EXAMINING INTERSECTIONS BETWEEN FEMALE GENITAL MUTILATION/CUTTING AND SOCIAL OPPRESSIONS

A Mixed Methods Study

February 2024

sahiyo

United Against **Female Genital Cutting**

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About Sahiyo

Sahiyo was formed in 2015 as an advocacy collective uniting South Asians and other survivors of female genital mutilation/cutting (FGM/C) to address the lack of acknowledgment around FGM/C as a global form of gender-based violence(GBV) and child abuse. We utilize collaborative grassroots campaigns and storytelling techniques to train members of FGM/C-practicing communities in leading the demand for widespread abandonment; work with frontline professionals (i.e. healthcare providers) to create culturally sensitive systems of care for survivors; and partner with government officials to address policy-level change. Today, Sahiyo is divided into two legal entities– Sahiyo U.S. & Sahiyo India. Sahiyo U.S. led the development and execution of this research project, with support from Sahiyo India.

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

About This Project

In July 2021, Sahiyo hosted a public webinar titled, "Critical Intersections: Anti-Racism and Female Genital Mutilation/Cutting (FGM/C)."[1] We invited anti-FGM/C activists, Leyla Hussein, Aarefa Johari, Sunera Sadicali, and Aissata M.B. Camara to engage in a conversation that helped to elevate our understanding of how systems of racism operate in—and negatively impact—the work to end FGM/C. The panel discussion was moderated by Sahiyo U.S. Executive Director, Mariya Taher. The webinar drew close to 300 registrants, making it one of the most highly sought-after webinars Sahiyo has hosted since our founding in December 2015.

Using the momentum generated from the webinar, Sahiyo embarked on the Critical Intersections Research Project, beginning with Examining the Current State of Critical Intersections: Female Genital Mutilation/Cutting and Social Oppressions.[2] This paper builds on ongoing research by exploring key areas of intersecting themes and identities with FGM/C through a mixed-methods survey distributed to key activists and stakeholders in the field.

Overall, this research project sought to address the following questions:

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

Upon initiating this project, Sahiyo discovered that, in addition to systemic racism, several other factors of the human experience intersect with FGM/C, forming a complex narrative that demands a more comprehensive exploration. Therefore, we expanded on our initial project aims.

The goals of Sahiyo's research are to:

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

This research may be more applicable to those working in the field of FGM/C prevention and/or survivor support and who are knowledgable on the topic of FGM/C. This research does not cover what FGM/C is and isn't and other basic information regarding why it is practiced and who practices it.

Acronyms

BIPOC
Black, Indigenous, and People of Color

CBO
Community-Based Organization

COVID-19
SARS-CoV-2 Virus

FGM/C
Female Genital Mutilation/Cutting

GBV
Gender-Based Violence

GMW
Global Majority World

GmW
Global Minority World

LGBTQ+
Lesbian, Gay, Bisexual, Transgender, Queer/Questioning

NGO
Non-Governmental Organization

IGO
Intergovernmental Organizations

INGO
International Nongovernmental Organizations

SDGs
Sustainable Development Goals

UNFPA
United Nations Poplulation Fund

A Note on Terminology

Language plays a pivotal role in shaping the boundaries of our discourse. It dictates what we are allowed and not allowed to say, how we think, and what questions we can ask. In order to better reflect the reality of global systems of power, this study is intentional about the language used to describe the world and how it operates. The following terms are drawn from the lexicon of anti-racist and anti-colonial movements to help us better describe the world around us:[3]

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

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

Executive Summary

Examining Intersections Between FGM/C and Social Oppressions

MIXED METHODS STUDY

Goals and Methodology

Female genital mutilation/cutting (FGM/C) affects over half a million women and girls in the United States, 200 million women and girls globally, and has been reported to occur in at least 92 countries.[4] In this global study, we conducted a mixed-methods survey of 100+ experts, advocates, and organizations in the field of FGM/C prevention and other related social movements, with the goal of exploring the following questions:

Q1. How has systemic racism delayed substantial change on this issue of meeting progress towards achieving the U.N. Sustainable Development Goal to end female genital mutilation/cutting by 2030?

Q2. Are there possible connections to other movements, such as MeToo and Black Lives Matter, that come into play?

Limitations

The experiences of these participants regarding FGM/C may not be applicable to all survivors, communities, and advocates due to the study's sample size and design. While great efforts were taken to create a representative sample based on geographic location, race/ethnicity, gender, sexual orientation, etc., our survey participants still included mostly North American and cisgendered women participants.

While our questions followed a mixed-methods approach, the heart of our study was primarily quantitative. As such, the results are based on numerical responses.

Furthermore, survey participants who self-identified as individuals not working to end FGM/C listed communities practicing FGM/C as communities they worked with, potentially indicating some confusion amongst participants regarding the split-logic design of the survey.

Finally, as in all studies, researcher bias in the question design and interpretation process is always a possibility.

Overview of Results

Participant Demographics

In order to best reflect the study's main goals, survey participants represented a diverse array of backgrounds, experiences, and identities. During demographic data collection, survey participants were divided first into two main groups: **1) those who were responding from an individual perspective**, and **2) those who were responding from an organizational perspective**. They were then further segmented based on their involvement in either FGM/C prevention or other social justice movements. The demographic breakdown of each of the four groups is as follows:
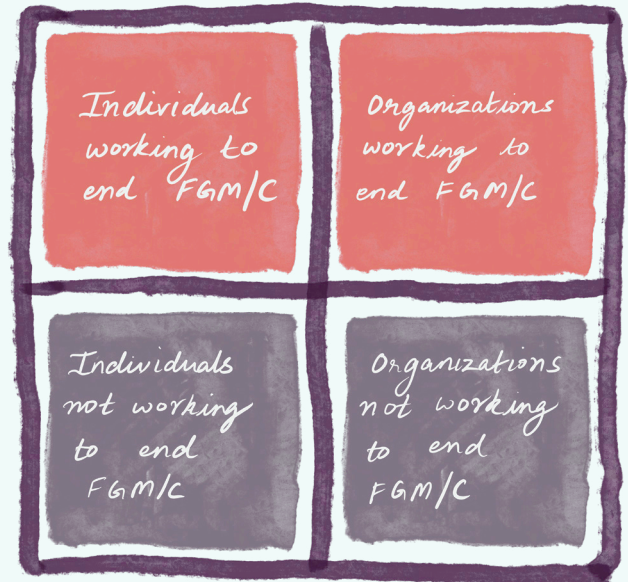
INDIVIDUAL PARTICIPANTS WORKING ON FGM/C

Gender Identity
81% of individuals identified as cisgender women.

Racial Identity
Asian (**30%**), white (**27%**), Black (**25%**), Two or more (**10%**), other (**7%**), and Latine/X (**1%**).

Geographic location
North America (**39%**), Africa (**26%**), Asia (**22%**), and Europe (**14%**).

INDIVIDUAL PARTICIPANTS *NOT* WORKING ON FGM/C

Gender Identity
75% of individuals identified as cisgender women.

Racial Identity
Asian (**38%**), Black (**25%**), white (**19%**), and two or more (**19%**).

Geographic location
North America (**56%**), Africa (**25%**), and Asia (**19%**).

ORGANIZATIONAL PARTICIPANTS WORKING ON FGM/C

Geographic location
Africa (**35%**), Globally (**30%**), Asia (**24%**), North America (**24%**), Europe (**8%**), and South America (**3%**).

ORGANIZATIONAL PARTICIPANTS *NOT* WORKING ON FGM/C

Geographic location
North America (**75%**) and Asia (**25%**).

Analysis

For the purpose of analysis, the cumulative survey responses were divided into two major sections: Systemic Forces and Interpersonal/Communal Forces. The purpose of these sections were to reflect the distinct impacts of discrimination and oppression on FGM/C practicing communities as separate (though heavily inter-related) from the impacts of systems of oppression perpetuated from within, and by, FGM/C practicing communities.

Systemic Forces: Discrimination within Systems and Institutions

Survey participants indicated that systemic and institutional discrimination served as barriers that impacted: **1) survivors of FGM/C and their ability to navigate these systems to meet their basic needs**; **2) the capacity of organizations and advocates working to empower their communities to end the practice of FGM/C**; **3) the integration of support services related to FGM/C prevention and treatment into broader social justice movements and organizations**; and **4) the actions of political, legal, and criminal justice systems in designing and enforcing anti-FGM/C legislation.**

Among the diverse systems and forces that were mentioned by participants, the most commonly cited were racism, xenophobia, colonialism, and religious discrimination.

Racism
Racism was identified by survey participants as one of the most salient themes connected to discrimination and FGM/C. It was reported that racial discrimination often manifests in law and policy related to FGM/C, shapes how the issue of FGM/C is framed by various stakeholders, and serves as a barrier for survivors in receiving necessary services to help remediate the effects of their FGM/C.

Xenophobia
Survey participants uplifted the connection between xenophobia and the fear of deportation and discrimination from FGM/C-impacted immigrant communities. It was also noted as being connected to the implementation of anti-immigrant legislation and policy in countries where FGM/C was attributed to immigrant communities. Finally, xenophobia also negatively impacted the framing of FGM/C, contributing to the dismissal of addressing this issue in Global Minority World (GmW) Countries.

Colonialism
Participants highlighted the ways in which the connection between Non-Governmental Organizations (NGOs)/Intergovernmental Organizations (IGOs)/International Non-governmental Organizations (INGOs) and colonial power structures contributed to a negative perception of these institutions, often serving as a barrier to involvement of FMG/C-affected communities. Furthermore, colonial power structures were also noted as shaping how the issue of anti-FGM/C advocacy is funded, negatively impacting the movement to end the practice.

