



## Department of Homeland Security Female Genital Mutilation or Cutting (FGM/C) Outreach Strategy January 2017

### **BACKGROUND**

#### **The Problem**

Female Genital Mutilation or Cutting (FGM/C) is a serious human rights abuse, gender-based violence, and, when done to children, a form of child abuse. It has no health benefits and can lead to a range of physical and mental health problems. This harmful traditional practice continues to negatively affect millions of women and girls around the world. In 2016, the United Nations Children's Fund (UNICEF) estimated that over 200 million women and girls have been subjected to FGM/C worldwide.

The United States is not immune to this human rights abuse. Some women and girls are cut on U.S. soil, and others are sent abroad to undergo the procedure. The Centers for Disease Control and Prevention (CDC) has estimated that 513,000 women and girls in the United States were at risk of or had been subjected to FGM/C in 2012, a threefold increase from its 1990 estimate. The CDC attributed this increase primarily to increased immigration from countries where FGM/C is practiced.

It is against U.S. federal and some state laws to perform FGM/C on a girl under the age of 18, or to send or attempt to send her outside the United States so FGM/C can be performed. Additionally, anyone who performs FGM/C on a woman 18 years old or older without her consent may be charged with a crime under other laws. Performing or assisting in FGM/C, even without a criminal conviction, may have immigration consequences.

#### **The Response**

Efforts to end FGM/C are part of the U.S. Government's work to protect the health and well-being of, and advance the rights of, women and girls globally. The U.S. Government is working in the United States and in other countries to help educate people about the serious, damaging effects of FGM/C on women and girls. In accordance with the U.S. Government position on FGM/C, the U.S. Department of Homeland Security (DHS) opposes FGM/C, no matter the type, degree, or severity, and no matter what the motivation for performing it. DHS works closely with its interagency partners to end FGM/C and is committed to expanding its existing efforts to raise awareness of the harm caused by FGM/C, the U.S. laws prohibiting the practice, and the assistance available to women and girls who have undergone or are at risk of FGM/C.

From June 2015 to June 2016, the Government Accountability Office (GAO) conducted a review of the federal response to address FGM/C in the United States. The final GAO report (GAO-16-645), published on June 30, 2016, noted the work already being done by DHS to address FGM/C domestically and recommended that DHS (and other federal agencies) develop a written plan describing the Department's approach for conducting education and outreach to key stakeholders in the United States regarding FGM/C.

In line with the GAO recommendation, the DHS U.S. Citizenship and Immigration Services (USCIS) Office of Policy and Strategy and the DHS Office for Civil Rights and Civil Liberties (CRCL), working under the auspices of the DHS Council on Combatting Violence Against Women (CCVAW), coordinated regular FGM/C Working Group meetings to create this DHS FGM/C Outreach Strategy. Participating DHS components and offices included USCIS, CRCL, U.S. Immigration and Customs Enforcement (ICE), U.S. Customs and Border Protection (CBP), the Office of Policy (PLCY), the Office of the Citizenship and Immigration Services Ombudsman (CISOMB), the Office for State and Local Law Enforcement (OSLLE), the Office of Health Affairs (OHA), and the Federal Law Enforcement Training Centers (FLETC).

## **STRATEGY OVERVIEW**

The DHS FGM/C Outreach Strategy is intended to describe the general approach and some specific future actions that DHS plans to undertake over time in working toward its goal of educating and reaching key stakeholders in the United States with relevant information about FGM/C. It reflects a commitment to broaden and enhance the work already underway in the Department, which has included the following actions:

- USCIS created a webpage dedicated to FGM/C for broadly sharing information and resources with the public;
- USCIS designed an informational brochure on FGM/C for distribution on the webpage, at outreach events, and through other available immigration channels;
- ICE and USCIS have trained certain immigration officers and agents on laws and immigration benefits relating to FGM/C;
- CRCL, ICE, and USCIS have hosted and participated in a variety of educational outreach events relating to FGM/C;
- USCIS played a leading role in an interagency update of the U.S. Government Fact Sheet on FGM/C;
- ICE and USCIS have publicly marked the International Day of Zero Tolerance for FGM/C through news releases, social media campaigns, and outreach presentations; and
- DHS has engaged in dialogue with and provided updates to civil society regarding the Department's efforts to end the practice of FGM/C in the United States.

