussion Questions for All Stories	<u>11</u>
Tools for Leading Story-Specific Discussions and Activities	<u>12</u>
Video: Su: Lithotomy position	<u>12</u>
Video: Nonya: Women Objectified	<u>14</u>
Video: Siti: Ketika Aku Kehilangan Diriku (The Day I Lost My Voice)	<u>16</u>
Video: Dena: On Being Non-Binary	<u>18</u>
Video: Tasneem: A Sense of Loss	<u>20</u>
Video: Jenny: Keep on Dancing and Be Free	<u>22</u>
Video: Rhobi: Change	<u>24</u>
Video: Somaya: Permanent Wound	<u>26</u>
Video: Aisha: Awakening	<u>28</u>
Video: Hatim: Listen	<u>30</u>
Video: Mariya: Forgiveness	<u>32</u>
Support Resources for Survivors	<u>34</u>
Acknowledgments	<u>36</u>
Appendix A: FGM/C: Frequently Asked Questions (FAQs)	<u>37</u>
Appendix B: Planning Tools for Hosting a Screening Session	<u>45</u>
Appendix C: Key Terms and Definitions	<u>49</u>



Abbreviations

AWS	Asian Women's Shelter
CDC	Centers for Disease Control and Prevention
FGC	Female Genital Cutting
FGM	Female Genital Mutilation
FGM/C	Female Genital Mutilation/Cutting
FIGO	International Federation of Gynecology and Obstetrics
PTSD	Post Traumatic Stress Disorder
STI	Sexually Transmitted Infection
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UTI	Urinary Tract Infection
WHO	World Health Organization



Terms of Use

SilenceSpeaks and Sahiyo created the Voices to End Female Genital Mutilation/Cutting (FGM/C) project in 2018. Asian Women’s Shelter supported the expansion of Voices in 2021. The associated digital stories and this digital screening guide were created to support human rights education and advocacy related to ending FGM/C.

We invite you to share the digital stories broadly, as long as you are not doing so for commercial purposes. We ask that you refrain from duplicating or selling the stories or this guide. When you screen stories, we also request that you acknowledge the storytellers whose courage in speaking out made this collection possible; and the relevant partner organizations, including [Sahiyo](#), [SilenceSpeaks](#), and [Asian Women’s Shelter](#).

This guide was produced by Sahiyo, SilenceSpeaks, and Asian Women’s Shelter with funding from the Wallace Global Fund and the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice under award number 15POVC-21-GG-00988-NONF. The opinions, findings, and conclusions or recommendations expressed herein are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

About the Voices to End FGM/C Project



For centuries, people have been afraid to talk openly about female genital mutilation and cutting (FGM/C), for fear of being ostracized by their communities, labeled as victims or traitors, or rejected by loved ones implicated in the practice. More recently, decades of feminist activism and research show that bringing small groups of people together to share and witness each other's stories can enhance individual well-being, support relationship-building, and motivate involvement in social justice work.

Voices to End FGM/C is a participatory storytelling project that guides people through a hands-on process of sharing, recording, and editing meaningful personal stories. Through online and in-person workshops, we support storytellers in crafting their stories, creating powerful imagery, and learning the skills necessary for producing them as finished videos.

The courageous storytellers of Voices to End FGM/C reflect the diverse global communities and the different cultural contexts in which FGM/C occurs. Each storyteller has developed a unique personal story addressing the impacts of FGM/C on their life. As a collection, the stories explore the physical and emotional consequences of the practice; policy, and advocacy efforts toward criminalizing FGM/C; the need for educational programs for prevention; the role of healthcare providers in supporting survivors; and more.

Communication research indicates that real people's stories can have greater reach when they are shared widely, both in local community settings and through social media (websites, Facebook, YouTube, etc.), which has been the case with Voices. The Voices' stories are being shown in legislative hearings, training sessions for healthcare providers and other front-line professionals, and local community settings (online and in-person), to increase awareness of and shift social norms around FGM/C, as well as galvanize people to take action towards ending this form of gender-based violence once and for all.

Note: The Voices to End FGM/C project uses the term "FGM/C" to ensure the inclusivity of all affected communities, while also respecting individual differences in how this practice is referred to and experienced.

About Sahiyo



Sahiyo began in early 2015 as a conversation between five women who felt strongly about the need to end the ritual of female genital cutting (FGC, known as khatna) in the Bohra community. The group includes a social worker, a researcher, two filmmakers, and a journalist. Each individual had already been speaking out in their own way, against the practice of khatna.

As their collaboration grew, they realized the need for an organized, informed forum within the community that could help drive a movement to end khatna. This is how Sahiyo, the organization, was born. Sahiyo is dedicated to empowering Asian communities to end FGC and create positive social change. By working towards an FGC-free world, Sahiyo aims to recognize and emphasize the values of consent and a child's/woman's right over her own body, and to enable a culture in which female sexuality is not feared or suppressed, but rather embraced as normal.

Sahiyo is the Bohra Gujarati word for 'saheliyo,' or friends, and reflects the organization's mission to engage in dialogue with the community to find a collective solution toward ending khatna.

About Silence Speaks



Silence Speaks is a global gender justice and public health initiative that uses storytelling, creative arts, and participatory media methods to support the telling and witnessing of personal stories which all too often remain unspoken and unheard. In close collaboration with multiple partners and funders, we have led more than 45 digital storytelling workshops in the U.S. and in countries around the world. By enhancing individual wellbeing and leadership, building community, educating audiences, and spurring policy change, our work leads to change at multiple levels and creates a lasting record of courageously outspoken voices.

About Asian Women's Shelter



Asian Women's Shelter (AWS) was founded in 1988 to address the urgent and unmet needs of survivors of domestic violence and human trafficking, especially individuals who are immigrant or refugee women, children, LGBTQ+/GNB, and/or youth. AWS welcomes survivors of all genders, ages, races, nationalities, language communities, religions, abilities, income levels, sexual orientations, immigration statuses, and more. The survivors who AWS works with every day embody courage, hope, and incredible determination and inspire an unrelenting commitment to ending violence in families, communities, and the world. The mission of AWS is to eliminate domestic violence by promoting the social, economic, and political self-determination of women and all survivors of violence and oppression. AWS is committed to every person's right to live in a violence-free home and has a specific focus on addressing the cultural and language needs of immigrant, refugee, and U.S.-born Asian and Arab women and their children. This perspective is reflected in the organization's broad strategy, which integrates culturally grounded and language-accessible crisis lines, emergency shelters, transitional housing, community engagement, violence prevention programs, training and education programs, systems and policy advocacy, and cultural change initiatives.

While AWS has the cultural and language capacity to address the specific needs of individuals from Pan-Asian backgrounds, it welcomes all survivors. All services and programs seek to address an interplay of factors affecting survivors, including sexism, racism, ageism, classism, ableism, and heterosexism.

Purpose and Overview of the Screening Guide

The Voices to End FGM/C Screening Guide is a comprehensive toolkit designed to support the sharing of FGM/C survivor stories produced as part of the Voices project. The stories featured in this guide showcase a range of diverse backgrounds, experiences, and perspectives related to FGM/C and offer a comprehensive look at the various issues surrounding the topic, including the physical, psychological, and cultural impacts, and the efforts being made to prevent and address this harmful practice. This guide is an important tool for fostering discussions and promoting education around the topic, and it is intended to be used in screening sessions to engage viewers in the stories of survivors.

The screening guide includes a table of contents, guidelines for presenters, background information on the organizations involved in the project, and various resources related to frequently asked questions about FGM/C both in the U.S. and globally. Furthermore, the guide includes questions that are carefully crafted to provoke thought and guide discussion during screenings. The questions aim to provide a framework for exploring the experiences of survivors, including their feelings, thoughts, and the impact of FGM/C on their lives. For those interested in learning more about the project, and, more specifically, about our workshop process, please refer to these two “behind the scenes” videos:

<http://bit.ly/MakingofSahiyoStories> and https://bit.ly/Behind_VoicesProject.

By offering a platform for the voices of FGM/C survivors and advocates to be heard, the screening guide can play a role in raising awareness and promoting education about FGM/C. This guide is also an essential tool for promoting empathy and understanding, and it provides a valuable resource for individuals and organizations working to end the practice and to support survivors in the journey toward healing and empowerment. Recognizing the impact that discussions about FGM/C can have on those who engage in them, the guide also includes information on [support resources](#) that can be offered to viewers anytime during or after a screening session.

Guidelines for Presenters

1. Let audiences know they can relax and enjoy knowing the survivor-centered, ethical process behind each story.
 - a. Storytellers write their scripts and record in their own voices. (No 3rd person, non-consensual sharing, or acting).
 - b. Storytellers have chosen to share their stories as part of their own goals and values.
 - c. Story watchers can honor the courage of storytellers in speaking out.

2. Acknowledge and prepare audiences for an array of potential responses to the material.
 - a. Note that audiences are always a mix of people who have had more and less exposure to the topic of FGM/C, and to the experience of learning from survivors' personal stories.
 - b. Give simple suggestions that people relax in their seats, take three deep breaths before a story is shown, and take additional deep breaths whenever they remember or need to do so during the screening.
 - c. Remind people to try to stay connected to individual stories and refrain from any sweeping feelings, thoughts, or generalizations about whole communities of people. (Note that in a racially/ethnically mixed audience, if audience members are from the same community as the storyteller, it can take some extra effort to focus on the story without becoming preoccupied with wondering about how audience members from other communities may respond.)
 - d. Remind people that these stories can be triggering, and invite people to step back/out of the room if they need to.