Religious Discrimination
Survey participants noted how FGM/C was often associated with Islam and Muslim communities, contributing to increased Islamophobia and anti-Muslim sentiment in multiple countries. Survey results also highlighted that, across religious denominations, patriarchal structures enabling FGM/C to continue were being upheld through religious doctrine and authority.

Interpersonal and Communal Forces: Discrimination within Practicing Communities and the FGM/C Sphere

This survey uncovered the presence of interpersonal and communal forces of discrimination as well, from within both FGM/C practicing communities and the anti-FGM/C sphere. These insights highlighted challenges not only for survivors of FGM/C but also for the overall progress of the movement.

Patriarchal Norms

The survey results support already existing data that patriarchal norms within practicing communities reinforce the continuation of the practice via social norms and deter survivors from speaking up and taking action to end the practice. Furthermore, these structures often manifest in several forms of oppression and discrimination for survivors, including a disregard for bodily autonomy, including other forms of abuse such as early and forced marriages, as well as degradation of female sexuality, and the perpetuation of gender inequality.

Divisiveness over FGM/C framing

Within the movement itself, passionate disagreements over the terminology and framing of FGM/C were presented frequently. Many participants believed the word 'mutilation' to be insensitive for survivors and practicing communities, while others found 'cutting' to be a euphamism that inhibited progress of the movement.

Cross Collaboration with other Social Justice Movements

The overwhelming majority of survey participants saw value in building collaborative partnerships between the movement to end FGM/C and relevant social justice movements and organizations. However, when further prompted to explore opportunities for collaboration, there were very few concrete examples of partnership and cross-sectoral learning initiatives. Furthermore, the challenges of creating cross-collaborative movements were mentioned more frequently than the potential opportunities. Some of the challenges that emerged from the survey were around three key areas: discrimination, law and policy, and funding.

Despite the challenges, some participants did highlight promising opportunities for cross-sector collaboration. These opportunities primarily involved cooperation with the anti-gender-based violence movement, bodily autonomy and the #MeToo movement, child protection initiatives, as well as alignment with the anti-racism movement and Black Lives Matter.

Recommendations

1. Ensure resources, terminology, and information on and about FGM/C is **accessible, equitable, and does not reinforce unequal systems of power.**

2. Implement **programming that addresses the intersectional needs of survivors** from diverse backgrounds.

3. Create **opportunities for building a foundation to support cross-collaboration across social justice movements, including introductory activities, education initiatives, and training programs, before seeking cross-collaboration** with other social justice movements and cross-sector funding.

4. Initiate **and facilitate brainstorming sessions for legitimate opportunities for synergistic collaboration** led by intersectional organizations.

5. Uplift **more equitable systems of funding** that prioritize community based organizations working with practicing communities, using a bottom-up approach.

6. Consider **the nuance of geographic location, particularly in regard to local laws and cultural acceptability of various social justice issues** when seeking potential partnerships and cross-collaboration.

7. Recognize **the strength of diverse approaches to framing FGM/C,** as opposed to the exclusive use of a single label, for anti-FGM/C work and collaborations with other movements.

8. Consider **interpersonal challenges, including discrimination within practicing communities,** when framing the topic with survivors and generating approaches to ending FGM/C.

Background

Introduction

Female genital mutilation/cutting (FGM/C), affects 200 million women and girls globally, and is practiced in over 92 countries.[4] The harmful practice is recognized as a human rights violation, a form of violence against women and girls, and a manifestation of gender inequality.[5] Survivors of FGM/C are at risk of experiencing long-term consequences, such as sexual dysfunction, adverse mental health outcomes, infections, and overall obstetric and gynecologic complications.[5]

The United Nations has underscored the importance of eliminating FGM/C by incorporating it into the Sustainable Development Goals (SDGs) under the goal of achieving gender equality.[6] While the prevalence of FGM/C has declined over the last 25 years, FGM/C continues to persist in several countries and communities across the globe.[6] In order to effectively end FGM/C, a greater understanding of the layered social and oppressive forces that operate to sustain the practice is critically necessary.

One area that has received little attention in the movement to end FGM/C is the role of intersectionality and how FGM/C may overlap with or exacerbate other marginalized identities related to race, gender, sexual orientation, and geographic region. The Combahee River Collective, a Black lesbian socialist organization, first introduced the concept of intersectionality, defining it as "multiple, interlocking systems of political identities and racial, sexual, and patriarchal oppression."[7] Crenshaw developed and codified the framework of intersectionality to understand the consequences of treating different social oppressions as mutually exclusive experiences (e.g., race and gender).[8] For example, in the context of FGM/C, treating

survivors as a homogeneous group may erase the critical intersections between their multiple social identities. Applying an intersectional framework to understanding FGM/C is key for the development of intersectoral and contextualized approaches to end the practice.[9]

Exploring the intersectional experiences of FGM/C survivors is especially relevant and critical due to the increased salience of the practice across the globe. The COVID-19 pandemic disrupted programming aimed at ending FGM/C and caused a surge in gender-based violence.[6] Due to the pandemic, the United Nations Population Fund (UNFPA) estimates that 2 million additional cases of FGM/C may occur over the next decade that otherwise would have been prevented.[6] Thus, individuals in FGM/C-practicing communities may be at a heightened risk of being subjected to the practice. Understanding how FGM/C may differentially impact certain individuals and communities based on their other identities is essential to creating targeted interventions, policies, and programs aimed at ultimately ending the practice.

Methodology

In order to achieve the key research goals, this study conducted a mixed-methods survey of participants across multiple geographic regions. Participants for this survey were recruited via snowballing sampling, with a particular focus on recruiting participants who represented a diversity of gender and sexual orientations, racial and ethnic backgrounds, as well as geographic regions. The survey reached over 200 individuals, with the goal of capturing the responses of those who are involved in the anti-FGM/C movement and other related social justice movements. The survey outreach was conducted from June to September 2022.

The survey consisted of a total of 144 questions. Each participant was first asked to respond to the following two questions:

Q1. **How are you participating in this survey?**
- As an individual
- Representing an organization

Q2. **Do you work on female genital mutilation/cutting prevention?**
- Yes
- No

Based on their response, participants then received a set of 20 to 30 short-answer and multiple choice questions. These questions were tailored to their responses in Q1 and Q2 using branch-logic, which branches respondents to different survey flow elements based on variables like question responses; we created four different sets of questionnaires based on whether or not the participant worked directly on anti-FGM/C efforts and if they were responding from an individual or organizational perspective. The purpose of this was to be able to ask questions based on the participants' experiences in FGM/C and related fields, as well as to understand the difference between individual and organizational responses. Each version of the questionnaire consisted of five sections: demographics, intersectionality, framing, funding, and law and policy. In accordance with the research aim and questions, the interview questions were designed based on the themes derived from the formative research of this project (which can be found in the report *Examining the Current State of Critical Intersections: Female Genital Mutilation/ Cutting and Social Oppressions*) and the initial goals of our research exploration.

Analysis

Quantitative Questions

The quantitative questions were analyzed using the data analysis software, SPSS. The research team then conducted an in-depth analysis of these results, aimed at understanding **1) how structural, and intersecting social oppressions have delayed substantial change in the goal to end FGM/C**, and **2) how cross-collaborative movements can be formed to address intersecting oppressions with FGM/C**.

Qualitative Questions

The qualitative questions were independently analyzed and coded to provide in-depth explanations as to how they addressed our original research questions. A codebook was created and updated in an iterative process to more comprehensively reflect emergent themes across the survey. After coding all short answer questions, thematic analysis was conducted to explain major patterns across participants.

Limitations

There are several limitations in our study that are important to note. First, the experiences of these participants regarding FGM/C may not be applicable to all survivors, communities, and advocates due to the sample size and study design. While great efforts were taken to create a representative sample based on geographic location, race/ethnicity, gender, sexual orientation, etc., our survey participants still included mostly North American and cisgendered women participants.

Our methodological approach may also produce limitations on our findings. While our questions followed a mixed-methods approach, the heart of our study was primarily quantitative. As such, the results are based on numerical responses. Such a method offers less insight into the thoughts, nuances, and drivers of our survey participants.

Furthermore, survey participants who self-identified as individuals not working to end FGM/C listed communities practicing FGM/C as communities they worked with. This could indicate some confusion amongst participants regarding the split-logic design of the survey, including the importance of the first two questions in determining the content of the survey.

Finally, as in all studies, researcher bias in the question design and interpretation process is always a possibility. However, every step was taken to reduce the chances of selective memory, telescoping, attribution, exaggeration, or other researcher bias in data collection and interpretation.

Results

Examining Intersections Between FGM/C and Social Oppressions

MIXED METHODS STUDY

Participant Demographics

How are you participating in this survey? (n=156)

28.8%

71.2%

● Individual   ● Organization
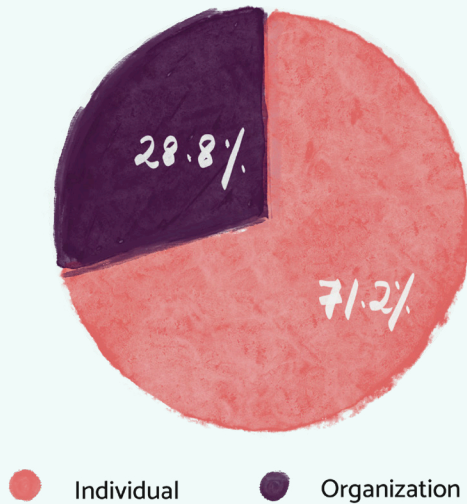
Do you work on female genital mutilation/cutting prevention? (n= 156)

16%

84%

● Yes   ● No
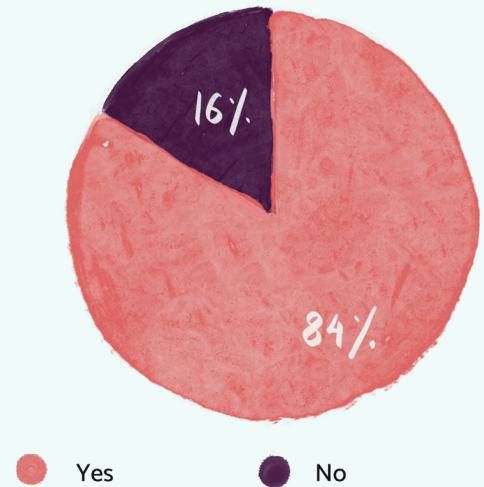
In this survey, the total number of participants (N) was 101, based on the eligibility criteria requiring at least 80% completion of the survey. Initially, the survey was distributed to 200 individuals, with 168 starting the survey and 156 completing at least 6% of the survey. Those who reached the 6% threshold were included only in the demographic breakdown analysis section. Ultimately, to be eligible for additional data analysis, participants had to complete at least 80% of the survey, which established an N=101. The branch–logic design of the survey divided participants into various demographic groups, resulting in a variety of sample sizes (as illustrated in **Figure 3–10**). There was also attrition throughout the survey, resulting in partial completion, which should be considered when evaluating the various sample sizes (n).

