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>> Hello everyone and thank you for joining us today. My name is Alicia Lord and I am with the National Council of Juvenile and Family Court Judges and we are helping facilitate today's webinar. Before we begin I will provide you with a brief overview for the webinar platform and how you can interact with the presenters. Just to the right of the presentation chat box you can answer any questions you have during the presentation. Just below chat is a files box with a PDF version of today's presentation. You can select the document and click download file and the new window will open confirming you wish to download. Once you confirm, your download will begin. If you have any technical or audio issues during the event, click on the help button at the top right of your screen and select troubleshooting. It will test your Internet and system to make sure everything is compatible. Thank you for your attention and I will now turn it over to the presenters.
>> Hello everyone. I am Katie Sullivan and I'm the acting director in the office of violence against women and all I am doing today is welcoming you and telling you a little bit about our presenters. Thank you all so much for joining us. Last Wednesday as you know on February 6 we recognized the international Day of zero tolerance for female genital mutilation. Here at the office on violence against women we are working to raise awareness about this violent crime and the danger to girls in our local community. Oftentimes people are surprised to learn that the CDC study which was in 2012 indicates there are estimates there are approximately 513,000 women and girls that are either victims of FGM/C or at risk of becoming victims, so this is a domestic issue. We are holding this interactive panel today because we want to inform you, our grantees and others interested parties, on how to be aware and look out and identify potential FGM/C survivors in your work and how to respond to the survivors of FGM/C. It's an opportunity for all of you to ask questions of our panelists and share what you are seeing in your own work. I'm excited for you all to hear from our three wonderful expert presenters. The presenters are on the forefront of fighting FGM in the United States. They have first-hand experience in recognizing FGM, assisting survivors, and working to prevent this terrible crime by raising awareness in their own communities. Without further ado let me introduce our three amazing OVW grantees who are our presenters today. First is KARAMAH Muslim lawyers for human rights. They are a nonprofit organization that provides training and technical assistance to organizations on addressing domestic violence in the Muslim community. KARAMAH work to educate people on FGM and to debunk the myth that Islam requires female genital mutilation or cutting. Rahmah is here and she will be acting as an expert at also one of our moderators today. Second and I feel a special connection to the Nisaa African Family Services because they hosted me when I was in Iowa recently. I was able to spend over an hour talking with Hibo and her team . It was absolutely a wonderful visit. They help to enlighten me tremendously on what the frontline is seeing and dealing with FGM/C. Nisaa provides culturally specific services for survivors of domestic assault and violence to African communities in Iowa. In their work they come face-to-face with the reality of FGM. So Hibo is here from Nisaa and lastly is Us Together from Ohio with Nadia and Ashwaq. They are a group of former refugees

helping to resettle and provide services to refugee populations in central Ohio. An important part of their work with refugees is providing victim services for victims of FGM and other violence against women primes. I also want to take a moment to thank my special friend Rahima who has at global women's issues office in the State Department. She has a very busy schedule as you can imagine but she will be presenting to you today to talk to you about what is happening globally and that will come at the very end of our presentation. Rahima is the acting director of what we call [Indiscernible] and she is a fabulous friend and so grateful she found the time to be here today. And finally I just want to say something personal very much from my heart. When I took over this office a little over a year ago to provide leadership to the office on violence against women, I came to my attention early on the issue of FGM and cutting and how prevalent it actually is in our country. I have been working over the last year and will continue to work very hard to raise awareness among our legislators here in Congress, and to see if possibly we can have some programming added to the violence against women act reauthorization. I will let you all know this is a true priority for me and I thank you all so much. I hope you learn a tremendous amount and this is a very interesting conversation. There is one of our legal team who will address you to explain exactly your work can intersect with FGM. Unfortunately right now the office on violence against women money, we cannot directly fund FGM services but we can fund it as it intersects with your work. We will have a little talk from our legal counsel and then get right into the substance. I thank you all so much and please enjoy this next hour.