3. If the storyteller is present:
 - a. Ask them ahead of time if they'd like the audience to know they're there (by name and/or face).
 - b. Ask if they'd like to say a few words about the process of creating and sharing their story, before the screening.

For FGM/C Survivors: Considerations When Sharing a Story

Sharing personal experiences as a survivor of FGM/C can be a powerful way to raise awareness about this harmful practice. However, it is important for survivors to understand that sharing a story, even if they feel prepared, can trigger potentially difficult emotions and reactions. Because the act of talking about a traumatic experience like FGM/C can impact mental health and overall well-being, it's crucial to prioritize self-care and engage in activities that promote emotional well-being before, during, and after sharing a story.

Sharing one's story is a personal choice, and survivors should never feel pressured to disclose information or experiences that they are not comfortable revealing. The decision to keep a story private should be respected. Survivors may also face negative responses when sharing their stories, such as invalidation or disbelief. It is important to have a support system in place and to be aware of available resources if needed.

Advocates and organizations should create safe and respectful spaces for survivors to share their stories, and should take care to emphasize the importance of consent and autonomy in the process. It is crucial to prioritize the well-being and needs of survivors.

If the stories shared in the Voices to End FGM/C project have moved you and you feel like sharing your own story, please keep these considerations in mind and prioritize your emotional well-being. Remember, your story is valuable, and your decision to share or not share it is entirely up to you.

If you're a survivor interested in participating in a Voices to End FGM/C workshop, please contact info@sahiyo.org. For additional resources, please refer to the [Support Resources for Survivors, page 34](#), for more information.



General Discussion Questions for All Stories

1. How did the story make you feel? Describe the parts of the story (audio and visual) that especially moved you, and discuss why.
2. What did you learn about FGM/C, from watching the story?
3. What surprised you about:
 - a. The people in the story
 - b. The story's setting
 - c. Issues raised by the story
 - d. How the story connected or didn't connect to your own life
4. What social, political, or cultural context do you believe is essential for understanding the story? In what ways might knowing or not knowing the context impact your understanding of the story?
5. How does the story directly or indirectly address issues related to intersecting identities of FGM/C survivors and experiences with social injustice and oppression?
 - a. What are ways through which society might be able to support survivors of various races, religions, sexual orientations and genders, and differently-abled individuals?
6. How can action to address these issues be taken by:
 - a. You
 - b. Other individuals
 - c. Community groups (i.e., support group, peer educator group, or political group)
 - d. Health, education, or development organizations
 - e. Local, provincial, or national governments bodies

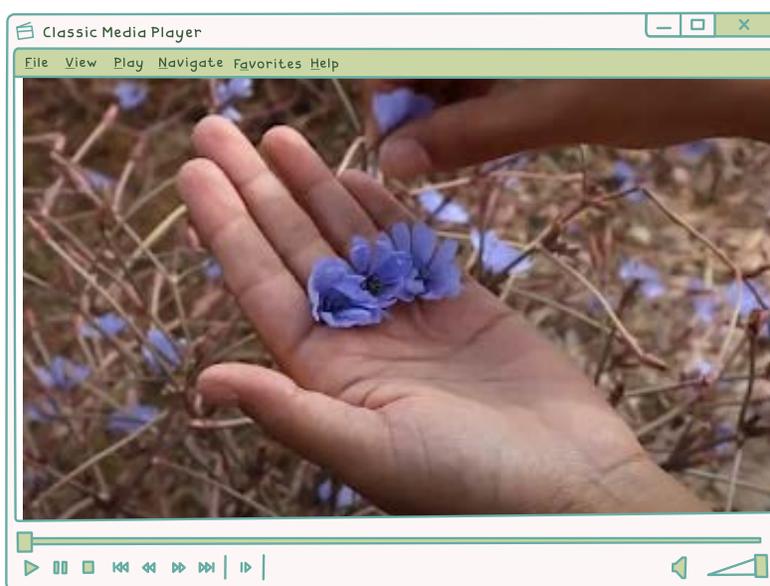
Please refer to the Voices to End FGM/C website to access all of our digital stories (voicestoendfgmc.org/videos), or our Youtube playlist: [Voices to End FGM/C](#). You are welcome to utilize any of these stories for your screening session.



Tools for Leading Story-Specific Discussions & Activities

Video: [Su- Lithotomy position](#)

URL: <https://bit.ly/LithotomyPositionSu>



Story Description

In this beautifully poetic and visually creative story, Su uses poetry to express her pain over the lasting impacts of experiencing FGM/C. Set during the birth of her child, the piece describes the insensitivity of Su's health providers and family members, who failed to acknowledge the re-surfacing of the original trauma of being cut and, as such, act out legacies of patriarchy, racism, and misogyny.

Story Transcript

"Legs wide open, pointing to the sky, you look up to the ceiling of a hospital, your external genitalia exposed to the open air. Others control it, manipulate it, mess with your axis. My first lithotomy, when they cut a piece of my clitoris, four or five millimeters of vital tissue, having completed eight rounds around the world, by ritual, by patriarchal order. The same position at 25, giving birth to my daughter, a white man- obstetrician- he thrust his whole hand into my vagina and, brutally, performed a 'Hamilton' vaginal touch without any prior notice or consent. Escalation of pain- violence- pain vomiting- violence, intensifying. A midwife at the Reina Sofia Hospital in

Cordoba was laughing at my pain, making fun of my requests. Of my decision to avoid anesthesia, I was questioned because of my ethnic origins, I was invaded with irrelevant questions while contracting pain. This white woman left me in the lithotomy position, lonely, abandoned in that room, on that cold gurney— the same gurney of mutilation— when two of my own women grabbed my legs, held me down to dissect that irrelevant piece of clitoris. My delivery continued in lithotomy, asking for help to endure the pain. I give up, and I finally asked for the epidural. That woman succeeded. Abused. Violated. Power, abuse, and racism enacted, in all its splendor and impunity. I gain strength and expel from myself my whole being. They cut part of the vaginal tissue, and an episiotomy without warning, neither consent. 'All goes well,' they say. My daughter is fine. No reason, no consent. Two cuts in lithotomy position, looking at the ceiling. Vulnerable with legs wide open, exposed. Khatna, all these cuttings. Prints of patriarchy, misogyny, institutional racism, woman towards woman."

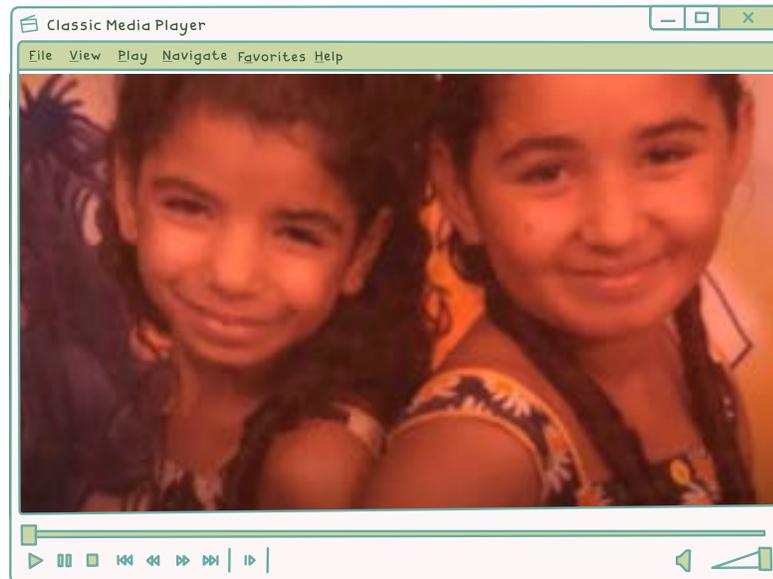
Questions

1. Why do you think Su chose to recount her story with the memory of being in the lithotomy position? How does this imagery make you feel?
2. How do bias and racism in the health care system impact the quality of care patients receive?
3. How can services be improved to help foster trust between patients who have experienced FGM/C and their healthcare providers?
4. How does Su's story illustrate the remaining patriarchal influence on culture and tradition?



Video: Nonya- Women Objectified

URL: <http://bit.ly/WomenObjectifiedNonya>



Story Description

Nonya, who came with her family to the U.S. from Egypt at a young age, was spared by her mother from being cut on a family trip back home. She speaks of feeling cared for and protected by her mother, and of her growing understanding of FGM/C in Egyptian culture. Urged by her brother and by a close friend, Nonya started a nonprofit dedicated to educating young people about the practice and providing mental health support to women who have undergone it.

Story Transcript

“People I know have been cut. I almost got cut. When I was 10, we were in Egypt, visiting family. My mom said, ‘ No, we can’t do that... It’s not happening to my daughters.’ There was no hesitation in her decision. My dad agreed. When my mom told me that story a couple of years ago, goosebumps crept up my arms. It always happens when I’m feeling a lot of emotion. I felt protected. My mother always took care of me. Around the same time, in my Gender and Politics class, the professor brought up Female Genital Mutilation/Cutting. The coincidence encouraged me to learn more. I wrote a 15-page paper on it. And when I thought a lot about the pain of those who experienced it, my body tensed. They had no resources to help them heal. They didn’t talk about it. I met someone who does Social Impact work. I told

them I wanted to do more about FGM/C, but I didn't know where to start. He said, 'Do more.' My brother helped me apply to a Social Innovation program, where I could pitch my ideas about working on FGM/C. And I got it.