As previously stated, the first two questions of the survey served to divide participants into four distinct groups: **individuals working to end FGM/C, individuals working in other related fields, organizations working to end FGM/C**, and **organizations working in other related fields.**

Individuals working to end FGM/C

Organizations working to end FGM/C

Individuals not working to end FGM/c

Organizations not working to end FGM/C
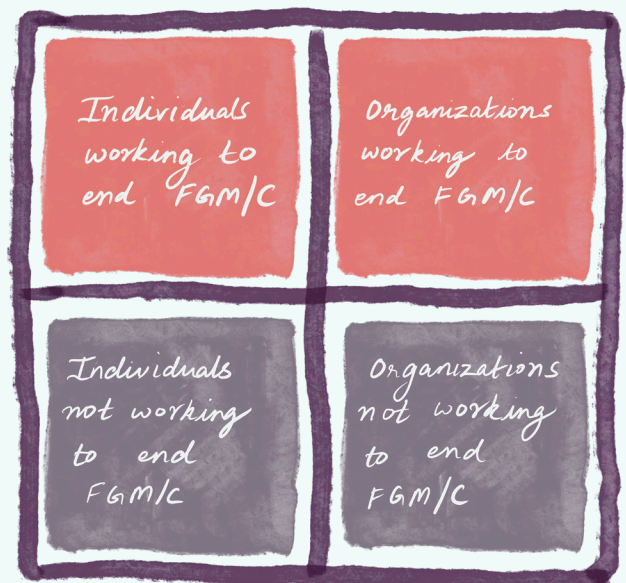
Individuals working to end FGM/C

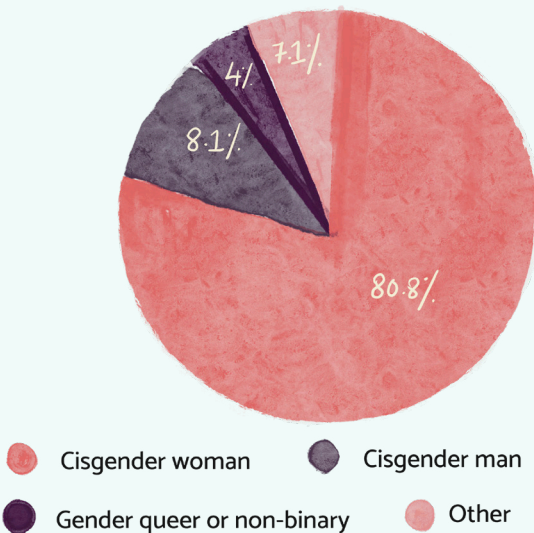Of the individuals working to end FGM/C, 81% percent identified as cisgender women, 8% as cisgender men, 4% as gender queer or nonbinary, and 8% identified as other (see **Figure 3**).

Figure 3: Breakdown of gender identity among individuals working to end FGM/C

What gender identity do you identify with? (n=97)

- Cisgender woman
- Cisgender man
- Gender queer or non-binary
- Other

(n=95) In this group, the largest ethnic/racial representation was Asian (30%), followed by white (27%), Black (25%), Two or more (10%), Other (7%), and LatinX (1%). Among Asian participants (n=27), 44% identified as South Asian, 44% Southeast Asian, 7% Southwest Asian/Middle Eastern, and 4% Northern Asian. Among white participants (n=27), 70% identified as North American, 26% European, and 4% other. Among Black participants (n=23), 52% identified as East African, 26% identified as West African, 13% identified as Black Diaspora (Central America, South America, and Caribbean), 4% identified as North African, and 4% identified as Black Diaspora (North America). The sole Latine/x participant in this group identified as South American.

Figure 4: Breakdown of geographic location among individuals working to end FGM/C

Where are you located geographically? (n=96)
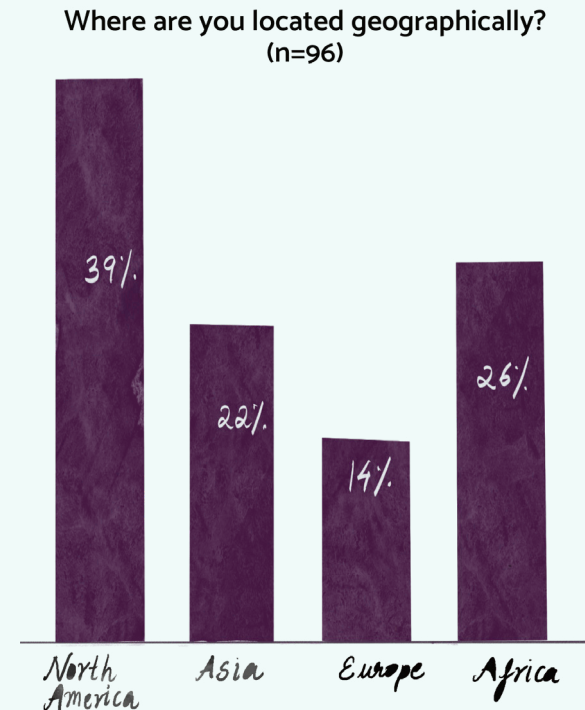
The geographic location of participants was divided primarily between North America (39%), Africa (26%), and Asia (22%), with 14% in Europe (see **Figure 4**).

(n=94) Among the participants in this group, 73% work with survivors of FGM/C, 66% work with girls and women, 65% work with communities impacted by FGM/C, 46% work with survivors of other forms of gender–based violence (GBV), 36% work with Black, Indigenous, and people of color (BIPOC) communities, 26% work with immigrants and refugees, 24% work with LGBTQIA+ communities, and 7% work with other. Participants were able to select more than one answer.

(n=94) Furthermore, 60% of participants in this group were not raised in a community that practices FGM/C, and 40% were. Of those raised in a practicing community (n=37), 65% have undergone FGM/C, and 35% have not.

Individuals not working to end FGM/C

Of the individuals not working to end FGM/C, 75% identified as cisgender women, 13% as cisgender men, 6% as transgender men, and 6% identified as other (see **Figure 5**).

What gender identity do you identify with? (n=16)

- Cisgender woman
- Cisgender man
- Transgender man
- Other
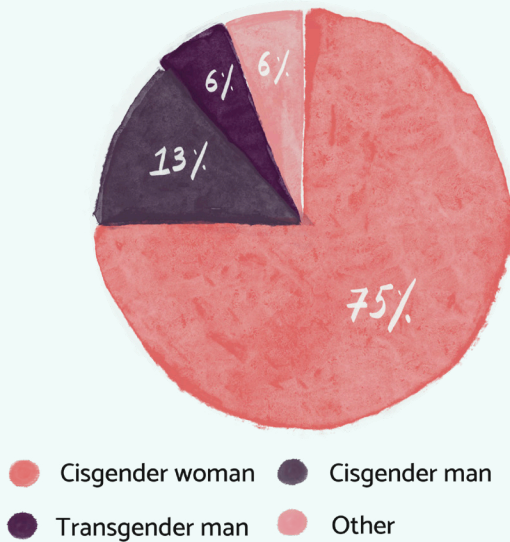
(n=16) In this group, the largest ethnic/racial representation was Asian (38%), followed by Black (25%), white (19%), and two or more ethncities (19%). Though participants from this group were also asked to further specify their ethnic/racial representation, there is no data because these questions were not answered.

The geographic location of participants in this group was divided between North America (56%), Africa (25%), and Asia (19%) (see **Figure 6**).

Figure 6: Breakdown of geographic location among individuals not working to end FGM/C

Where are you geographically located ?

(n=16)
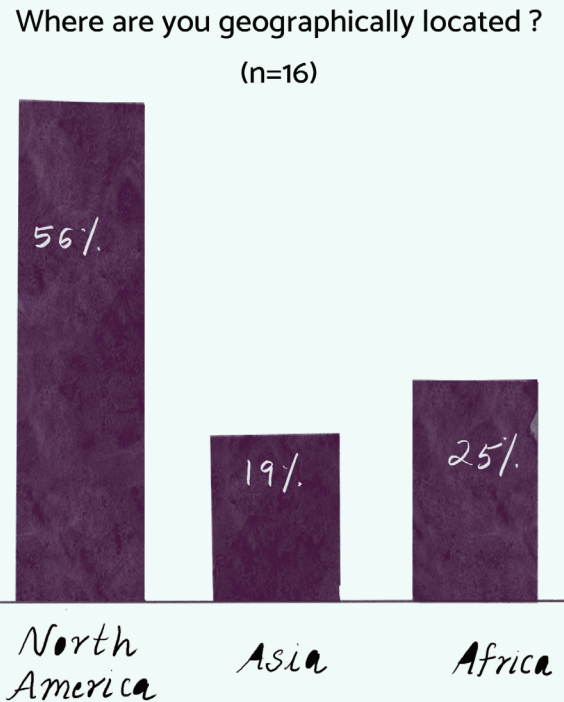
(n=16) 75% of participants in this group work with girls and women, 31% work with survivors of other forms of GBV, 31% work with BIPOC communities, 19% work with LGBTQIA+ communities, 18% work with communities impacted by FGM/C, 18% work with immigrants and refugees, and 13% work with other. Participants were able to select more than one choice.