>> Good afternoon. My name is Francis Cooke and I'm the attorney adviser at OVW. Before we get started I wanted to briefly say that for those of you who are OVW grantees that although the violence against women act funding must be used for victims of the four violent crimes, we hope this webinar will help you think about and plan for ways to provide appropriate services to survivors of FGM/C who are in your community who come to you for help. We also hope it will provide you with ways to think about incorporating these issues related to FGM/C into the services that you are providing with the victims of the four violent crimes who were also survivors of FGM/C or might be at risk for it. We wanted to let you know that if you in any point have questions about what is permissible with your grant funds, don't hesitate to reach out to us. We are more than happy to talk with you what is feasible as part of your grant award. Call your program manager and they can bring in the attorney adviser and we are happy to have that conversation with you. We want to support you in meeting the needs of survivors and factors in your community. I don't want to take up any more time so let's turn it over to the experts. Thank you so much.
>> Good afternoon. My name is Rahman Abdulaleem and I am the executive director of KARAMAH Muslim Women Lawyers for Human Rights. Before we get started on our FGM 101 I want to give a disclaimer that the opinions, findings, conclusions and recommendations expressed in my presentation along with the two following me are those of the authors and do not necessarily reflect the views of the Department of Justice or the office on violence against women.
>> What is FGM/C ? Our position is it's unnecessarily procedures that in any way partially or completely remove the external female genitalia for nonmedical reasons. This mostly as practice on girls and young women but I did see someone ask about trans women. We will help anybody who's being unnecessarily, partially or completely

removed of external female genitalia. It's also known as female genital cutting and some people like that terminology better because they feel that mutilation has a negative connotation. Some people like female circumcision because they equate it with male circumcision. We are covering all of those. When we say FGM or FGM/C we consider email genital mutilation, female genital cutting and female circumcision. You also hear the World Health Organization has identified several different types of FGM and they say it's a small nick or complete removal, we consider all types unnecessary. So any cutting, whether on Nick, we consider any cutting to female genitals is mutilation. We consider all cutting as wrong and a violation of human rights.
>> On your screen you see there are multiple health outcomes from FGM. The immediate one is the shock that happens when women and girls realize it's happening to them. We want to point out possible death. You should keep in mind it's not being told in any medical environment. No one's medical training so it's possible for things to go wrong. It has led to death. Also logical complications. There could be urinary and vaginal issues. Also mental health disorders which I'm sure you can completely understand the anxiety and depression and definitely PTSD after this occurs. Also sexual dysfunction. Us Together and Nisaa African Family Services will talk about the issues that come up after FGM. They talk with people on the ground with what's happening and can give you more examples. And then this is coming up a lot, when people don't realize what is going on and medical professionals are like what happened to her and don't know how to respond to people who are survivors of FGM.
>> Why does this occur? It occurs for a number of different reasons. It is our culture or a right of passage. If you have it you are pure or clean. It goes back to some religious justification that we have all heard that it probably goes back to Adam and Eve. For some reason women have hypersexuality that need to be curbed through FGM. And when that particular line of reasoning is not working, then they always say it's hygienic and it's a cleaner way to live by having FGM.
>> Here are some common myths that we often hear from people who are supportive of FGM. We hear if you get this small rite of passage it will prevent urinary tract infections. It removes bacteria around the clitoris. The third one is a new one that's coming up a lot in religious justifications that for your significant other who is performing oral sex on you, you are helping prevent them from getting HPV virus transmitted to them and giving oral cancer. So you are helping someone else avoiding oral cancer by being mutilated. And then the last one as you get older and things start loosening up so the other myth is if you have FGM you will have tightened skin around the clitoris and your sex life will be better . So these are the myths that we often hear out in the front lines about what was told to them about why FGM is needed.
>> I think a lot of people, and I think Acting Director Katie Sullivan for bringing focus to this in her opening remarks, because people for some reason think this is an international issue and doesn't happen in the U.S. so why do we care? I'm so glad she mentioned this because it happens in the U.S. is something we should care about. The fact that over half 1 million girls and women are at risk or have experience FGM right here in the United States is a huge issue. Especially in light of the fact that the U.S. has had a federal law for over 20 years banning the practice. So the fact we still have half 1 million girls at risk should cause everyone to sit up and ask why are people still at risk if it's illegal? And also 26 states on top of the

federal law have banned FGM. Is not something that you can say only this immigrant group from this country does it or that is not my culture. It goes across cultural, social economic and religious groups. In the D.C. Metro area there are 50,000 girls at risk for FGM just in the D.C. area.