We're doing educational workshops on college campuses, to advocate against the practice. One student I talked to said, 'It would really be helpful to talk with other girls or women who've been cut. So, we planned to start a support group. But I didn't realize how much work it would be to create an organization. There have been times when I wanted to quit. I didn't believe I had the skills or help from others to do it. I cried. More than once. Then I think about the stories I've heard. And I keep going.

Questions

1. What was the role of Nonya's father in this story? What can it tell us about the role men can play in empowering their communities to end FGM/C?
2. How might Nonya's family's refusal to allow their daughters to undergo FGM/C performed be perceived by other family members, or by their community in Egypt where FGM/C is practiced?
3. What are some potential benefits and challenges of advocating against FGM/C on college campuses?
4. How might a support group be beneficial to survivors of FGM/C?
5. What role do advocates play in bringing an end to FGM/C, and what challenges might they face addressing FGM/C in their communities and beyond?



Video: Siti- Ketika Aku Kehilangan Diriku (The Day I Lost My Voice)
URL: http://bit.ly/voices_siti



Story Description

Themes of silencing and betrayal anchor this story, in which Siti describes the ceremony surrounding her experience of FGM/C. Siti and her sister were dressed up, told to behave, washed with cold water, and cautioned to be quiet, before being cut. They sat quietly while guests at their family home celebrated with food. But Siti is determined now that her voice will be heard.

Story Transcript

“We were told it was our big day, a celebration. Relatives and guests flocked to our house and gamelan music played in the living room. Elderly women mixed cold water with various types of flowers. They were preparing to cleanse us before the main ritual. Then, I heard my sister screaming as they poured water on her. She was only 4 years old, and I was 9. They told me, ‘Don’t cry. You are the older sister— you must show your sister that it’s okay.’ I had to have courage for her, even though I didn’t know what would happen. I was afraid, but I tried to ignore the fear. They took my hand and told me to lay down on the bed. It was covered with a brightly colored, lacy bedspread. I remember it all so vividly. My mom, female relatives, and the two women who would do the ritual came forward and all surrounded me. They told me, ‘It will not hurt, it will only feel like an ant bite. It will be quick, over before you know it.’”

They held down my arms and legs and told me not to worry. 'Don't be scared, it's just a small pinch.' I saw a small blade, and I shut my eyes. Suddenly, they said, 'It's over, you are brave, and you did not cry.' But my sister's screams still filled the room. They put us in traditional clothing. Then we had to sit on a long couch. All the guests stared at us and enjoyed their meals. I felt hundreds of eyes on me. We were told not to move and just smile at the guests. That day, I felt I just had to fulfill the duty of a good daughter. That day, I did not have a voice. I did not know about human rights. I only knew responsibilities and obligations. But now, I have a voice. And my voice will be heard."

Questions

1. Siti was 9 when the FGM/C ceremony was performed. Why do you think Siti felt she couldn't speak out about the pain she felt?
2. How can families and communities be encouraged to have an open dialogue about FGM/C, to help break the cycle of silence experienced by survivors?
3. For Siti and others who have been subjected to FGM/C by family members, how might this experience impact their future intimate relationships?



Video: Dena- On Being Non-Binary

URL: <https://bit.ly/NonbinaryDena>



Story Description

Dena came out as non-binary around the same time they talked openly in their poetry about their experiences as a survivor of FGM/C. They describe being patronized or ignored when attempting to publicly question where they fit, in the global statistics about the practice. Expressing frustration with the ways that assumptions about sex and gender pigeonhole them as a “woman,” Dena lays claim to their ability to understand what happened to them and to define themselves.

Story Transcript

“As of 2020, estimates are that at least 200 million women and girls have experienced female genital mutilation. This statistic makes me question if I, a trans-non-binary survivor of FGM, am real. From language to resources all aspects of FGM– the before, during, and after– assume an FGM survivor has and always will be a CIS woman. I came out as non-binary around the same time I talked openly about my experiences as an FGM survivor through my poetry. At one reading a woman snapped her fingers and hummed at me when I introduced myself as trans-non-binary. She later cried over my shoulder, calling me a “powerful woman.” At another event, I shared with the organizers that I didn't know if I fit into the gendered statistics they planned to open with because I am trans-non-binary

They introduced me to a crowded room as one of 200 million girls. I know that when I hear the pronoun she or her, it's my cue to act like a woman. "She" is asked about future birthing complications as a mother. "She" is attached to the same statistic that denies me of my personhood. At one point in my life, I convinced myself that she/her was a reclamation of the girl who died on the metal table when I was cut— an assurance that she survived along with me. But the truth is sometimes “she” can feel like a white flag. An exasperated sigh after a person calls me "a strong lady." An uncomfortable silence when my friends call me a girl when naming what happened to me. I constantly remind myself that out of all the people who attempt to call me things I'm not, I'm the only one who knows what happened to me. I was in that room. I was the one left with the blood that spilled. I was the one who saw a life that would be more than this pain.”

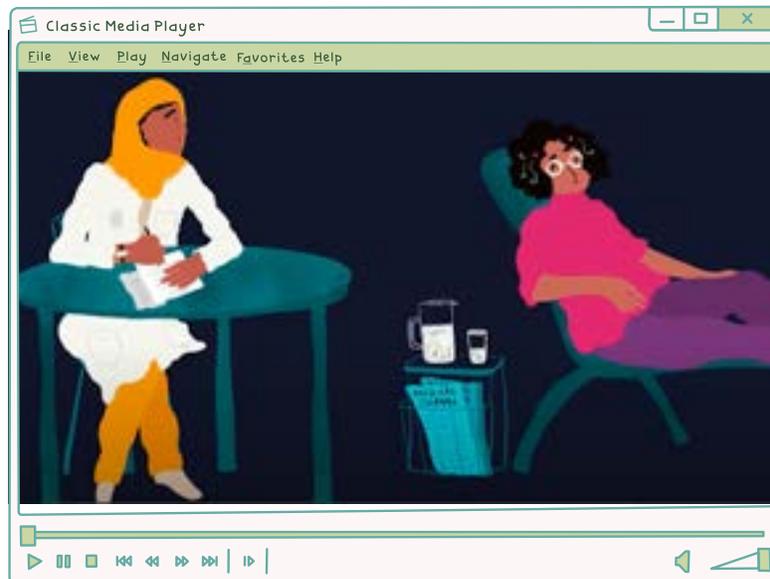
Questions

1. How do assumptions and language surrounding FGM/C conflict with the experiences and gender identities of non-binary, intersex, or LGBTQ+ individuals who may have been assigned female at birth but identify differently later in life?
2. What connections and potential opportunities for collaboration exist between the movement to end FGM/C and LGBTQI+ advocates in supporting affected individuals?
3. How does Dena's story challenge common beliefs about who experiences FGM/C and how cutting affects survivors' access to support services?



Video: Tasneem- A Sense of Loss

URL: <https://bit.ly/ASenseofLossTasneem>



Story Description

Not until she was 40 did Tasneem find the courage to seek counseling support related to having undergone FGM/C. She then looks for a medical explanation of what happened to her, only to be disappointed by the clinician’s unintentionally hurtful response. While she has some closure, she continues to feel the loss of what was done to her, without her permission.

Story Transcript

“When I turned 40 I felt brave enough to seek counseling. It took me a long time to be ready to deal with the grief and trauma of FGM (female genital mutilation)— and the guilt I experienced after speaking up about it and exposing my family and culture’s dirty secret. Once I began counseling, I wanted to know firsthand what was done to me, and if it would explain why I was childless. Up to that point, all the medical professionals I had seen for various reasons over the years had completely ignored my FGM during examinations. This time, I got an appointment with a female FGM specialist. I told her my FGM was done in a medical setting when I was seven years old. After examining me, the doctor said that what happened to me had nothing to do with whether or not I could get pregnant.

Then she said ‘women’s vaginas and clitorises come in different shapes and forms. Every woman's body is different. I can't see any visible scarring. You could have been born this way, with no visible clitoris.’ Looking back now, I think she meant to be kind and put my mind at ease. But her words that meant to offer comfort only caused more suffering. I had wanted a doctor's validation, an acknowledgment that the FGM was real and not something only in my mind. Instead, her failure to listen to what I had told her about being cut and her focus on the lack of physical evidence just emphasized the pain. I'm lucky I was mutilated in a way that left no scarring. But FGM is about more than bodily harm. After a year of counseling, I've got some closure and perspective. And yet nothing will erase the sense of loss I feel at what was done to me without my consent.”

