

## Oliver W. Koonz Human Rights Prize Submission

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### Background Information

Female genital mutilation/cutting (FGM/C) is internationally recognized as a violation of human rights, rooted in the social and cultural traditions of practicing communities. FGM/C violates the right to be free from torture or cruel, inhuman or degrading treatment and the right to physical integrity, reproductive and sexual health, and security. In some cases, FGM/C violates the right to life. The World Health Organization defines FGM/C as “all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.”<sup>1</sup> UNICEF reports that at least 200 million girls and women have undergone FGM/C in 31 countries, mostly in Africa, the Middle East, and Asia. Often, FGM/C is performed on children without consent.<sup>2</sup>

### Project Mission and Approach

FGM/C is classified as a federal crime in the United States, recently amended by the STOP FGM Act of 2020. However, cultural knowledge of the practice is poorly understood by professionals working with survivors and their families. On the converse side, health education about the risks of FGM/C is inaccessible to families in practicing communities. The goal of this project is to promote cultural understanding to professionals who may encounter girls and women who have undergone FGM/C and provide educational resources to immigrant and refugee communities in the United States. While there are efforts to end FGM/C in the United States, nearly all do not forefront culture in their approach. While cultural tradition is no excuse for the practice, my approach is through cultural understanding. When development acknowledges culture, it creates change embedded in the values of the community and thus, tends to be more effective. While I am the leader of the project, I am in the midst of sensitively integrating a partner who is an FGM/C survivor willing to share their experiences.

### Project Audience

The United States is not invulnerable to FGM/C. Some individuals are subjected to FGM/C on U.S. soil. Known as vacation cutting, many girls are taken abroad to undergo FGM/C. The audiences for the project comprise immigrant and refugee populations from practicing communities living in the U.S., as well as interdisciplinary professionals (i.e. doctors, lawyers, social workers, Child Protective Services, government officials, advocates etc.). The most recent report (2016) by the Centers for Disease Control and Prevention (CDC) estimated that 513,000 girls and women experienced or were at risk of FGM/C in the U.S.<sup>3</sup> This statistic is three times greater than the 1997 report, most likely due to upsurges of immigrant communities. According to the Population Reference Bureau (PRB), California has the greatest at-risk population, followed by New York and Minnesota. Minnesota has an extensive Somali population, which has the greatest reported rates of FGM/C in the world (99%). In North Carolina, immigrant populations from practicing countries include Somalia, Eritrea, Iraq, and Mali.<sup>4</sup>

<sup>1</sup> “Female Genital Mutilation,” World Health Organization, January 13, 2023, [www.who.int/news-room/fact-sheets/detail/female-genital-mutilation](https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation).

<sup>2</sup> “Female Genital Mutilation (FGM) Statistics,” UNICEF, February 6, 2023, <https://data.unicef.org/topic/child-protection/female-genital-mutilation/>.

<sup>3</sup> “Female Genital Mutilation/Cutting (FGM/C),” Centers for Disease Control and Prevention, May 11, 2020, <https://www.cdc.gov/reproductivehealth/womensrh/female-genital-mutilation.html>.

<sup>4</sup> “Women and Girls at Risk of Female Genital Mutilation/Cutting in the United States,” Population Reference Bureau, February 15, 2016, <https://www.prb.org/resources/women-and-girls-at-risk-of-female-genital-mutilation-cutting-in-the-united-states/>.

## **Project at Duke**

After researching FGM/C from a medical, legal, and cultural lens, I developed an evidence-based program on cultural competency in FGM/C investigations. I have had the privilege to speak with asylum-seekers, child abuse professionals, lawyers, social workers, government officials, and organizations (U.S. End FGM/C Network, the American Professional Society on the Abuse of Children, and the Northeast Regional Children's Advocacy Center). I begin the training program with a case study of the Ivory Coast, highlighting the journey of a 60-year old woman living in the U.S. who claimed asylum due to her experience with FGM/C. She was cut at 7 years old without consent, bled for a month, and nearly died. We spoke through a translator.

Educational lectures are my primary approach towards professionals. At Duke, I presented a 75-minute lecture to the Duke Department of Physical Therapy and Occupational Therapy (200+ person crowd) for the Diversity Grand Rounds on April 6, 2022. Afterwards, I made a connection with Dr. Lisa Massa, a specialist in women's health physical therapy. She taught me about treatment for pelvic floor dysfunction and urinary incontinence, common complications of FGM/C. I have also lectured to smaller-sized Duke audiences, such as the Pelvic Health and Global Health club in the Doctor of Physical Therapy program on May 11, 2022. I included this Zoom recording in this submission. I have an upcoming lecture in May at the Church World Service (CWS) Durham, which provides refugee and immigration services.