The DHS FGM/C Outreach Strategy also outlines the continued and expanded work the Department will undertake to educate communities about the damaging effects of FGM/C. DHS will seek to:

- continue existing efforts to raise awareness about FGM/C;
- host outreach engagements to educate stakeholders about FGM/C and gather feedback about FGM/C-related educational needs;
- evaluate current practices and identify opportunities to expand coordination with interagency partners and civil society; and
- provide training to stakeholders and DHS staff to strengthen FGM/C outreach efforts.

This Department-wide effort to enhance FGM/C education and outreach will involve continued strategic planning and coordination across DHS components and offices, as well as consultation and coordination with other relevant federal agencies and stakeholders.

## **DHS FGM/C OUTREACH STRATEGY**

### **I. Target Outreach Areas**

In the United States, women and girls believed to be most at risk of FGM/C are those born to immigrant families from countries where FGM/C is practiced, mainly in parts of Africa and the Middle East. According to a 2015 report from the Population Reference Bureau (PRB), the top 10 countries of origin of females at risk of FGM/C in the United States are Egypt, Ethiopia, Somalia, Nigeria, Liberia, Sierra Leone, Sudan, Kenya, Eritrea, and Guinea. PRB data shows that the number of women and girls at risk varies widely throughout the United States, with about three-fifths of all women and girls at risk living in eight states in 2013: California, Maryland, Minnesota, New Jersey, New York, Texas, Virginia, and Washington. In 2013, most women and girls at risk of FGM/C lived in cities or suburbs of large metropolitan areas, with New York City, Washington, D.C., Minneapolis-St. Paul, Los Angeles, and Seattle having the largest at-risk

populations. The PRB data reflecting the locations of significant at-risk populations will be used to guide and target DHS outreach and education activities.

## **II. Stakeholders**

Key stakeholders include the following groups:

- Women and girls at risk of undergoing FGM/C
- Women and girls who have undergone FGM/C
- Community leaders and organizations in communities in which FGM/C is traditionally practiced
- All individuals, including men and boys, in communities in which FGM/C is traditionally practiced
- Non-governmental organizations
- Victim advocates and victim advocacy organizations
- Immigration and other service providers
- Federal, state, and local law enforcement
- Child protective services
- Medical professionals
- Educators
- DHS personnel and federal agency partners
- General public

## **III. Key Messages**

### *Background*

- FGM/C refers to cutting and other procedures that injure female genital organs for non-medical reasons. It may be called “female circumcision” in some parts of the world.
- The practice has no health benefits and can lead to a range of serious physical and mental health problems.
- Different communities and cultures have different reasons for practicing FGM/C; the reasons are often complex and can change over time.
- The United States is not immune to this form of gender-based violence. Increasingly, it has come to light that FGM/C is practiced in the United States within diaspora populations from countries where the practice is common. The procedure may be performed within our borders, or women and girls may be sent abroad to undergo the procedure.

### *USG/DHS Position*

- The U.S. Government opposes FGM/C, no matter the type, degree, or severity, and no matter what the motivation for performing it.
- The U.S. Government considers FGM/C to be a serious human rights abuse, gender-based violence, and child abuse.
- Ending FGM/C in the United States is a DHS priority, and DHS offers assistance to those at risk of FGM/C.
- Performing or assisting in FGM/C, including sending girls abroad to undergo FGM/C, is against U.S. law and may have serious criminal, civil, and/or immigration consequences.
- If someone performed FGM/C on you, you have not violated any U.S. laws and are not at fault for the injury you received.
- Your eligibility for travel to the United States or for immigration benefits from the United States is not negatively affected by the fact that someone performed FGM/C on you.

- You may be eligible for certain immigration benefits, including asylum, lawful permanent residency through a self-petition under the Violence Against Women Act (VAWA), or a U visa, if you have undergone FGM/C or fear that you will be forced to do so.

#### *Outreach*

- DHS is looking forward to working closely with and within communities to raise awareness of FGM/C in the United States, convey the U.S. Government's opposition to FGM/C, and share information.
- You can help us by sharing our educational materials about FGM/C, including by distributing the USCIS brochure or referring individuals to the USCIS webpage about FGM/C (<https://www.uscis.gov/humanitarian/female-genital-mutilation-or-cutting-fgmc>).
- DHS welcomes your ideas about how we can most effectively raise awareness of this issue among the relevant immigrant populations and get members of these communities to have or join the conversation on FGM/C.