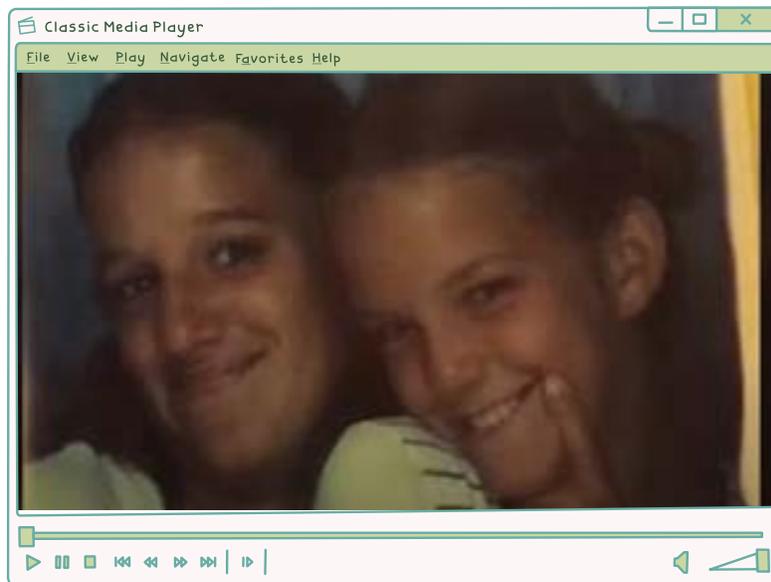
Questions

1. As reflected in Tasneem’s experience, in which ways did FGM/C impact her mental health?
2. Why was it important for Tasneem, to seek out mental health support?
3. How could the health professionals in the story have better supported Tasneem and her concerns surrounding FGM/C?
4. Why was it important for these health professionals to validate Tasneem’s experience, and how did the lack of validation affect her?
5. How might mental health services be improved for individuals who have undergone FGM/C?



Video: Jenny- Keep on Dancing and Be Free

URL: <http://bit.ly/KeepDancingandBeFree>



Story Description

Jenny addresses her story to her sister, who she lost several years ago to an accidental overdose. They come from a fundamentalist Christian family in the U.S. and were sent on a plane to an undisclosed location to undergo female genital mutilation/cutting (FGM/C) as girls. Jenny wonders whether her sister experienced the same painful physical and emotional impacts she did and expresses the wish that they had been able to talk about something that was shrouded in shame and silence, as they grew into adulthood.

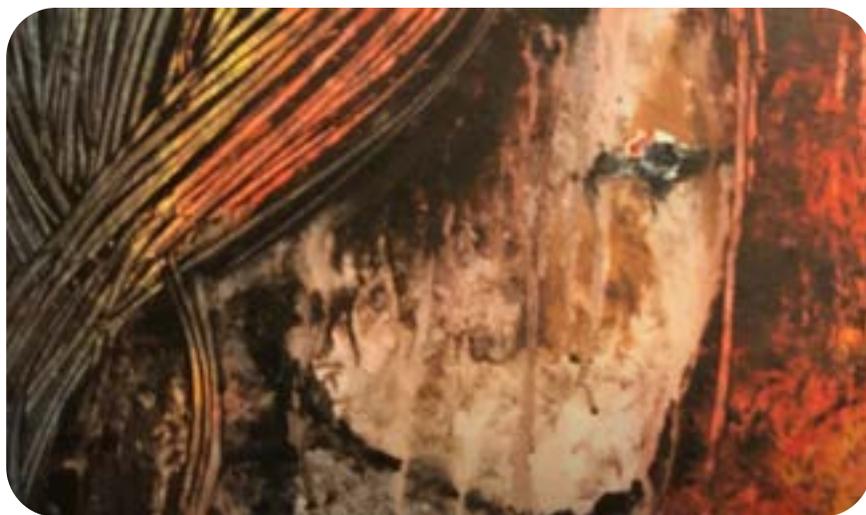
Story Transcript

"When I think about who I am, where I've been, I think of you too. There is so much I wish I could say. Remember when we were little, the plays that we would do, dressing up in whatever we could find? You always cast my doll in our family plays knowing that my Baby Bottoms was my favorite. My doll was with us when we boarded that plane. As we flew through the clouds, I said, 'Look! We get to be like birds today!' We laughed so much you said 'This has been one of my best days.' The next morning, Baby Bottoms was with me when I was led down the basement stairs. I held her tight as I was put on the cold metal table. Later, I saw her on the dirt floor with my blood on her dress. I could never play with her again. She knew my shame.

You knew it too. Why wasn't it something we could share? Did you have the same confusion and pain that I felt every day? Did you get in trouble in school for going to the bathroom too often or taking too long? I already had five kids when my new obstetrician asked, 'What happened to you?' Did anyone ever ask you? Did you ever wonder why God made it a sin for girls to share? Did you learn you were different in human anatomy class, too? After it happened, I heard you scream in the night sometimes. I'm sorry I didn't tell you that what was done to us invaded my dreams, too. I'm sorry you never got to share your story. I miss you every day. Keep dancing, sister. Keep being free."

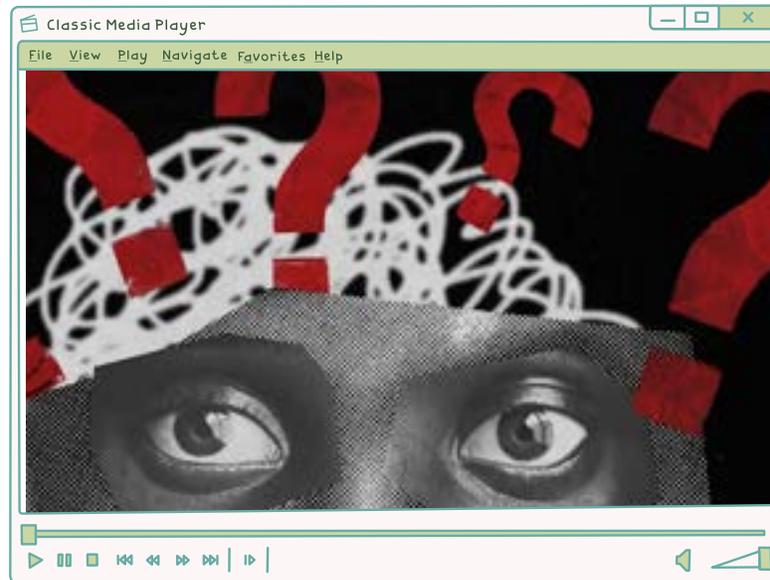
Questions

1. How was Jenny's relationship with her sister impacted by their shared experience of FGM/C?
2. Why might Jenny have chosen to address the story directly to her sister, who passed away some years ago?
3. How does Jenny's story help break the pervasive stereotypes about which communities practice FGM/C?



Video: Rhobi- Change

URL: <https://bit.ly/ChangebyRhobiSamwelly>



Story Description

Rhobi reveals the cruelty of FGM/C as she shares the story of a young girl in her Tanzanian village whose body was cast into the bush after she bled to death due to being cut. Rhobi's own experience of the FGM/C is life-threatening, and this finally compels her family to stop the practice. They become models in their village, where other families also decide to stop subjecting their girls to being cut.

Story Transcript

"When I was 11 years old, my friend Sabina was cut, and she died from too much bleeding. She was thrown into the bushes to be eaten by wild animals because it is believed that it is a curse to bury the dead body of a girl who died after being cut. After I completed grade 7, my mother told me that I, too, must be cut. I questioned her. 'Mama, do you want me to die like Sabina?' My mother said, 'You won't. Sabina died because her parents didn't choose a good circumciser.' I decided to tell my aunt what was being planned so that she could protect me. But, when I went to her, she started dancing and singing, saying that she would celebrate and eat a lot of meat during my cut. So I didn't share anything with her.

Then I got the idea, to escape from home to town. But I remembered what had happened to other girls who ran away to town without knowing anybody who could provide for them. And I stayed in the village. Finally, the time came. We were 16 girls with two cutters, one was especially for me. After it was done, I was unconscious for 4 to 5 hours. The message started spreading in the village- 'Rhobi has died.' When I woke up, I heard a woman say, 'She was unconscious for a long time. I am not sure her brain will work properly.' I asked my mother, 'will you do the same to my younger sisters?' She replied, 'No.' From that day, my family changed and has stopped cutting girls. Even some of our neighbors have stopped having their daughters cut. Everyone has seen that cutting is wrong, no matter who does it."

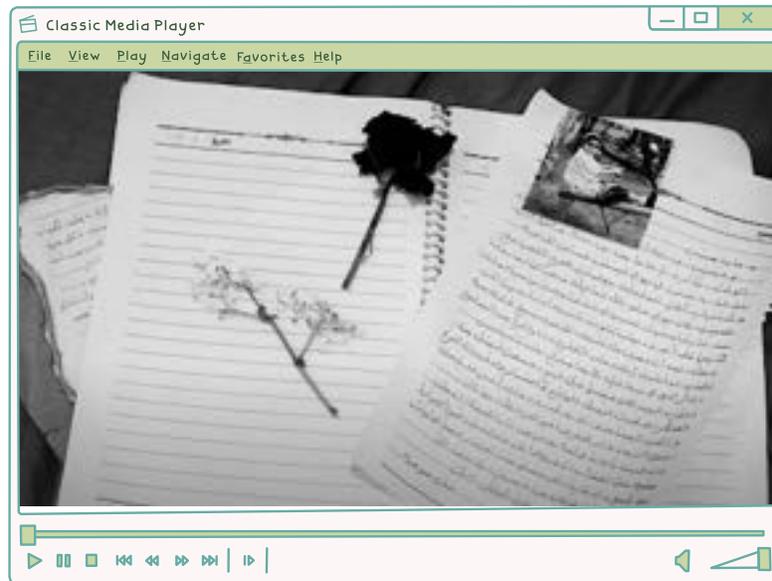
Questions

1. How does Rhobi's family explain Sabina's death to Rhobi?
2. Why does Sabina's death failed to discourage Rhobi's mom from wanting her daughter to be cut?
3. What obstacles do young girls in Rhobi's community face in seeking and receiving support from their families or community, related to avoiding FGM/C?
4. How did Rhobi's aunt react to the news about the plans being made for Rhobi to be cut?