Organizations working to end FGM/C

(n=37) Participants representing organizations working to end FGM/C were asked which social issue the organization primarily focuses on; they were allowed to choose more than one answer. 73% identified their organization's primary social issue as FGM/C, 51% as other forms of GBV, 38% as reproductive health, 32% as child marriage, 19% as immigrants and refugees, 16% as LGBTQIA+, 16% as other, and 3% as anti-racism.

Furthermore, when asked about which regions participants in this group worked in, the distribution of their work areas was as follows (see **Figure 7**): 35% worked in Africa, 30% worked globally, 24% in Asia, 24% in North America, 8% in Europe, and 3% in South America. Participants were allowed to select more than one answer.
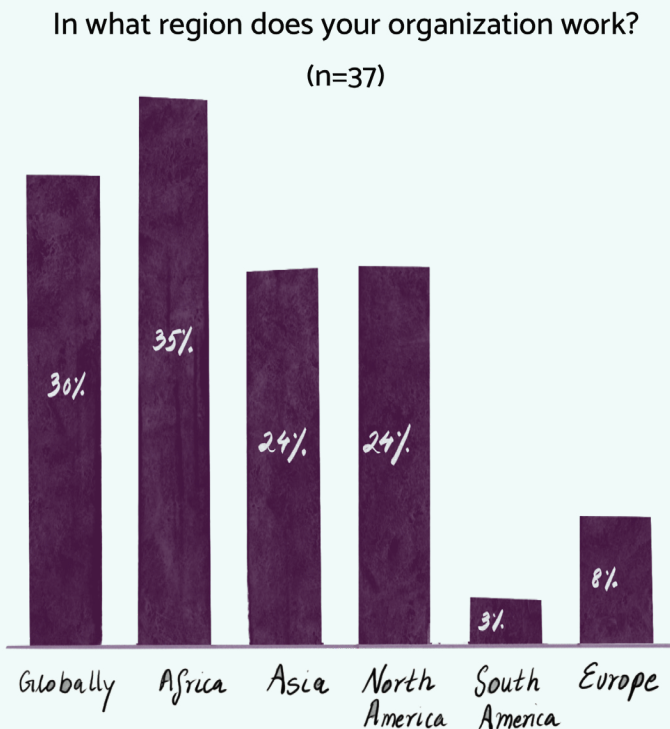
Figure 7: Breakdown of organizations working on FGM/C vs. participants not working on FGM/C

When asked about which communities participants in this group worked with, responses indicated that the majority (84%) work with women and girls, while 73% work with survivors of FGM/C and communities impacted by FGM/C. Additionally, 62% work with survivors of other forms of GBV (including domestic violence, sexual assault, and trafficking), 35% work with immigrants and refugees, 27% work with BIPOC communities, 24% work with LGBTQIA+ communities, and 3% work with other population groups. Participants were able to choose more than one option (see **Figure 8**).

Figure 8: Breakdown of communities for organizations working to end FGM/C

With which communities do you work? (n=37)

In what region does your organization work?

(n=37)
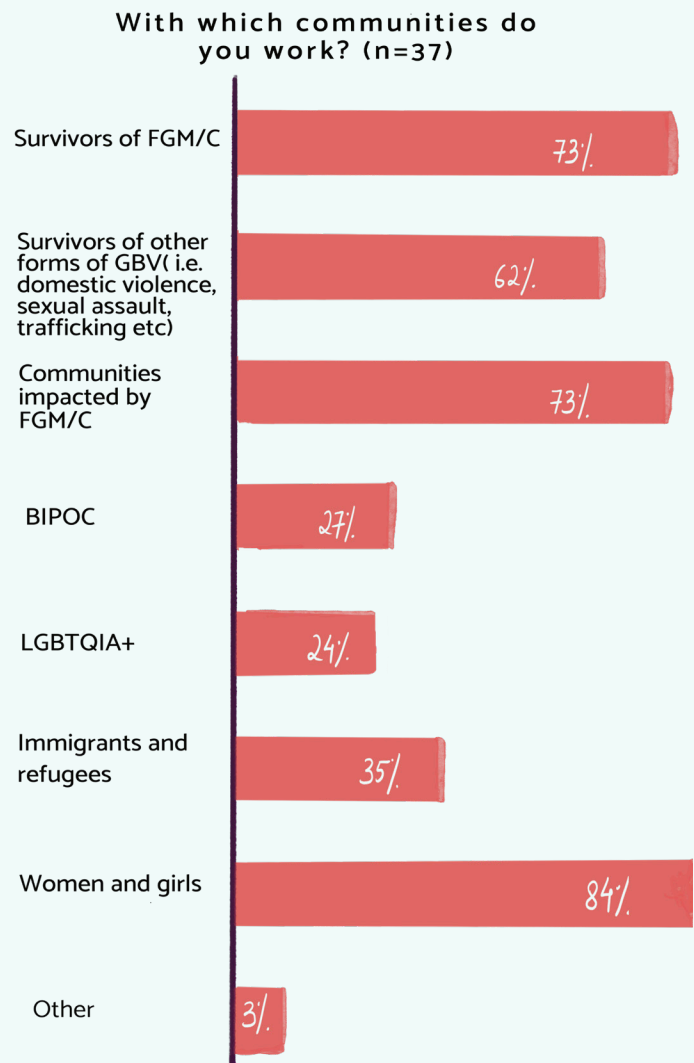
Organizations not working to end FGM/C

(n=8) Participants representing organizations not working to end FGM/C were also asked to define the primary focus of their organization. Results showed that 25% identified their organization's focus as feminist/women's rights, 25% as human rights, 12.5% as culturally specific, 12.5% as immigrant and refugee, 12.5% as health–related, and 12.5% as other.

When asked which regions participants in this group worked in, participants were able to select more than one. 63% work in North America and 37% work in Asia (see **Figure 9**).

(n=8) Participants in this group primarily worked with women and girls (22%), survivors of other forms of GBV (22%), BIPOC communities (17%), other communities (17%), immigrants and refugees (11%), LGBTQIA+ communities (5%), and survivors of FGM/C (5%). They were allowed to select more than one answer.

Figure 9: Breakdown of regions for organizations not working to end FGM/C

In what region do you/your organization work?

(n=8)

63% North America

37% Asia
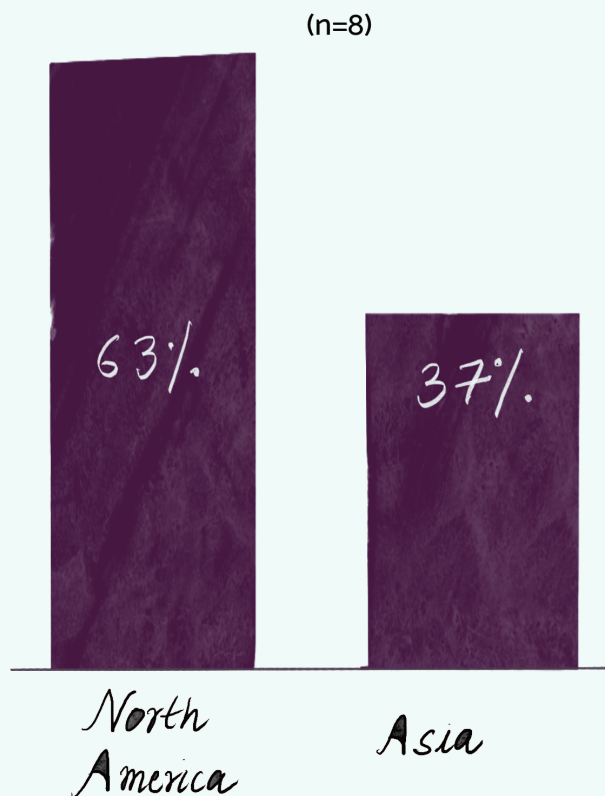
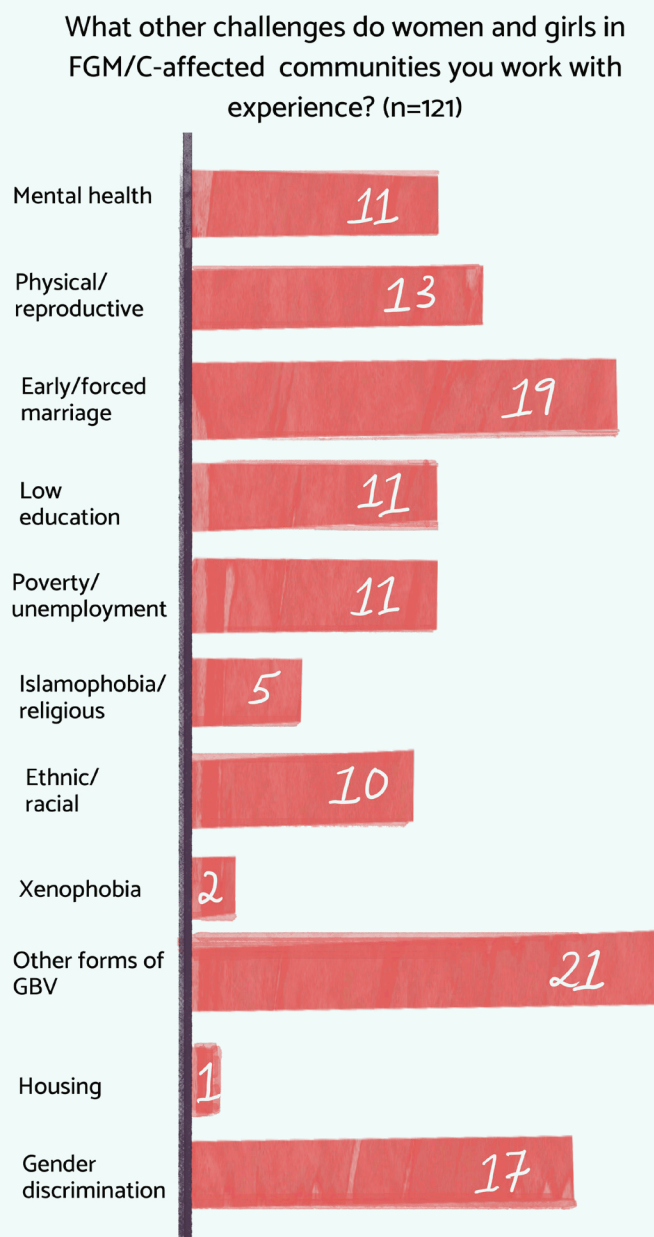# *Systemic Forces: Discrimination within Systems and Institutions*