#### *Assistance/Resources*

- To report someone who is performing FGM/C or to report to law enforcement that you or someone else is in danger of undergoing FGM/C, contact the ICE tip line (**1-866-347-2423** or [www.ICE.gov/tips](http://www.ICE.gov/tips)) or the Department of Justice (**1-800-813-5863** or [HRSTIPS@USDOJ.gov](mailto:HRSTIPS@USDOJ.gov)).
- To speak with someone immediately about a child at risk of FGM/C or find a crisis counselor who can assist you, call the Childhelp National Child Abuse Hotline at **1.800.4.A.CHILD (1-800-422-4453)**.
- To obtain more information about FGM/C or to locate potential support resources, call the HHS Office on Women's Health Help Line at **1-800-994-9662**.

#### **IV. Currently Available Informational Products**

- USCIS FGM/C webpage: <https://www.uscis.gov/humanitarian/female-genital-mutilation-or-cutting-fgmc>.
- USCIS FGM/C brochure: [https://www.uscis.gov/sites/default/files/USCIS/Humanitarian/Special%20Situations/FGMC\\_Brochure\\_FINAL.pdf](https://www.uscis.gov/sites/default/files/USCIS/Humanitarian/Special%20Situations/FGMC_Brochure_FINAL.pdf).
- U.S. Government Fact Sheet on FGM/C (available in English, Amharic, Arabic, French, Somali, Swahili, and Tigrinya on the USCIS FGM/C webpage: <https://www.uscis.gov/humanitarian/female-genital-mutilation-or-cutting-fgmc>).
- U.S. Department of Justice brochure (includes translations in French, Amharic, and Arabic): <https://www.justice.gov/sites/default/files/criminal-hrsp/legacy/2015/02/05/hrsp-brochure-%28fgm%29-rev215.pdf>.
- U.S. Department of State video, "Zero Tolerance for Female Genital Mutilation": <https://share.america.gov/zero-tolerance-for-female-genital-mutilation/>.

**V. Future Activities**

Activity	Lead Components	Audience
<b>TRAINING</b>		
Educate DHS personnel about FGM/C and available resources through in-person trainings, webinars, teleconferences, and/or the creation of video or online training tools.	USCIS, ICE, CBP, FLETC	DHS personnel who interact with or may come into contact with women and girls who are at risk or who may have been subjected to FGM/C
Continue training for asylum and refugee officers about FGM/C-related protection claims.	USCIS	USCIS asylum and refugee officers
Train DHS community relations officers about FGM/C to equip them to provide information to their local communities.	USCIS, ICE	USCIS and ICE community relations officers
Provide training on litigation techniques and referral of leads for investigations relating to FGM/C.	ICE	ICE Office of the Principal Legal Advisor attorneys
Provide training on investigative development relating to FGM/C.	ICE	ICE Homeland Security Investigations criminal investigators and victim specialists
Train and develop scripts for USCIS National Customer Service Center representatives who are responding to questions from customers with questions relating to FGM/C.	USCIS	USCIS National Customer Service Center representatives

Activity	Lead Components	Audience
<b>OUTREACH</b>		
Build relationships with key leaders, community organizations, and law enforcement in areas with large populations of immigrants from high prevalence countries.	USCIS, CRCL, ICE, OSLL	community leaders, non-governmental organizations, faith-based groups, law enforcement
Host educational events about immigration protections available to women and girls who may be at risk of or who may have undergone FGM/C.	USCIS	immigration service providers, individuals and organizations in communities in which FGM/C is traditionally practiced
Host community roundtables, informational events, and webinars to raise awareness about FGM/C and the protections available to women or girls who may be at risk of or who may have	CRCL, USCIS, OSLL	universities, faith-based groups, community and non-governmental organizations, law enforcement