Video: Somaya- Permanent Wound

URL: <https://bit.ly/PermanantWoundSomaya>



Story Description

In this chilling story, Somaya recounts her experience of being cut as a girl in a “group mutilation event” held in her community in Egypt. As she names how women’s bodies, voices, and freedoms are denied by the state, Somaya then describes fleeing to Turkey, where her attempts to connect with other survivors of FGM/C resulted only in women accusing her of being “anti-Muslim.”

Story Transcript

“Sometimes I have nightmares that I am still in Egypt. When I fled, I was running from pain, from the violence of genital mutilation, the violence of political persecution, and the violence of hostile public space. I was born on the northern tip of the Nile Delta. When I was 10 years old, one day I was told I could have whatever I wanted. I liked a cartoon called ‘The Powerpuff Girls,’ but I wasn’t usually allowed to watch it. Mama said, ‘you can see it this afternoon.’ At my friend Shayma’s house, a man who we were told was a doctor gave me three injections and then took my clitoris. It was a group mutilation event, there was a lot of screaming. I don’t remember much, but I was disfigured, and this still causes me problems today. I like to be hugged and to feel affection, but I don’t feel anything else.

The law in Egypt bans FGM but doctors make up excuses to do it, driven by religion and desire for money. Midwives also perform this cruelty as a source of income, and they are proud. One told me, 'I help girls keep their honor and give them better chances at marriage.' During Ramadan, a few years ago, I left the country. I contacted smugglers who help people escape through Sudan. We were on the road for three days in a pick-up truck. From Khartoum, I booked a flight to Istanbul. Here, I keep searching for others like me. But when I posted on an Arabic-speaking forum in Turkey, I was rebuked by a woman as 'immoral.' She accused me of aggression, of attacking religion. Recently, I wrote a letter to my mother. I asked her if she remembers that day. She made me wear a dress I loved, cooked my favorite meal, and promised me I would play with my friend. I asked, 'Why did you let me get violated?' Before I left Egypt, I saw in her eyes that she feels bad for my suffering, for the damage. I will never forget, and even if my mind did forget, my body cannot."

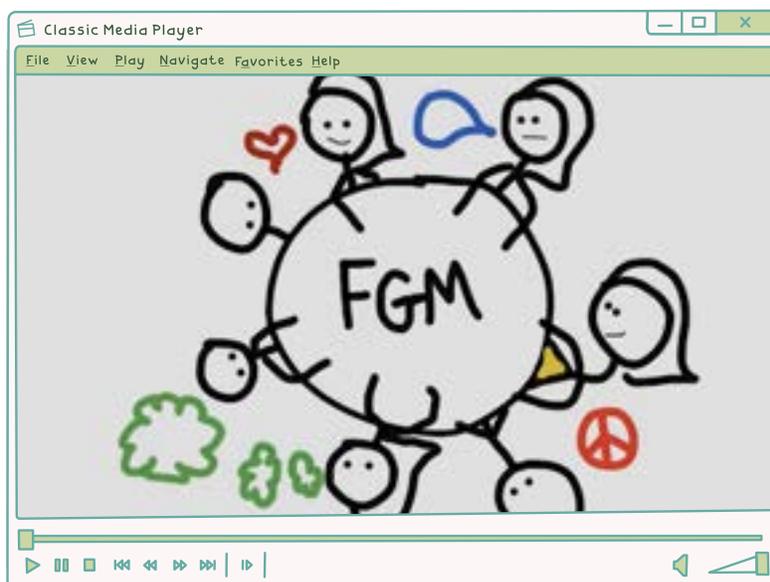
Questions

1. In what ways was Somaya targeted for abuse and violence, as a young girl growing up in Egypt?
2. What factors make it difficult to raise awareness of the complicity of healthcare providers who sanction or practice FGM/C, such as those in Egypt?
3. In what ways does Somaya show resilience in the face of violence and adversity?
4. What may have been the personal significance for Somaya, of searching for others like herself and writing the letter to her mom?



Video: [Aisha- Awakening](#)

URL: <http://bit.ly/AwakeningAisha>



Story Description

In this poignant story, Aisha, who experienced female genital mutilation (FGM) when she was five years old, talks about feeling betrayed when she overhears her mother urging an aunt not to have her daughter undergo the procedure. Aisha also addresses the ways that Somali women and girls who are not cut face stigma, by their peers and by men in the community.

Story Transcript

"When I was five, my grandma took me to see a lady. They pulled a curtain close, made me lay down, and then cut me. My dad didn't want it done to me, so my grandma did it when he was out of town. He was mad later, and my two youngest sisters have not been cut. For years I made fun of girls who hadn't had it done. We thought we were better than they were. Our whole family moved to the States and when I was about 12 to 13 years, I overheard my mom and my auntie arguing. My auntie wanted to have her daughter cut even though she herself had needed to be cut open again to have sex and then wasn't able to have a vaginal birth. I heard my mom tell my auntie, 'You don't need to do it. Look at my two daughters- they're fine.'

I had to confront my mom - Why was she sticking up for my cousin when she hadn't for me? She told me she had felt bad about letting my grandma and my great-grandma take me that day. She said 'Yes, I allowed it but I made sure it was the Sunnah, the least harmful kind.' Digging deeper, I learned it's not a religious practice. It's a cultural thing that's passed down. There's nothing in the Quran about it. But, aunties and grandmothers do it. If you hadn't had it done, you're considered promiscuous. Men ask you, 'Are you cut?' If you're not, they get turned off. At least the newer generation is talking more openly about it. I thought it was normal for a long time, but I think differently now. I hope my story will end the willful ignorance on the issue of FGC."

Questions

1. After being cut, Aisha mentions that she used to make fun of girls who were not cut. What does this say about FGM/C and social acceptance?
2. How did Aisha's father react when he learned his daughter had been subjected to FGM/C?
3. What does her father's reaction suggest about the role men might play in the continuation of FGM/C?
4. Why is it important for young women like Aisha to speak out and challenge the cultural norms that still perpetuate FGM/C?



Video: Hatim- Listen

URL: <http://bit.ly/ListenHatim>



Story Description

Hatim's sister underwent FGM/C as a girl, something Hatim learns only after finding out his family is from a practicing community. In this tender recollection, he shares the close bond he and his sister had as young children and wonders whether the FGM/C contributed to their having grown apart. Hatim talks about how reaching out to his sister and listening to her speak of her FGM/C has opened a door towards renewed closeness, and ends by urging all men to speak out.

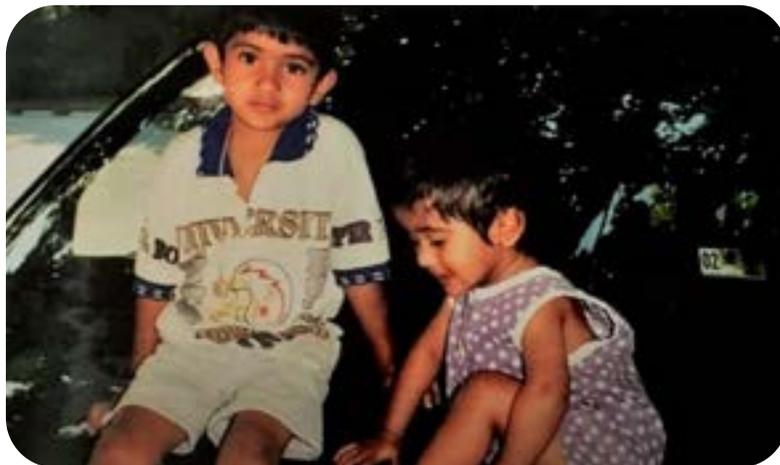
Story Transcript

"My sister and I played a lot together as kids. Both of us loved Play-Doh. We probably had more than 20 different colors and we would play in a room for hours being all kinds of different foods, imaginary characters, and random shapes. I was older than her and I remember our mom always saying, 'Make sure your sister doesn't eat it.' I took great pride in the fact that mom gave me so much responsibility and I did my best to protect my sister whenever she brought a chunk of dough towards her mouth. I never got mad. I would just tell her, 'No, no, don't do that' and ask her to make me something as a distraction. As we grew up we also grew apart—until we were practically strangers. Then, in preparation for a school fellowship,

I learned about the practice of FGM/C because it occurs in Uganda where I was placed. I was so shocked when I found out that it still happens in some communities around the globe, including the one my sister and I were raised in. My mom told me that my sister had been cut, but I was too afraid to ask her about it. Finally, I decided to call her from my walled-off compound in Uganda. She told me her story in all its detail. I was at a loss for words. After we got off the phone, I just sat in my room and cried. It was a hard conversation, but somehow me asking her and her being honest with me brought us back together. I feel like we can start to be brother and sister again."