Examining Intersections Between FGM/C and Social Oppressions

MIXED METHODS STUDY

A common theme emerging from survey participants was the impact of systemic and institutional discrimination on both survivors of FGM/C and the movement to end the practice. Across the survey, it was observed how racism, xenophobia, colonialism and the power structures of the GmW, as well as religious discrimination impacts: **1) survivors of FGM/C and their ability to navigate these systems to meet their basic needs**; **2) the overall capacity of organizations and advocates working to empower their communities to end the practice of FGM/C**; **3) the integration of support services related to FGM/C prevention and treatment into boarder social justice movements and organizations**; and **4) the actions of political, legal, and criminal justice systems in designing and enforcing anti–FGM/C legislation.**

In the survey, the question "What other challenges do women and girls in the FGM/C–affected communities you work with experience?" was asked to participants (see **Figure 10**). Although respondents could select more than one answer, it was observed that responses to this question from individuals working to end FGM/C did not reflect the most commonly cited challenges throughout the survey, which were racism, xenophobia, religious discrimination, and colonialism.

"There needs to be attention to intersectional identities and relationship that continue to threaten FGM/C–affected communities along the lines of migration, race, ethnicity, gender, sexuality, religion, class, age, etc."

Figure 10: Challenges of women and girls in FGM/C–affected communities according to individuals working to end FGM/C

What other challenges do women and girls in FGM/C-affected communities you work with experience? (n=121)

Challenge	Count
Mental health	11
Physical/ reproductive	13
Early/forced marriage	19
Low education	11
Poverty/ unemployment	11
Islamophobia/ religious	5
Ethnic/ racial	10
Xenophobia	2
Other forms of GBV	21
Housing	1
Gender discrimination	17

Racism

"I also believe that FGM/C doesn't get as much attention as it should because of racist beliefs that it only happens in Africa and core beliefs that it's not worth addressing, if it only impacts Black women."

Frequently mentioned was the racialization of FGM/C, or the association of FGM/C with specific racial/ethnic groups — particularly Black communities. Participants noted that this often manifests in the problematic framing of FGM/C as an 'African issue', or one that exclusively impacts Black and African diaspora communties. Overall, survey participants noted three major impacts of this assumption: **1) survivors of FGM/C from other racial and ethnic groups struggle to receive culturally competent care**; **2) people, particularly in GmW countries, disregard the issue as irrelevant to their communties**; and, relatedly, **3) policymakers in GmW countries may be less likely to constructivelty engage in policy and legislative action around this issue.**

Respondents also noted how the harmful impact of racialized language around the practice, such as 'barbaric' and 'backwards,' was often weaponized against Black and other communities of color who practice FGM/C. Such terminology works two-fold to both reinforce negative stereotypes about Black and African diaspora communities and further exoticize the issue of FGM/C.

Select participants highlighted the U.S. healthcare system as a key site where racial and ethnic discrimination impacts the quality of care survivors of FGM/C receive. Participants also noted additional challenges FGM/C practicing communties may encounter that can impact their ability to address FGM/C, such as low community investment, employment descrimination, educational discrimination, and over-policing.

"The practicing communities often face discrimination on the basis of ethnicity, and it affects school attainment, employment, investment in community infrastructure and more."

◼ Law and Policy

"While laws [criminalizing FGM/C] are indeed in place, relationships in FGM/C communities with law enforcement is harmful and fear-inducing due to the racialized context within which FGM/C communities exist with threats of deportation, police brutality, racial profiling, anti-Muslim rhetoric, anti-migration rhetoric, hate crimes, microaggressions, bias, and 'othering'."

Systemic racism and the racialization of FGM/C were noted as having a distinct impact on law and policy issues intersecting with FGM/C. One of the most frequently mentioned manifestations of this particular intersection was from the relationship between FGM/C practicing communities and law enforcement. Due to the racialized context in which FGM/C exists, survey participants from primarily GmW countries noted that the strained relationship between communities and law enforcement was largely due to the history of police violence and discrimination against BIPOC communities. Many also noted how involvement with law enforcement brought with it the potential threat of brutality, racial profiling, bias, othering, and deportation.

"The U.S. law has been re-instated, however there is threat of unintended harm to further police and 'other' FGM/C-affected communities because we have not addressed the larger racialized context within which FGM/C-affected communities exist."

However, this finding comes into unique contrast with another major finding from our study, which was 68.9% of participants

reported that the communities they work with interact with law enforcement in one form or another. Despite the recognition of the potential harm involvement with law enforcement can cause, participants still reported a high–level of engagement with law enforcement in their communities.

Interestingly, organizations not working on FGM/C reported the most community interaction with the legal system (100%), while individuals working on FGM/C prevention reported the least community interaction with the legal system (56.7%).

The following is the demographic breakdown of responses from the four groups to the question, "Do the communities you work with interact with the legal system and law enforcement?" (see **Table 1**)

Participants also noted how the racialization of FGM/C contributed to the dismissal of its urgency in the legislative sphere in many countries. As a practice that is often attributed to Black and African communities, the issue of FGM/C is often 'othered' and as a result, the urgency and relevance of addressing this issue is dismissed. Many participants noted how this stereotype can hinder policy makers from critically engaging in legislative action as FGM/C is seen as one that only impacts certain population

'Othering' of communities impacted by FGM/C can occur in unexpected ways. For example, those who may traditionally be considered allies in this work (i.e. in the U.S. liberal minded individuals traditionally in support of reproductive health rights) may not want to harm already marginalized communities or trample on "cultural traditions," which can create hesitation in addressing the issue.

"I've seen the issue of cutting be dismissed because it isn't perceived as something that affects white women."

Table 1: Interaction with legal system and law enforcement across participant groups

Do the communities you work with interact with the legal system and law enforcement?

	Yes	No	Unsure
Individuals working to end FGM/C (n=60)	34 (56.7%)	16 (26.7%)	10 (16.7%)
Individuals not working to end FGM/C (n=13)	7 (53.8%)	3 (23.1%)	3 (23.1%)
Organizations working to end FGM/C (n=23)	15 (65.2%)	4 (17.4%)	4 (17.4%)
Organizations not working to end FGM/C (n=4)	4 (100%)	0%	0%

Xenophobia

Participants also noted that immigrant and refugee communities that practice FGM/C face unique barriers when accessing FGM/C specific support services. Alongside dealing with the challenges of FGM/C, survivors from these communities were also noted to struggle with navigating language barriers, visa status, and xenophobia in their pursuit of care and support.

"Immigrant communities face their own challenges including language barriers, lack of access to status, and othering."

Furthermore, xenophobic policies in GmW countries around immigration were cited by survey participants as generating fear of deportation, family separation, and police involvement for FGM/C practing communties. This fear was noted by one survey participant as being heightened in places of mass surveillance, such as airports. These barriers were documented as contributing to a fear of involving law enforcement in matters related to FGM/C.

"During the Trump Administration, there was heightened deportation of many families from FGM/C–affected communities which was only worsened by threats of family separation, and targeted police violence/brutality in marginalized, racialized communities, which only heightens fear and distrust of law enforcement."

▮ Law and Policy

The racialized view of FGM/C was also noted as overlapping with xenophobic rhetoric around the practice. For participants located in the GmW, the racialization of FGM/C also contributes to the xenophobic framing of FGM/C as somthing that is 'brought' to the GmW.

One participant also noted the complex relationship between FGM/C and asylum cases. In recent legal cases, FGM/C did not amount to a form of persecution serious enough to qualify for asylum in select countries in the GmW. However, one participant in North America noted how the dismissal of FGM/C asylum was explained by scholars as an attempt to prevent an increase in asylum cases from FGM/C impacted communties from the Global Majority World (GMW).

"However other cases were dismissed on the basis that FGM/C did not amount to persecution within the meaning of the refugee convention. Academics and legal scholars have shared that the real reason for dismissing the other cases was that it could open a floodgate of asylum cases given how widely FGM/C is practiced."

Colonialism and Power Structures of the GmW

"Involving law enforcement is a very aggressive and violent way to reduce FGM/C, it alienates communities and makes them suspicious of NGOs and the state which they see as colonialist institutions."

Survey responses indicated that colonialism and the power structures of the GmW continued to negatively impact the movement to end female genital cutting. Participants highlighted the ways in which the work, missions, and organizational structures of NGOs/IGOs/INGOs are often shaped by the values and social norms of the GmW where they are based. This contributes to an overall negative perception of these institutions as colonial and imperialist, serving as a barrier to community involvement. These institutions, both in perception and in action, are viewed by practicing communities as attempting to impose the values and cultural norms of

the GmW. This alienates communities from the work of these institutions and makes community engagement more challenging. Tactics used by NGOs to address FGM/C, such as involving law enforcement, can also further contribute to the perception of these institutions as harmful to communities.