undergone FGM/C.		
Develop and maintain an Outreach Toolkit to include the USCIS FGM/C brochure, informational presentation, talking points, discussion topics, and other outreach resources.	USCIS, CRCL	DHS personnel who interact with or may come into contact with women and girls who are at risk or who may have been subjected to FGM/C
Incorporate FGM/C considerations into routine strategic planning and annual field engagement outreach plans.	USCIS, OSLLE	community and non-governmental organizations, law enforcement, immigration service providers, faith-based groups, general public
Integrate FGM/C information into existing immigration outreach events and materials aimed at audiences from high-prevalence communities.	USCIS	immigrant populations from countries with high FGM/C prevalence
Develop audiovisual materials to educate stakeholders about FGM/C.	CRCL, USCIS, ICE	general public, immigration service providers, interagency partners, faith-based groups, individuals and organizations in communities in which FGM/C is traditionally practiced
Create a hand-out/visual resource explaining immigration options for those who have undergone FGM/C or are at risk of FGM/C.	USCIS, CRCL	immigration service providers, individuals and organizations in communities in which FGM/C is traditionally practiced, law enforcement, interagency partners
Expand distribution of USCIS FGM/C brochure through existing immigration channels (e.g., at USCIS Asylum and Field Offices, by ICE to at-risk individuals in removal proceedings, by CBP at airports, or by OSLLE during law enforcement conferences/engagements).	CRCL, ICE, CBP, USCIS, OHA, OSLLE	general public, immigration service providers, interagency partners, faith-based groups, civil surgeons/medical professionals, law enforcement, at-risk individuals applying for immigration benefits or in removal proceedings
Continue coordination with the Department of State to ensure distribution of the U.S. Government FGM/C Fact Sheet as required by law.	USCIS	immigrants and other visitors to the United States from countries with high FGM/C prevalence
Translate USCIS FGM/C brochure into relevant languages (e.g., Amharic, Arabic, French, Krio, Somali, Swahili, Tigrinya).	USCIS	general public, immigration service providers, interagency partners, faith-based groups, civil surgeons, law enforcement
Host FGM/C education events for USCIS-designated civil surgeons.	USCIS, OHA	civil surgeons
Participate in education events for medical professionals hosted by DHS OHA and interagency partners such as Health and Human Services.	OHA, USCIS, CRCL	civil surgeons and medical professionals

In coordination with the Department of State, integrate foreign embassies into FGM/C outreach, as appropriate. Host roundtables with embassies and consulates from countries with high FGM/C prevalence to educate and create partnerships for prevention.	USCIS, CRCL, PLCY	governments of countries with high FGM/C prevalence
Host conference calls with law enforcement in states with high numbers of at-risk women and girls (e.g., CA, MD, MN, NJ, NY, TX, VA, WA).	OSLLE	law enforcement in relevant states, representatives of major national law enforcement associations
Identify opportunities to engage on FGM/C at local and national conferences.	USCIS, CRCL, PLCY, OSLLE	individuals and organizations in communities in which FGM/C is traditionally practiced, service providers
Host media roundtable with media outlets linked to African diaspora populations in the United States to highlight FGM/C outreach and create information force multipliers within African communities.	USCIS, CRCL	individuals and organizations in communities in which FGM/C is traditionally practiced
Mark International Zero Tolerance Day through press releases, social media, and other outreach activities.	ICE, USCIS, CRCL	general public

Activity	Lead Components	Audience
<b>INTERAGENCY COORDINATION</b>		
Share the DHS FGM/C Outreach Strategy with other federal agencies and coordinate implementation of planned activities.	CCVAW, USCIS, ICE	interagency partners
Continue to participate in FGM/C interagency working group meetings.	ICE, USCIS, CBP, CRCL	interagency partners
Participate in Department of Justice (DOJ) educational webinars to share information about FGM/C and how to prevent and combat it.	ICE, USCIS, CRCL	medical community, non-governmental organizations, educators, service providers, law enforcement
Participate in DOJ-hosted law enforcement-focused roundtables in local communities with immigrant populations from high prevalence countries.	ICE, USCIS, OSLLE	law enforcement, non-governmental organizations, medical practitioners, educators
Organize and host outreach events and activities jointly with interagency partners, as appropriate.	OSLLE, USCIS, ICE, CRCL	universities, faith-based groups, community and non-governmental organizations, law enforcement, medical community, educators, service providers

Conduct consultations and meetings, as necessary, to address information of potential FGM/C-related cases.	ICE, USCIS, CBP	immigration and criminal officers and prosecutors, child protective services, immigration service providers, interagency partners
Provide guidance and education to other federal agency personnel about DHS FGM/C resources.	CRCL, ICE, CBP, USCIS, OHA	interagency partners
Explore additional information sharing initiatives to educate parents and assist women and girls who may be at risk of FGM/C when traveling outside of the United States.	ICE	local and federal law enforcement agencies, child protective services, immigration and criminal officers and prosecutors, women and girls at risk of FGM/C

Points of Contact		
Kathryn Anderson	Chief (Acting), International & Humanitarian Affairs Division, Office of Policy & Strategy, USCIS	Kathryn.E.Anderson@uscis.dhs.gov
Amy Cucinella	Policy Advisor, DHS Office for Civil Rights and Civil Liberties	Amy.Cucinella@hq.dhs.gov