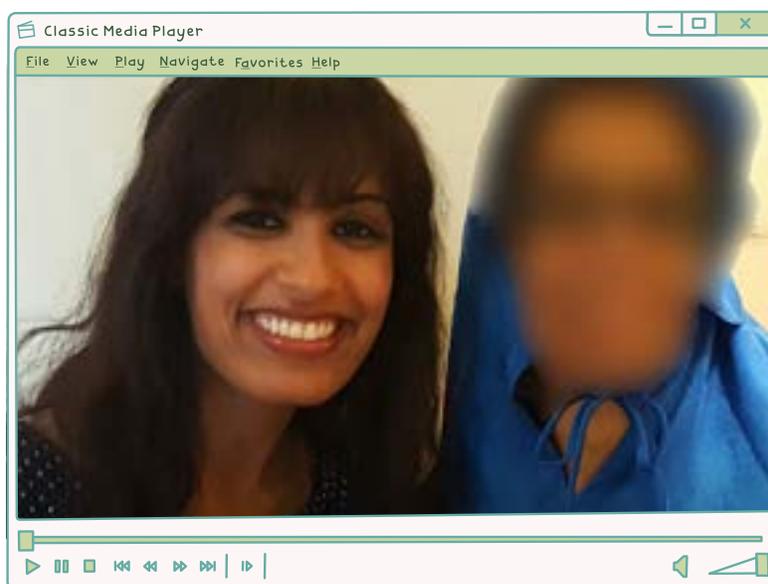
Questions

1. What inspiration does Hatim's story offer about the need to increase engagement with men, in defending women's rights and advocating against FGM/C?
2. In what ways might the secrecy around FGM/C prevent open communication between those subjected to the practice and their loved ones– especially communication between men and women?
3. Why might Hatim have chosen to share this story?



Video: Mariya- Forgiveness

URL: <http://bit.ly/ForgivenessMariya>



Story Description

Mariya learned when her parents came to visit her that her openness about having experienced *khatna* (FGM/C) may impact their standing in the Bohra community. After a tense interaction with her mother, both of them come to a place of love and acceptance, and Mariya is able to forgive her mother for taking her to be cut, as a young girl.

Story Transcript

“My mother was furious when I first saw her at Boston Logan Airport. She kept telling my father, 'You talk to your daughter. Make her understand what she did was wrong.' They had come to see me graduate from my MFA program, but it seemed as if my mother had come to scold me, for revealing to ABC News - I had been cut at the age of seven. Female Genital Cutting was supposed to be kept silent. I had done the opposite. A religious leader at my parents' mosque had informed my dad, there might be trouble for them— because of what I had done. Two days later, my mother's tone changed. We were sitting in my parent's hotel room. My mother said, 'Mariya, why couldn't you have only talked about your research on *khatna*? Why did you say you had gone through it?' As my mother's face softened,

I saw she still might have guilt over it. She once told me, my aunt had gone with us when she took me to have *khatna* done. She was afraid to see me in pain and needed my aunt's support. I don't recall my aunt's presence, but I do remember my mother taking me in her arms, holding me tight, and wiping away my tears. In the hotel room, as my mother and I spoke to each other, I wondered if the reason why so many women don't discuss *khatna* or acknowledge it as harmful is because to speak of it out loud is to admit our community caused pain to its daughters. Matching the calming voice my mother was now using, I told her, "I've never blamed you." She didn't respond right away, but we looked at each other and understood, we had forgiven one another. I hope my story will create ripple effects of women and girls who are sharing the Female Genital Cutting stories, so that we can create cultural change and we can prevent future generations of girls from undergoing Female Genital Cutting."

Questions

1. How might Mariya's decision to be outspoken about her experience be perceived by communities where FGM/C is practiced?
2. Why do you think Mariya may have chosen to share this story about forgiveness?
3. How can intergenerational dialogue within families and communities help to empower communities to abandon the practice of FGM/C?



Support Resources for Survivors

Sahiyo

URL: <https://sahiyo.org/>

On Sahiyo's website, you can find information about various support resources for individuals affected by FGM/C, including online forums, counseling services, and support groups. The website also provides information on how to seek help and access support, as well as resources for healthcare providers and other stakeholders working with survivors. Additionally, the site features articles, videos, and other multimedia content aimed at raising awareness about the impact of FGM/C and inspiring action to end the practice.

Asian Women's Shelter

URL: <https://www.sfaws.org/>

Asian Women's Shelter (AWS) offers a dedicated Support Line for FGM/C Survivors: AWS-trained advocates staffing the lines are knowledgeable on the subject of FGM/C and are aware of the cultural and social factors that perpetuate it. They offer a compassionate ear, emotional support, and, if necessary, assistance to individuals in need of a safety plan. Service providers such as social workers, healthcare professionals, and child protection officials are also encouraged to utilize the support line if they require guidance or referral resources.



US End FGM/C Network

URL: <https://endfgmnetwork.org/>

The US End FGM/C Network is a collective alliance of individuals and entities including survivors, advocacy groups, foundations, activists, policymakers, researchers, healthcare providers, and more, dedicated to promoting the abandonment of FGM/C in the U.S. and around the world.

The website is a comprehensive resource containing information related to FGM/C both in the U.S. and globally. It serves as a hub for resources, such as training and education materials, policy recommendations, and advocacy tools that are survivor-centered and respectful of their diversity of experiences. The website also provides updates on events, campaigns, and other initiatives aimed at ending FGM/C, and information about how individuals can get involved and support the cause.

Acknowledgments

Thank you to all those who supported the creation of this *Voices to End FGM/C* Screening Guide.

Our Funders:

Wallace Global Fund

The Office for Victims of Crime, Office of Justice Programs

U.S. Department of Justice

Our Voices Storytellers:

Thank you to all of the *Voices to End FGM/C* storytellers members.

Without your bravery and passion for ending FGM/C, this project would not be possible.

Silence Speaks Staff:

Amy Hill

Sahiyo Staff:

Mariya Taher

Catherine Cox

Aries Nuño

Asian Women's Shelter Staff:

Orchid Pusey



Appendix A

FGM/C: Frequently Asked Questions (FAQs)

1. What is FGM/C?
2. Terminology
3. What are the types of FGM/C?
4. What are some of the physical impacts of FGM/C?
5. What are some of the psychological impacts of FGM/C?
6. What is the global impact of FGM/C?
7. What justifications are given for why FGM/C is done?
8. What are common misconceptions about FGM/C?
9. How is FGM/C different from male circumcision?
10. Are forms of FGM/C safe when performed by a medical professional?
11. What laws exist in the U.S., on FGM/C?
12. Where can I find additional information on FGM/C and global legislation?
13. How effective is legislation criminalizing FGM/C at ending the practice?
14. Who, within families, decides that girls will be subjected to FGM/C?

What is FGM/C?

According to the World Health Organization (WHO), FGM or FGC (together known as “FGM/C”) is the “partial or total removal of the external female genitalia or other injuries to the female genital organs for non-medical reasons”.

FGM/C is recognized internationally as a human rights violation and an extreme form of violence against women, girls, and individuals assigned female at birth. FGM/C is generally performed between birth and puberty; however, there are rare cases that occur among adult women to fulfill the social expectations and norms of their communities. The practice also goes by other names, such as female circumcision and other local colloquial terms (i.e., Khatna or Sunat).

Terminology

Sahiyo uses the term FGC instead of “mutilation” because research has shown that taking a non-judgmental approach to the topic is key to engaging in productive dialogue and promoting social change. The term “mutilation” can be stigmatizing and make it challenging to engage with individuals from high-prevalence countries. Furthermore, the term “mutilation” implies an intention to harm, which does not accurately reflect the cultural context in which FGC occurs. As activists working to end FGC within practicing communities, we acknowledge that the practice is often

deeply rooted in cultural beliefs and may not be intended to harm women. Instead, families may continue FGC with the belief that it is in a girl's best interest or in response to pressure from others in the community. By using the term FGC, we seek to foster understanding and create meaningful dialogue around this complex issue.

However, when interacting with survivors, we believe it's best to use the term they prefer, whether FGC, FGM, FGM/C, female circumcision, Khatna, etc. Because the Voices project is comprised of stories from many cultures, we have chosen to use "FGM/C" as a catch-all term. It is not intended in any way as a statement about the practice.

What are the types of FGM/C?

The WHO has categorized FGM/C into four broad categories based on physical severity. These categories encompass a range of practices, as there is significant variation in how FGM/C is performed.

- Type 1 – Partial or complete removal of the clitoris glans and/or clitoral hood
- Type 2 – Partial or complete removal of the clitoris glans and the labia minora.
- Type 3 – The narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans (also known as infibulation).
- Type 4 – Injury to the female genitalia that is outside of Type 1-3. This can include pricking, piercing, stretching, or cauterizing.

What are some of the physical impacts of FGM/C?

Despite some narratives that promote FGM/C as a way to make women's genitals more aesthetically pleasing or hygienic, there is no scientific evidence to support these claims. FGM/C has no medical benefits and can in fact have a range of short- and long-term physical consequences, as shown in the table below:

Short Term	Long Term
<ul style="list-style-type: none"> • Shock • Hemorrhage • Urinary retention • Injury • Infection • HIV (due to reuse of instruments) • Failure to heal 	<ul style="list-style-type: none"> • Urinary Tract Infections (UTIs) • Difficulty urinating • Incontinence • Cysts • Scarring • Difficulty menstruating • Fistulas • Difficulty in childbirth • Infertility (due to infection) • Pelvic Inflammatory disease • HIV

What are some of the psychological impacts of FGM/C?

In one study of survivors of FGM/C, of those who said FGM/C impacted their sex lives, 87% stated that the practice has negatively affected their life ([Sahiyo, 2018](#)).