Framing

"I see a lot of white Saviorism and "anthropology" language when discussing FGM/C. This is so problematic... Also, we shouldn't frame FGM/C as a tribal practice that is so alien to us as if we don't do weird and harmful things in the US."

Colonialism and GmW power structures also play a role in shaping harmful framing around FGM/C. The terminology used to describe FGM/C and FGM/C-practicing communities was cited by participants as being both founded in and reinforcing negative colonial perceptions about GMW communities. Participants highlighted examples of such terminology, including; tribal, cultural, traditional, etc. This terminology contributes not only to the alienation of practicing communities but also disempowers communities from defining and taking action to end FGM/C on their own terms.

"FGM/C-affected women and communities must define FGM/C discourse for themselves. It must be driven by, and from and be represented by the communities themselves. It is their voices that must be amplified respecting the diversity of voices that exist and honoring the value of each of these voices having space to be heard, valued and respected."

Participants also noted that framing FGM/C as an economic issue could generate the interest of select stakeholders and funders. Framing FGM/C in this way highlights a deliberate shift away from a survivor-centered approach, as it

instead centers the economic impact of FGM/C over it's impact on survivors rights and health. This framing can be seen as an attempt to appeal to financially motivated institutions at the expense of survivors of need, consistent with the capitalist and profit driven systems operating in the GmW.

"I reckon the cost aspect is useful when talking to governments or decision-makers."

"I approach it as a development issue, meaning that FGM is a major public health issue that is costly for society and governments."

Funding

Survey participants also uplifted the connection between global funding structures for anti-FGM/C advocacy and effects of the dominance of the GmW, including North American countries like the U.S. and European countries as well. Among these connections, participants noted the overwhelming preference for funders in the GmW for funding organizations also based in the GmW. As a result, community-based organizations (CBOs) and other community-based institutions from the GMW (such as grassroots organizations in Africa and Asia) often failed to receive the funding necessary to complete their operations. Failing to receive funding negatively impacted these organizations, which may have more direct access to FGM/C-practicing communities and possessing the background necessary to engage in critical community engagement work. Participants also note the negative impacts of limited funding as the deprioritization of survivors mental health, elongation of data collection process, inability to reach impacted communities, and missed opportunities to work with qualified experts. When they did receive funding, however, participants also noted the additional barriers imposed on CBOs by funding requirements;

"I've seen grassroots groups not getting funding because they lack bandwidth to comply with onerous reporting requirements."

In order to receive sufficient funding, participants also noted the preference given to organizations who are able to model their services to the values and policy positions of funders based in the GmW. Multiple participants cited examples of how CBOs often have to sacrifice their values, and sometimes access impacted communities to receive the funding necessary to maintain their operations. In this way, institutions in the GmW are in a stronger position to shape the contours of the conversation and action around FGM/C than impacted communities and advocates.

"I am embarrassed by the funding I received. I had hoped that by working with donors I would be able to benefit communities and also teach donors the value of a feminist perspective that sees sexual mutilation in the context of gender subjugation. The [X international entity] and other donors would rather 'not rock the boat'."

"Challenges given political forces limiting how and what communities can receive funding. The federal government has specifically restricted the ability for funding to serve refugee communities (just as an example – this has been specifically written into some [X governmental entity] grants focused on immigrants, but precisely worded to state that refugee populations will be excluded)."

"I/we follow the advice of the Inter-African Committee in the Bamako Decklaration: female genital mutilation. Failure to use 'mutilation' according to this pioneering association, is disrespectful to African pioneers and the risks they took in the early years. Behind the introduction of the euphemism 'cutting' is blackmail by an [X organization] employee who threatened the [Y organization] with cutting off funding should that group continue using 'mutilation'. This I learned from [redacted] who was, she told me, because she refused to toe the line the North American wished to impose, fired from her position as the first person in the world to craft global guidelines for addressing FGM in the late 1990s."

Religion

Religion and religious discrimination were also noted as limiting forces in effectively addressing female genital cutting. Participants noted the potential for harm in framing FGM/C as a practice solely attributed to one religious group. Often, survey participants noted how FGM/C is associated with Islam and Muslim communities, despite its widespread impacts. This misconception was noted as contributing to Islamophobia and anti-Muslim sentimate in multiple counties, including the U.S., India, Singapore, and others. This was cited as hindering efforts to include Muslim communities in anti-FGM/C work for fear of inviting religious discrimination and violence into their communities.

Select participants also noted how, across religious denominations, patriarchal structures enabling FGM/C to continue were upheld through religious doctrine and authority. Patriarchal structures, as an aspect of patriarchy, uphold the system in which men hold power and women are excluded from it. This allowed for the continuation of the practice under the guise of religious necessity

as well as patriarchal attitudes towards women's bodies and sexualities. This was further compounded when survivors attempted to speak out about the practice, often receiving backlash for speaking out against religious institutions.

"Women are punished for speaking out against church dogma and practices."

"One of the biggest challenges is that the issue was linked to religion by many people, the issue became a religious issue rather than an individual issue of forgoing rights."

Law and Policy

"Being termed as a religious practice there are difficulties in implementing laws."

The connection between religion and FGM/C was also seen as limiting the impact law and policy has on addressing FGM/C. This impact was noted by participants as being two fold:

1. Policy makers were hesitant in implementing laws and policies against FGM/C due to a fear of religious backlash and/or being accused of religious discrimination;

2. Communities with strong a strongties between religion and FGM/C were noted as more likely to disregard local law or face pressure from religious authority to continue the practice despite law. Overall, the connection between religion and FGM/C serves as a barrier for effectively addressing the practice of FGM/C through legal and political action.

"The churches of which I am aware state that if laws do not agree with church policy, the laws can be ignored."

"Convincing politicians that they need to take a stance, as they are so afraid of offending the religious sentiments."

Interpersonal and Communal Forces: Discrimination within Practicing Communities and the FGM/C Sphere

Examining Intersections Between FGM/C and Social Oppressions

MIXED METHODS STUDY

Interpersonal forces of discrimination coming from within practicing communities, and even within the FGM/C sphere, were consistently cited as challenges for survivors throughout the survey. When individuals working in the FGM/C sphere were asked about other challenges that girls and women in the FGM/C–affected communities they work with experience, 17% of participants cited other forms of GBV, 16% cited early/forced marriage, and 14% cited gender discrimination. Interestingly, these interpersonal and communal challenges were cited more frequently than barriers seen as more systemic, such as racial/ethnic (8%) or religious (4%) challenges. Barriers from within the anti–FGM/C sphere also present as a challenge to ending the harmful practice, in particular, strong disagreements over the framing of FGM/C.

Patriarchal Influences

"FGM/C is gendered – any gendered practice ingrained in patriarchy is bound to manifest discrimination."

Within the larger GBV sphere and anti–FGM/C movement, connections between patriarchal influence and justifications for the abuse of women and girls are well established. In the case of FGM/C specifically, the practice "enforce(s) a patriarchal view of women as being 'owned' by somebody else (father's family, husband's family, community, etc.)." While the patriarchal standards of practicing communities serves to reinforce the continuation of the practice via social norms and ingrain subjugation into young girls, it also deters survivors from speaking up and taking action to end the practice.

"In male dominated societies, especially small societies like the villages of upper Egypt... no one is reporting at all."

"The most seen discrimination is when a woman refuse[s] practicing FGM to her daughter, her husband has all the power to do the practice without her approval."

The reaches of patriarchy beyond the scope of FGM/C can manifest in many forms, including: disregard for bodily autonomy, repeated exposure to gender inequality, and disparagement of female sexuality.

Bodily Autonomy

Survey participants often cited rejection of bodily autonomy as a significant challenge that survivors face, and FGM/C as just one instance of this harm. An organization participating in the survey that performs anti–FGM/C work on a global scale recognized that "Communities that practice FGM/C also have high rates of child marriage, the commodification of girls and women, limiting access to education for girls."

This perception aligns with the aforementioned quantitative finding of the survey, which illuminated interpersonal and communal challenges around bodily autonomy, such as early and forced childhood marriage, as common for survivors. A limited access of education, which was recognized by 9% of individuals who work in the FGM/C sphere as a challenge that girls and women of practicing communities face, can be seen as both a byproduct of restricted bodily autonomy and a barrier to activism in the anti–FGM/C sphere.

"FGM/C is done to control girls and women and as a result of the direct intention of this abuse, it indicates many other forms of abuse either already happening to the survivor or meaning they will be on the way. We are yet to meet a survivor of FGM/C who only survived one form of abuse, all survivors we have known through the years have been subjected to at least three different forms of abuse."

In particular, the significance of undermining sovereignty over one's body from the get-go teaches girls from an early age that "their humanity and their identity is subject to and linked to their role vis-a-vis others." Due to the young age at which FGM/C is often performed, one participant brought an additional form of discrimination in regards to bodily autonomy to attention, explaining:

"There is also the strong age discrimination in communities where FGM/C is practiced on young girls who have no capacity to defend their fundamental rights."

Gender Inequality

Gender inequality as a manifestation of patriarchal influence was cited repeatedly throughout the survey as a challenge survivors face. One participant explained that gender discrepancies can be seen clearly in the Bohra community:

"Male and female circumcision are treated differently even though sections of the community like to claim that the two practices are exactly the same."

This inequality, the same participant explains, "is in line with broader gender discrimination in the community with respect to notions of modesty and propriety for women." These gender standards are often reinforced through religion, which adds an additional layer of systemic discrimination as well as interpersonal and communal discrimination for survivors and activists.

