

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

### Presented by the Connecticut Coalition End FGM/C

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

And the list is growing.

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

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

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

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

Respectfully,

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