- PTSD → Survivors of FGM/C often experience nightmares and flashbacks, as well as recurrent bad memories. These symptoms can be indicative of mood and functional disorders resulting from the trauma of their FGM/C experience. In some cases, suppressing memories related to the experience can exacerbate these symptoms.
- Hyper- and Hypoarousal → Trauma can disrupt our normal functioning and impact both the brain and body, which work together to regulate our biological states of arousal. A traumatizing incident can leave one feeling overwhelmed and hyperaroused, or numb, shutdown, and in a state of hypoarousal.
- Window of Tolerance → There is a 'window of tolerance,' which refers to the optimal level of stimulation an individual needs to effectively manage their emotions, thoughts, and behaviors. When this balance is disrupted, it can affect a person's cognitive, emotional, and behavioral functioning. Hyperarousal symptoms like insomnia, fear, difficulty concentrating, sweating, pain, and trembling, can occur among survivors of FGM/C. Hypoarousal symptoms such as lethargy, numbness, exhaustion, and depression may also arise.
- Depression → In addition to hyper- and hypoarousal, survivors of FGM/C may also experience feelings of detachment, guilt, sadness, shame, and anxiety. Those who cope with their trauma through avoidance may completely forget or dismiss intrusive thoughts, emotions, and all reminders of the trauma. Some survivors may also experience body dysmorphia, worrying excessively about minor or nonexistent flaws in their bodies in response to FGM/C.

[Trauma Series Blogs](#) → For those who would like more information on the impacts of FGM/C, explore this blog series by Joanna Vergoth. Joanna is a psychotherapist in private practice specializing in trauma.

What is the global impact of FGM/C?

According to statistics, FGM/C affects nearly 200 million women and girls in 32 countries (UNICEF) throughout Africa and the Middle East. Each year, globally, 4.1 million girls are estimated to experience FGM/C. It is important to note these figures are limited to the data collected by UNICEF in these 32 countries. A more recent study found that FGM/C is practiced in at least [92 countries](#), including the United States. Clearly, many more individuals are impacted by FGM/C than the UN officially recognizes in its statistics.

What justifications are given for why FGM/C is done?

The justifications for FGM/C are often based on the social norms of different cultures and regions. Reasons range from the need to control sexuality and marriageability to ideas about cleanliness and religious purity.

Controlling Sexuality and Marriageability

- Those who continue the practice in the hopes of controlling sexuality do so based on traditional gender roles and the belief that curbing women's sexual impulses will prevent promiscuity. In some cultures, community elders use the practice to make sure young women remain virgins until they are married, which increases their eligibility and status for marriage.

Cleanliness and Purity

- Another factor that keeps this practice alive is the idea of cleanliness and purity. In some cases, FGM/C is performed with the belief that the cut will enhance one's personal hygiene and overall spiritual "purity."

Tradition and Culture

- Tradition and culture are two global justifications for FGM/C. Social norms strongly factor into the continuation of the practice. The practice is often conceptualized as a rite of passage that is done for each woman in a family and, therefore, is not often questioned or defied due to the practice being handed down through generations.

Religion

- The practice of FGM/C has been traced back to a multitude of different religions. The historical origins of the practice predate Abrahamic religions and are not found in any of the sacred texts of the Torah, Bible, or Quran. Despite this, some still argue that it is their religious duty to perform FGM/C or identify religious texts that they claim justify the practice.

What are common misconceptions about FGM/C?

Here are a few misconceptions about FGM/C:

- Contrary to common belief, FGM/C is not exclusive to Muslim communities. The practice predates Islam and is carried out by communities with diverse religious backgrounds.
- Despite being reported in 92 countries, many people still believe that FGM/C is only an issue in Africa. However, it is important to note that while official data collection is limited to 32 countries throughout Africa and the Middle East, the practice is also prevalent in other parts of the world.
- A major misconception of those living in North America, Europe, Australia, and other so-called developed nations is that FGM/C does not occur in their countries. However, FGM/C has been identified in countries such as the U.S., where the Centers for Disease Control and Prevention (CDC) estimates at least half a million girls are at risk or have undergone FGM/C.

How is FGM/C different from male circumcision?

Justifications for male circumcision, unlike those for FGM/C, are rarely linked to a man's sexual desire or pleasure. FGM/C can significantly damage the sex organs, inhibit pleasure, and potentially cause severe pain and complications to sexual and reproductive health. Any surgical altering of a person's genitals may also result in injury or death.

There are no proven health benefits of FGM/C, whereas male circumcision has been found to reduce the transmission risk of STIs and other infections. There is [debate](#), however, on whether the identified health benefits justify performing male circumcision, considering there are overarching socio-behavioral and situational factors that also influence related health outcomes. To find out more about male circumcision in developed countries, click [here](#), and for more information among those living in developing countries, click [here](#).

Are forms of FGM/C safe when performed by a medical professional?

Medical professionals (such as doctors, nurses, or midwives) who perform FGM/C are violating girls' and women's right to life, physical integrity, and health. They are also violating the fundamental medical ethic to not harm their patients. Medical professionals, however, have performed and continue to perform FGM/C (UNICEF, 2005). Studies have found that in some countries, nearly a third of all women had subjected their daughters to the practice by a trained health professional (Satti et al., 2006). Research has also shown that this trend is increasing in several countries (Yoder et al., 2004).

Medical professionals may be motivated to perform FGM/C for a variety of reasons, including perceptions of economic gain, pressure, and a sense of duty to cater to community requests (Berggren et al., 2004; Christoffersen-Deb, 2005). Medical professionals who have emigrated from countries where FGM/C is prevalent have been found to violate human rights principles by performing FGM/C, even when it is not requested by the patient. They may be influenced by their cultural values and perceive it as upholding the patient's culture (Vangen et al., 2004; Thierfelder et al., 2005; Johansen, 2006a).

Some medical professionals, nongovernmental organizations, government officials, and others consider medicalization a harm-reduction strategy rooted in the notion that when the procedure is performed by a trained health professional, some of the immediate risks may be reduced (Shell-Duncan, 2001; Christoffersen-Deb, 2005). However, even when carried out by medical professionals, the procedure is not necessarily less severe or more sanitary. Moreover, there is no evidence that medicalization reduces the documented obstetric and other long-term complications associated with FGM/C. Some have argued that medicalization is a useful or necessary first step toward total abandonment of the practice, but there is no documented evidence to support this claim. The performance of FGM/C by medical professionals may wrongly legitimize the practice as medically sound or beneficial for girls and women's health. It can also further institutionalize the procedure, as medical personnel often hold power, authority, and respect in society (Budiharsana, 2004).

Medical licensing authorities and professional associations have joined the United Nations organizations in condemning actions to medicalize FGM/C. The International Federation of Gynecology and Obstetrics (FIGO) passed a resolution in 1994 opposing the performance of FGM/C by obstetricians and gynecologists, including a recommendation to “oppose any attempt to medicalize the procedure or to allow its performance, under any circumstances, in health establishments or by health professionals” (FIGO). In 2016, the WHO recommended that no form of medicalized FGM/C be accepted because it violates medical ethics since (1) FGM/C is a harmful practice; (2) medicalization perpetuates FGM/C; and (3) the risks of the procedure outweigh any perceived benefit (WHO, 2016).

What laws exist in the U.S., on FGM/C?

In 1996, the U.S. federal government passed a law criminalizing FGM/C in the country, which was further revised in 2013 to include a provision for prosecuting those who take girls outside the U.S. for the procedure. The first federal prosecution under this law occurred in 2017, when Dr. Jumana Nagarwala was charged with performing FGM/C on nine young girls in a clinic in Detroit. However, on November 20, 2018, the United States district court struck down the federal law on a technicality, arguing that Congress did not have the authority to pass such a law and that it should be addressed at the local and state level. Currently, [41 states](#) have laws protecting children from FGM/C and, in January 2021, the [STOP FGM/C Act](#) was signed into law to ensure that FGM/C was again banned at the Federal level.

Where can I find additional information on FGM/C and global legislation?

Here are a few links that might be helpful:

- <https://equalitynow.org/fgm-a-global-picture/#:~:text=Of%20the%2092%20countries%20where,such%20as%20the%20criminal%20or>
- <https://equalitynow.org/female-genital-mutilation/>
- https://www.equalitynow.org/fgm_in_the_us_learn_more
- https://equalitynow.org/us_laws_against_fgm_state_by_state/
- <https://endfgmnetwork.org/resources/>

The UNFPA estimates that at least 59 countries have passed laws against FGM/C, including the United Kingdom, Canada, Denmark, Spain, Norway, Sweden, and New Zealand. Of the 29 countries in Africa where FGM/C is traditionally practiced, 26 have laws prohibiting FGM/C, with [penalties ranging from monetary fines to a minimum of three months to life in prison](#). Enforcing legislation continues to be a struggle for some governments.

How effective is legislation criminalizing FGM/C at ending the practice?

Laws provide a legal framework, and legislation can provide the financing for FGM/C support and prevention efforts. Sahiyo has often heard from conversations with survivors and activists that the law can be a deterrent for those belonging to communities that practice FGM/C who might face social pressure for choosing not to continue it in their families. It is a way for people to say they will not subject their daughter/child to FGM/C because there is a law against it. However, the law is only one piece of the needed holistic approach to ending FGM/C, and any laws should also include community education and outreach components. Learn more [here](#).

Who, within families makes the decision for girls to undergo FGM/C?