Sexuality

"The assumption that women are source of temptation and their sexual desire should be controlled by having FGM/C."

Several participants also cited shame around female sexuality as a challenge to activism and form of discrimination for survivors. Inherent to the practice of FGM/C is a "lack of respect/recognition of female sexuality," with a confluence of religiously and culturally enforced gender standards emphasizing modesty and the relegation of women to secondary citizens resulting in justification for abuse. The reasoning for the practice as preventing "female sexual pleasure that they are told is a sin" reiterates the significant religious component that can become so deeply ingrained in social norms and the collective thinking of a community.

Divisiveness around Framing

Perhaps one of the divisive points within the FGM/C sphere itself was the discrepancy in framing FGM/C. Justification for the naming of the practice varied across participants to the survey; most advocated for the use of 'cutting' according to the need for sensitivity and respect for survivors, as well as the tolerance of the audience.

"That said [using 'mutilation'] can also create hesitancy based on my observations in having those same people relay the information to others. In my case it had a lot to do with the type of audience and a sort of conservative culture about even speaking about even saying the words 'female genital' alone."

"Calling it Mutilation derails the conversation."

"Of course it's FGM but it just heckles dissenters when we use that term."

Other participants explained that the use of 'cutting' as opposed to 'mutilation' "dismisses the gravity of the act," and cited the necessity of making certain people uncomfortable with the framing of 'mutilation.'

" With pharmacists, doctors and academics, it's quite different... They should be uncomfortable and outraged and prompted to act. I think the more awareness building that is done, people will start getting comfortable."

"The fact that you keep calling it "FGM/C" instead of FGM (or better "sexual mutilation") makes you part of the problem."

Cross-Collaboration with other Social Justice Movements

When asked about value in building cross-collaborative movements between the movement to end FGM/C and other social justice movement, the overwhelming majority of all four demographic groups responded "yes" — they did see value in building collaborative partnerships between relevant social justice movements and organizations.

However, when further prompted to explore opportunities for collaboration, there were few concrete examples of partnership and cross-sectoral learning. Furthermore, the challenges of creating cross-collaborative movements were mentioned much more than the potential opportunities — especially from within and without the FGM/C sphere.

Table 2: Perceived value in cross-collaborative movements by participant group

Do you think there is value in building cross-collaborations between the movement to end FGM/C and other social justice movements?

	Yes	No	Unsure
Individuals working to end FGM/C (n =70)	65 (93%)	2 (3%)	3 (4%)
Individuals not working to end FGM/C (n =16)	14 (88%)	0	2 (13%)
Organizations working to end FGM/C (n =29)	29 (100%)	0	0
Organizations not working to end FGM/C (n =8)	8 (100%)	0	0

Challenges

"People think FGM/C is too specific/ nuanced to include in larger social justice movements. It's a peg of women's rights and not a movement in and of itself."

Despite the overwhelming consensus that there was value in building cross-collaborative movements, participants acknowledged many challenges or hesitations to consider in building cross-sector movements. From within the FGM/C sphere specifically were concerns of the movement getting lost within larger movements, or the inability for other movements to acknowledge FGM/C as "a movement in of itself." One participant feared it would be seen as "a peg of women's rights," while another was concerned "it gets lost in the reproductive health movement."

In addition to these concerns were three commonly cited challenges to cross-collaborative movements: discrimination between and within movements, barriers of law and policy, and funding.

Discrimination

Discrimination within and between social justice movements proved to be the most commonly cited challenge amongst participants in considering cross-sector movements. Within the anti-FGM/C sphere, one participant described class discrimination, which presents a bias that could potentially deter collaboration between anti-FGM/C activists and organizations:

"There's also an issue of class, upper class communities discriminate against "lower-class" or "rural" people who have been cut."

Other examples of challenges can be considered as barriers to inter-movement collaboration as well as cross-sector movements. In particular, issues around cultural awareness were most often mentioned. Concerns around "cultural insensitivity," as well as "huge cross cultural blind spots," and lack of awareness of "differential needs based on the cultural set up" seemed to be the most significant barrier to activists when considering collaborations. Interestingly, one participant within the FGM/C sphere ellaborated on challenges within the Black community specifically when it comes to various groups of different ethnicities and cultures working together:

"The Black community has a history of not being able to work together, which has vestiges from Slavery. This includes uniting African-American with wider African Diaspora movements that are inclusive of Afro-Caribbean and African migrants as part of larger social justice movements and advocacy."

◼ Law and Policy

The second most frequently cited challenge cited amongst participants was rooted in law and policy. **Variation in laws according to local contexts, on both a state and national level, presents the need for nuanced collaboration between the anti-FGM/C sphere and other social justice movements.** An activist within the FGM/C sphere in the U.S. raised concerns around cross-sector movements resulting in conflicting views on legislation deterring partnerships with other organizations:

> *"In the context of the U.S. it could disrupt partnerships with allies such as [X organization] and the [Y organization] who oppose brightline bills which purport to ban child marriage under the age of 18 without exception. Each chapter of [X organization] and the [Y organization] is different; bills went unopposed by those chapters in Delaware, New Jersey, New York, Minnesota, Pennsylvania and Rhode Island."*

In a global context, creating cross-sector movements is reliant on bridging the gap between various degrees of tolerance regarding social justice issues. An organization doing reproductive health work in Africa pointed to challenges of the FGM/C sphere advocating for LGBTQIA+ rights in countries like Senegal, which may result in "creating more resistance than momentum." Therefore, cross-sector movements must be specific to the local context, and cannot be generalized across the anti-FGM/C movement.

> *"The local laws of countries are also important to consider when building cross-sector movements as some countries (e.g. Senegal) may be more open to ending FGM/C but less open to movements such as LGBTQ creating more resistance than momentum."*

Lastly, a participant from a practicing community in Asia raised concerns around cross-sector movements and the attention brought from this intersectional approach:

> *"Working on several movements at the same time can be associated with the resistance of extremist and traditional governments."*

◼ Funding

Challenges within the context of funding were also mentioned by participants in considering cross-sector movements. Concerns of the movement being lost in other movements was once again mentioned:

> *"From my experience, once the project deals with broader issues (GBV, health, education), it is very difficult to focus on FGM. It gets totally forgotten and underfunded."*

Another participant raised the challenge of already existing work being necessary to establish collaborations, and the inability to apply for funding without said work predating the application process:

> *"Cross movement funding may be difficult to come by as these collaborations may need to be already in place before applying for larger $."*

This seemed to parallel the response from another participant, who expressed concerns that "small organizations do not have the staff or volunteer strength to build and maintain meaningful connections with org[anization]s from other movements." Therefore, there is a need for foundation building, including introduction, education, and training, before funding can be attained.

Opportunities

Despite the challenges, participants did highlight key opportunities for cross-sector collaboration. The social movements most mentioned for cross-collaboration with the movement to end FGM/C were; the anti-gender based violence movement, bodily autonomy and the #MeToo movement, child protection, as well as the anti-racism movement and Black Lives Matter. Examples stated by participants of how to begin building these connections included:

1. **Implementing collaborative community programming**
2. **Creating organizational partnerships**
3. **Cross-movement networking and education**
4. **Joint social media and public awareness campaigns**

"The African feminism and the gender equality movements in Africa; it's still a work in progress as most founding, historic and older women do not associate themselves as feminists which initially created a divide between the two movements with time there has been more acceptance and calling in; to understand that the ultimate goal is the emancipation and freedom of women and that we are all fighting the same system though we might use different languages which helped us to work together on some issues although we still don't see each other eye to eye on other issues such as sex workers rights, LGBTQ+ etc."

"Partnerships with other trusted and established organizations helps in awareness building. [For] example, say a campaign to end FGM/C is launched on the international day of the girl. You generate print media, local media and social media awareness, when your partners are also helping to push forward your content. Similarly let's say your partner organization is [X organization] and they are doing a campaign which aligns with [Y organization]'s mission to empower and protect girls, [X organization] can use its network to help [Y organization] also push their messaging out, although it is not an area [X organization] is directly working on. This is a model used successfully by [Z organization] and their partners. The key is partnering with organizations whose vision and mission align with your own and that are trusted and well known in the international community."

Participants discussed the potential benefits in this cross collaboration as uplifting the goals of all social movements, drawing further attention to marginalized communities, and creating unique spaces for cross-movement education. As an additional benefit of cross collaboration, participants also noted that cross collaboration has the possibility to increase funding opportunities for both the movement to end FGM/C and other social justice movements.

"I think it would be a great opportunity to finally embed FGM/C within the different sectors it belongs to. This would help justify increased fundings from multiple angles. It would also increase the general knowledge on the issue."

Discussion

Systemic Forces: Discrimination within Systems and Institutions

While past research on FGM/C has primarily focused on the health and psychological effects, history, and social norms related to the practice – there is limited research adressing the intersection of FGM/C and other forms of systemic oppression and violence. The results of this study found that coinciding and cross-cutting forms of oppression intersect with the issue FGM/C to substantially delay progress in ending the practice. These systems contribute to the stigmatization of practicing communities, make practicing communities more vulnerable to state violence and surveillance, and limit their ability to access necessary resources. In the long term, this makes communities and survivors of FGM/C less likely to speak publicly about the issue for fear of inviting more violence into their communities.

From an organizational perspective, these same institutions also impact the efficacy of anti-FGM/C organizations and advocacy movements to engage in work to address the issue. The imposition of values, norms, language, and methodology from the GmW through funding systems onto NGOs/IGOs/INGOs makes these institutions less responsive to the needs of practicing communities. In ways both recognized and unrecognized by these organizations, the top-down approach to community engagement and funding often replicates colonial power structures and disenfranchises practicing communities. Participants from Africa and Asia were more likely to report these challenges with the communities they work with. New approaches to framing FGM/C that redefine FGM/C as an economic issue – centering the economic impact of FGM/C over its impact on survivors' rights and health – also further alienate survivors' and communities' needs.