While this project is not directly part of any Duke course, I enrolled in Religion 388S Muslim Ethics and Islamic Law with Professor Mohsen Kadivar to learn about the religious dimensions of FGM/C. There is a widespread misconception that FGM/C is a religious requirement. However, I learned there is no verse in the Quran or Sunnah that explicitly supports the practice. I also learned about the movement to delink FGM/C from Islam. Moreover, I built a web-based program to educate professionals across the globe ([www.fgmeducation.com](http://www.fgmeducation.com)), so far utilized by over 600 professionals in 23 countries according to Google Data analytics. My website has been distributed by organizations such as the Northeast Regional Children's Advocacy Center, the American Professional Society on the Abuse of Children, and the U.S. End FGM/C Network.

Currently, I am developing an educational brochure about FGM/C for refugee and immigrant families that could be distributed by services that may interact with immigrant populations. In the future, I hope to translate the brochure in the languages Amharic, Arabic, Bahasa, French, Somali, Swahili, and Tigrinya. I also hope to create original graphics for illiterate individuals. Importantly, through my FGM/C work, I became involved in editing and contributing to [\*Improving Physical and Mental Health Care for Those at Risk of, or Experiencing Human Trafficking & Exploitation: The Complete Toolkit\*](#) 2<sup>nd</sup> Edition for the International Centre for Missing and Exploited Children. My contributions focused on the diversity and sensitivity of working with children and families of different cultures. Lastly, I was a cultural competence evaluator and original tester of [Mumkin](#), an AI-driven app that generates stimulations for difficult conversations about FGM/C that now extends to gender-based violence, consent, good touch-bad touch and LGBTQI concerns.

## **Project Inspiration**

My mother, Dr. Jennifer Canter, is a child abuse pediatrician. Dr. Canter specializes in mechanisms of physical injury (bruises, burns, fractures, head injury, abdominal injury), neglect (medical neglect, medical child abuse, failure to thrive), fatalities, sexual abuse, and sexual assault. I have grown up watching her testify in court and listening to her cases, gaining an inside lens into the difficult realities faced by many children. My mother has taught me the importance of understanding all perspectives before passing judgment on a case.

I read an article about *United States v. Nagarwala* (2017), the first U.S. federal prosecution for FGM/C. I was immediately struck by the intersection of culture and crime. I spoke to my mother. I was surprised by the lack of education and resources surrounding the practice for both professionals and families. How do investigative professionals approach girls and women living with FGM/C and their families without understanding the culture behind the practice? How can access to educational resources about FGM/C (short-term and long-term health complications, dispelling myths, mental and physical health services) be increased for refugee and immigrant communities in the U.S.? These questions were the inklings that prompted my project.

## **Koonz Submission Attachments**

1. Primary submission: Zoom Recording
  - a. I recorded a Zoom lecture I had delivered last year to the Pelvic Health and Global Health Club in the Duke Doctor of Physical Therapy program on May 11, 2022.
  - b. <https://youtu.be/KvLg5L1deIU> – video link
2. Secondary attachments
  - a. Website: [www.fgmeducation.com](http://www.fgmeducation.com)
  - b. Listed contributor to *[Improving Physical and Mental Health Care for Those at Risk of, or Experiencing Human Trafficking & Exploitation: The Complete Toolkit, 2<sup>nd</sup> Edition](#)*, *International Centre for Missing and Exploited Children*
  - c. Draft of an educational brochure about FGM/C targeted towards practicing communities and immigrant and refugee populations
    - i. In the process of getting the brochure edited by experts in the field
    - ii. Goal: translate to the languages of Amharic, Arabic, Bahasa, French, Somali, Swahili, and Tigrinya. Distribute to a variety of offices (medical, legal, social services, mental health, etc.)
3. Recommendation Letter from Ms. Pamela Bivens, former Lead Diversity Educator of the Duke University Health System

## **Bibliography**

- “Female Genital Mutilation (FGM) Statistics.” UNICEF DATA. UNICEF, February 6, 2023.  
<https://data.unicef.org/topic/child-protection/female-genital-mutilation/>.
- “Female Genital Mutilation.” World Health Organization. World Health Organization, January 13, 2023.  
<https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>.
- “Female Genital Mutilation/Cutting (FGM/C).” Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, May 11, 2020.  
<https://www.cdc.gov/reproductivehealth/womensrh/female-genital-mutilation.html>.
- “Women and Girls at Risk of Female Genital Mutilation/Cutting in the United States.” PRB. Population Reference Bureau, February 15, 2016.  
<https://www.prb.org/resources/women-and-girls-at-risk-of-female-genital-mutilation-cutting-in-the-united-states/>.