The decision to have a child subjected FGM/C is often made by women within families and communities, including mothers, aunts, grandmothers, or other female relatives. Sometimes the practice is also done behind the backs of parents/guardians, who are not informed that their daughter was subjected to FGM/C. Male relatives, doctors, and other healthcare practitioners are also occasionally involved in decision-making about FGM/C.

Appendix B

Planning Tools for Hosting a Screening Session

In this section you will find a set of resources that might be helpful for planning a screening of Voices to End FGM/C digital stories. All resources listed here can be adapted to fit the goals/aims/needs of your screening session. For the presentation template, however, we do ask that you **DO NOT** remove any official logos or disclaimers.

I. General Event Description

Join us for a powerful and enlightening screening and discussion event, brought to you by [Your Organization or Individual Name]. This event is part of a broader initiative to raise awareness and foster dialogue about the deep-seated impacts of female genital mutilation/cutting (FGM/C) globally.

About the Event

In this event, we will showcase compelling stories from advocates, activists, and survivors of FGM/C as part of the Voices to End FGM/C project. These stories, shared through oral and digital narratives, provide a unique opportunity to shed light on the often-unspoken experiences and consequences of FGM/C.

What to Expect

Screening of Survivor Stories: We will feature a selection of poignant survivor stories that have been curated and produced by Sahiyo and partners. These stories offer personal insights into the challenges and triumphs of those who have undergone FGM/C.

Discussion and Reflection: After each digital story that is shared, we will facilitate a thoughtful and respectful discussion session. Attendees will have the opportunity to reflect on the story(ies), share their own perspectives, and ask questions.

Who Should Attend

This event is open to anyone interested in learning more about the impacts of FGM/C, including survivors, advocates, community members, and organizations working toward ending this harmful practice.

Why Attend

- *Gain a deeper understanding of the lived experiences of FGM/C survivors*
- *Contribute to the ongoing dialogue about ending FGM/C*
- *Connect with like-minded individuals and organizations committed to promoting healing and change*

II. Event Outline and Details

This document will help you begin planning your screening session. Replace the text highlighted in **red** with information about your event!

	Event Info	Details	Assigned role/ Notes
1	DATE:	MM/DD/YYYY	
2	TIME:	00:00PM to 00:00PM (X hrs)	
3	EVENT TITLE:	<i>Title</i>	
4	DESCRIPTION:	<p>Example: Join us for a powerful and enlightening screening and discussion event, brought to you by [Your Organization or Individual Name]. This event is part of a broader initiative to raise awareness and foster dialogue about the deep-seated impacts of female genital mutilation/cutting (FGM/C) globally.</p> <p>In this event, we will showcase compelling stories from advocates, activists, and survivors of FGM/C as part of the Voices to End FGM/C project. These stories, shared as oral and digital narratives, provide a unique opportunity to shed light on the often-unspoken experiences and consequences of FGM/C.</p>	
5	GRAPHICS/ PROMO MATERIALS	<p>Example Graphics: i.e., organization logos</p> <p>Example Promos: i.e., social media posts (Instagram, FB, Twitter, LinkedIn, etc.), blog posts</p>	
6	EVENT MATERIALS	Share links here to any related presentations, handouts, FAQ sheets, etc.	
7	REGISTRATION	Event Registration Link	
8	VIRTUAL LINK OR NAME OF IN-PERSON VENUE	Location of Venue OR Virtual Platform Meeting Link	
9	TEAM CHECK IN	Date and Time (Scheduled team meetings to discuss logistics before event takes place)	
10	TECH RUN/ REHEARSAL	Date and Time (Meeting to practice presentation)	
11	ROLES AND RESPONSIBILITIES	<p>Outline individual roles and responsibilities for day of event:</p> <ul style="list-style-type: none"> • Welcome/Introduction • Screening Technical Details • Discussion Facilitation • Closure 	

III. Voices Screening Guide Presentation Template

In collaboration with Gulabi Stories, this is a presentation template we have made available for organizations and individuals that might need more guidance on how to structure the flow for their event. Many of the elements in the template can be adapted and personalized for your event. We have included tips and suggestions in the comments and notes section of the slides to help you think about ways to structure your presentation.

Please make a copy of the slidedeck before making edits to the slides.

[MAKE A COPY: Voices Screening Session Presentation Template](#)

IV. List of Voices to End FGM/C Digital Stories

Although this guide contains in depth discussion questions related to select digital stories, you can find all of our Voices to End FGM/C digital stories on our website: (voiceestoendfgmc.org/videos), and on our Youtube playlist([Voices to End FGM/C](#)). You are welcome to utilize any of these stories for your screening session.

V. Consideration for Hosting a Virtual Event or In-Person Event

In this section, we address general considerations that will help guide you in planning and carrying out an effective story screening. From determining an ideal audience size to fostering inclusivity, managing discussions, and addressing ethical concerns, these insights will ensure your event is both a sensitive and enlightening experience for all participants.

- **Size of the Session**
 - Consider the audience size that best suits the event's goals. Small groups often foster more intimate and in-depth discussions, while larger sessions can reach a broader audience.
 - While you may have expected a smaller or larger turnout for the event, be prepared to tailor the format to the size of the group.

- **Creating a Welcoming, Inclusive Space**
 - Establish clear ground rules for respectful and inclusive participation. Encourage attendees to listen actively, be open-minded, and refrain from judgment.
 - Promote respectful language and communication. Emphasize the importance of avoiding harmful stereotypes or judgments.
 - Consider how you might ensure diversity and representation in your event's planning to include a variety of perspectives and voices.

- **Recording the Event and Ethical Considerations**
 - If you plan to record the event, inform the audience in advance and obtain their consent. Make sure participants are comfortable with being recorded, and offer options for anonymous participation if necessary.
 - Be clear about how you intend to use the recordings. Will they be shared publicly or kept for archival purposes? Transparency is key.
 - Respect the privacy and confidentiality of audience members. Clearly state your guidelines for sharing or using any content generated during the event.

For more guidance on recording ethics we recommend [Privacy Considerations When Using Zoom, Section C.](#)

- **Managing Discussions**
 - Prepare facilitators or moderators to guide discussions and ensure they remain respectful and focused on the event's purpose.
 - Plan for audience participation. Allocate time for questions and discussions, and encourage attendees to share their thoughts and questions.
 - Offer ways for attendees to get involved in your future efforts to address FGM/C by providing resources on current educational or policy advocacy campaigns they can play a role in and/or having them join your mailing list.

Please refer to the [Guidelines for Presenters](#) section of this guide for more information.

- **Technical Considerations**
 - Ensure that the chosen platform (virtual or in-person) can handle the expected audience size and technical requirements.
 - Run a technical check before the event to address any issues related to audio, video, and screen sharing.
- **Resources and Support**
 - Offer resources and support for attendees who may need assistance during or after the event, especially since the content may be triggering.
- **Accessibility**
 - Ensure that the event is accommodating to individuals with access needs. Provide closed captioning, sign language interpreters, and accessible materials as needed.
- **Feedback and Follow-Up**
 - Offer a way for attendees to provide feedback after the event to help improve future sessions. Consider doing a simple survey or following up with selected people via phone or email.
 - Consider follow-up actions or additional resources to support ongoing community dialogue.

Appendix C

Key Terms and Definitions

These definitions are designed to help those who may not be familiar with the terminology, better understand the key terms associated with FGM/C and related issues. This section can serve as a useful reference for participants during discussions and presentations; you may wish to print it out and make it available to them.

Community-Led Abandonment: Efforts within affected communities to voluntarily stop the practice of FGM/C through education and awareness campaigns.

Cultural Change: The process, over time, of shifting unhealthy cultural norms, beliefs, and practices to norms that support justice and rights.

Cultural Traditions: Customs and practices that have been passed down through generations within a specific culture.

Female Genital Mutilation/Cutting (FGM/C): The practice of altering or removing parts of a female's external genitalia for non-medical reasons. (Also referred to as FGM, FGC, female circumcision, and [more](#)). The World Health Organization divides FGM/C into four types; see p. 37, above.

Gender Equality: The belief in equal rights and opportunities for all genders, aiming to eliminate discrimination and bias based on gender.

Gender Identity: A person's deeply-held sense of their gender, which may or may not align with the sex assigned to them at birth.

Harm Reduction: Strategies and interventions designed to reduce the physical and psychological harm associated with FGM/C, even if complete abandonment of the practice is not immediate. (See below for Medicalization of FGM/C)

Intactivism: A movement advocating against the cutting of the genitalia of people of any gender, including both FGM/C and male circumcision.

Intergenerational Dialogue: Open communication and understanding between different generations within families and communities, often aimed at resolving conflicts or promoting change.

Intersectionality: The interconnected nature of social categorizations such as gender, race, and class, which can create overlapping and interdependent systems of discrimination, disadvantage, shared identity, and relationships to power.

Medicalization of FGM/C: When health professionals perform FGM/C, raising ethical concerns due to the involvement of healthcare providers in a harmful practice.

Patriarchy: A social system in which men hold primary power and predominate in roles of political leadership, moral authority, and social privilege.

Survivor: An individual who has personally experienced FGM/C. Not everyone who has undergone FGM/C might refer to themselves as a survivor.

Stigma: Negative stereotypes and judgments associated with FGM/C, survivors, or communities where it is practiced. Stigma often prevents survivors from speaking out about what they have gone through, for fear of reprisal, alienation from their community, etc.