Overall, these factors contribute to lower levels of community buy-in to the work of these organizations. At the same time, community-based organizations often struggle to receive the necessary funding to continue to host their operations within practicing communities due to a lack of capacity to meet the reporting requirements imposed on them by funders. What little funding does exist for FGM/C often goes to larger organizations, not those with direct community access.

Legislatively, varying forms of oppression contribute to the dismissal of the issue of FGM/C as one of legislative urgency in many countries. Xenophobia and racism often shape the legislative discourse around FGM/C, and the 'othering' of the issue often allows legislative bodies to ignore the issue. Where FGM/C is addressed in the legislature, there is often fear that these laws will be weaponized against marginalized communities resulting in increased deportation, police brutality, community surveillance, etc. Participants from countries where FGM/C was attributed to marginalized or minority communities were more likely to cite these challenges related to legislative advocacy.

Interpersonal and Communal Forces: Discrimination within Practicing Communities and the FGM/C Sphere

Unlike the previously explored systems of discrimination within governments and institutionalized power structures, which directly affect the efficacy of anti–FGM/C work through funding, the ability to report instances of FGM/C, and passage of anti–FGM/C legislation, the manifestations of communal discrimination affect activists and allies on a more personal level; these factors inspire or deter activists and allies from taking a stand against FGM/C, and/or their ability to forge partnerships with other activists, both within and outside of the FGM/C sphere. The anti–FGM/C movement is built upon community–based activism as well as survivor–centered advocacy. Without this foundation, an end to FGM/C by 2030 in accordance with the SDGs cannot be realized. Therefore, it is critical to consider the intimate barriers coming from within communities of origin, as well as the sphere of anti–FGM/C activists, manifesting in discrimination against survivors and would–be advocates and allies, as a significant factor in the work to end FGM/C

The implications of patriarchy, defined as systems or norms in which men hold power and women are excluded from it, are far reaching and create layers of abuse that survivors must work to address (in tandem to ending FGM/C and reinforcing the intersectional nature of this practice and the work to end it). Anti–FGM/C activists from around the globe were quick to recognize the effects of patriarchal influence on the practice and their ability to stop the continuation of it. In particular, participants based in Africa cited specific examples of how patriarchy in their

communities directly interfered with action to end the practice, and the significance of FGM/C in defining a girl child and woman as property. White participants were more likely to discuss the disregard of female sexuality than any other outcome of patriarchal influence, and participants representing organizations responding to the survey were able to identify specific overlap with other forms of abuse in practicing communities as related to bodily autonomy.

Participants around the globe were also able to speak on the divisiveness of framing FGM/C and the language to use in labeling the practice. South Asian participants were more likely to promote the use of "cut" and mentioned specific challenges in using 'mutilation.' Contrastingly, participants based in North America recognized the nuance of framing in their responses, including concrete examples of different uses for different audiences. By providing specific examples of contexts to use different framing, participants illuminated the potential strength of nuanced approaches to framing FGM/C, as opposed to the exclusive use of one label, for anti–FGM/C work and collaborations with other movements.

Many participants cited discrimination of uncut women and girls as a major challenge facing the anti–FGM/C movement. While this was not explored in the results, this finding remains relevant; there is potential for many advocates to be focusing on interpersonal challenges faced within communities primarily, and external forces of discrimination like racism secondarily.

Cross-Collaboration with other Social Justice Movements

Our survey results highlight the strongly held belief that there is value in building cross-collaborations between the movement to end FGM/C and other social justice movements. These collaborations have the possibility to increase joint funding, engagement, and awareness of the movement to end FGM/C and other movements. While participants were interested in this collaboration, few knew of current or possible future examples of this collaboration.

As many participants spoke to the challenging nature of cross-collaboration, a diverse range of demographics was represented in the responses. However, there are a few demographics of note:

1. **Those who cited funding challenges or who spoke about discrimination as a barrier in considering cross-collaborative movements were most often based in north america.**

2. **There was more variety in the demographics of participants talking about the challenges of law and policy when considering cross-collaboration, though the geographic location of participants proved relevant when considering their response.**

A community-level organization in Africa mentioned the challenges of collaborating with LGBTQIA+ organizations, given the criminalization of gay people in countries like Senegal. A participant in the Middle East spoke to the dangers of intersectional movements, which have been threatening to extremist governments. A participant in North America spoke about legislative values of different partnerships, and the potential to derail said partnerships if trying to find common ground with other social justice movements and their legislative values. In general, thefew concrete examples of cross-collaboration found could be interpreted to mean that the brainstorming process about synergies may be a necessary precursor to determining how cross-collaborative work can be conducted.

Recommendations

From this data, several recommendations were gleaned for activists and organizations working within the FGM/C sphere. They include:

1. Ensure resources, terminology, and information on and about FGM/C **is accessible, equitable, and does not reinforce unequal systems of power.**

2. **Implement programming that addresses the intersecting needs of survivors** from diverse backgrounds.

3. **Create opportunities for foundation building, including introduction, education, and training, before seeking cross-collaboration** with other social justice movements as well as cross-sector funding.

4. **Brainstorming legitimate opportunities for synergistic collaboration** should be initiated and faciliated by intersectional organizations.

5. Uplift more **equitable systems of funding** that prioritize community based organizations working with practicing communities using a bottom-up approach.

6. **Consider the nuance of geographic location, particularly in regard to local laws**, when seeking potential partnerships and opportunities for cross-collaboration with other social justice movements.

7. **Recognize the strength of various approaches to framing FGM/C**, as opposed to the exclusive use of one label, for anti-FGM/C work and collaborations with other movements.

8. **Consider interpersonal challenges, such as discrimination within practicing communities**, when framing the topic with survivors and generating approaches to ending FGM/C.

Conclusion

Examining Intersections Between
FGM/C and Social Oppressions
MIXED METHODS STUDY

The results of this study found that coinciding and cross-cutting forms of oppression intersect with the issue female genital mutilation/cutting to substantially delay progress in ending the practice of FGM/C. Racism, xenophobia, colonialism, and religious discrimination contribute to the stigmatization of practicing communities, make them more vulnerable to state violence and surveillance, and limit their ability to access necessary resources. The varied manifestations of communal discrimination (including; bodily autonomy, gender inequality, and other) further affect activists and allies; detering them from speaking out against FGM/C and impacting their ability to forge partnerships with other activists. Finally, survey results indicated that despite the urge of many to build collaborative movements, participants often felt hindered by barriers such as organizational capacity, public awareness about FGM/C, funding, and other roadblocks. However, there was an overwhelming desire from participants working in the anti-FGM/C sphere and other related social justice movements to work to build connections and collaborations with one another — and advance intersectional equity for all.

Acknowledgements

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Appendix: Participant Demographics for Quotations

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Cisgender woman, 30–49, Black diaspora, North America, FGM/C work

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Representing an organization, Global and North America, FGM/C work
Cisgender woman, 50–69, white, North America, FGM/C work
Cisgender woman, 30–49, Black diaspora, FGM/C work
Cisgender woman, 30–49, Black diaspora, FGM/C work

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Cisgender woman, 30–49, Black diaspora, North America, FGM/C work
Cisgender woman, 30–49, South Asian, North America, FGM/C work
Cisgender woman, 30–49, white, Europe, FGM/C work

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Cisgender woman, 18–29, Middle Eastern, North America, FGM/C work
Cisgender woman, 30–49, Black diaspora, North America, FGM/C work
Cisgender woman, 50–69, Latine/x, South American, North America, FGM/C work
Cisgender woman, 50–69, Latine/x, South American, North America, FGM/C work

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Cisgender woman, 30–49, South Asian, North America, FGM/C work
Other gender, 50–69, multiracial, Africa, other GBV work
Cisgender woman, 30–49, Black disapora, North America, FGM/C work
Cisgender woman, 70+, Jewish, Europe, FGM/C work

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Cisgender woman, 70+, white, North America, FGM/C work
Representing an organization, Asia, FGM/C work
Cisgender woman, 30–49, South Asian, FGM/C work
Cisgender woman, 70+, white, North America, FGM/C work
Cisgender woman, 18–29, Asian, survivor, FGM/C work

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Cisgender woman, 30–49, South Asian, FGM/C work
Cisgender woman, 30–49, multiracial, Africa, FGM/C work
Cisgender woman, 30–49, multiracial, Africa, FGM/C work
Representing an organization, Europe, FGM/C work

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Cisgender woman, 18–29, multiracial, Europe, FGM/C work
Representing an organization, Asia, feminist/women's rights work
Cisgender woman, 50–69, Southeast Asian, survivor, other GBV work
Cisgender woman, 30–49, South Asian, North America
Cisgender woman, 30–49, South Asian, FGM/C work
Cisgender woman, 18–29, Southeast Asian, survivor, FGM/C work

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Cisgender woman, 30–49, South Asian, North America, FGM/C work
Other gender, 50–69, multiracial, Africa, other GBV work

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Cisgender woman, 18–29, Middle Eastern, North America, FGM/C work
Cisgender woman, 18–29, Middle Eastern, North America, FGM/C work
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Cisgender woman, 30–49, South Asian, North America, FGM/C work
Representing an organization, Africa, reproductive health work
Cisgender man, 30–49, Southwest Asian, Asia, from a practicing community, FGM/C work
Cisgender woman, 50–69, Latine/x, South American, North America, FGM/C work
Cisgender woman, 30–49, South Asian, North America, other GBV work

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Cisgender woman, 30–49, Black, South Africa, other GBV work
Cisgender woman, 30–49, South Asian, North America, FGM/C work
Cisgender woman, 18–29, multiracial, Europe, FGM/C work

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