>> It's important to think there a half 1 million women and girls at risk here or have suffered from FGM but there are nearly 200 million girls around the world that have suffered from this. This is the removal of healthy sexual organs for no reason. It is really violating the woman's body for no reason. It threatens the lives of girls and women and violates their human rights to life, liberty and security of their bodies.
>> It's important for everyone to understand and I'm setting up the framework of what we are dealing with. FGM is not something is just international and doesn't really affect us here in the U.S.. Or I will go help someone over in another part of the world. No, there are women and girls in the U.S. that need help with this issue. I will now turn it over to Us Together to give you the real on the ground what is happening in the U.S.
>> Go ahead, Us Together.
>> Thank you very much. This is Nadia Kasvin cofounder and director of Us Together. It was founded in 2003 by former refugees. We are currently a statewide organization with offices in Columbus, Cleveland and Toledo and more than 30 different programs providing services to refugees and immigrants.
>> On this slide you see all the programs that we provide and as we started our first program, we started working very closely to our refugees that were coming from various African countries, specifically from Somalia. So from 2003 through 2005, we experienced a significant secondary migration of the Somali population to the Columbia's area. We currently have the second biggest Somali population outside of Africa with anywhere between 50,000 to 75,000 Somali refugees and former refugees residing in the central Ohio area. As we started working with refugees from Africa, we encountered the problem of FGM/C and did a lot of learning about the issue. We conducted a lot of community outreach communication, especially as we were referring our refugees to medical providers, and we realized that our medical providers were absolutely not prepared to deal with this issue and the drastic issues with their patients. As a result of our outreach, Somali women leaders emerged in the community. They themselves did a lot of education of service providers at the time and even started the Somali women and children alliance. 10 years later in 2013 as our organization started providing more in-depth services in working with survivors of torture, gender-based violence, and sexual assault, as we started providing the services to various programs and funding sources, we realized this issue is still very much alive in communities that we serve. We really need to continue doing the work of educating community and service providers. So I want to pass it over to Ashwaq Noor, our person who does a lot of work in our community. Thank you.
>> Hello, my name is Ashwaq Noor. I was born in Somalia and came here as a child. I graduated from Ohio State with a bachelors in international studies. I have been working for this agency for 2 years now. In June 2017 I started working as a gender-based case manager and my main focus is on African women. I have been working on this program for 15 months. The clients that I work with are from Burgundy, Congo, Meridia and Somalia.
>> During my outreach and working with the clients I learn a lot from the

communities I engaged. It was heartbreaking thing to listen to stories of trauma. The more I work with survivors of gender-based violence, the more I was able to provide the research and access to the services that's most important to them. It was important to my clients that I am Somali since it helps overcome language and cultural barriers. It took months for some clients to open up and trust me. Some clients agreed to share their stories, but the fear was still there once they realized they had to sign forms. Many declined in fear of their children facing backlash or worse. Many of the clients have PTSD, so it was important to be patient and to listen and provide resources to build connections. I wanted them to know they were safe with me. During one of my outreach visits, a man shared his disapproval and told me not to get involved in my work and I was too Americanized to understand the culture and reasons behind the practice of FGM. This encounter stressed me out and made me feel unsafe, but it also pushed me to learn more in order to better serve my clients. I am not sure my clients knew the information was confidential. Because of the stigma, it was hard at times to [Indiscernible] so I reached out to my old patients from the pharmacy I used to work at. I had to show the clients that their stories were safe with me and I had services for them. I want to share a heartbreaking story that affected me deeply. This client is 38 years old and faced a lot of hardships. Her first experience of FGM was at age 7 and then later as a teenager. The type of FGM she had is called [Indiscernible] in Somali which means she had her clitoris removed . This is known as type 2 FGM. She is the oldest among her siblings and started working as a maid. While working, she was raped by her boss. She told her mother who immediately took her to a small town where no one knew her and forced her to undergo type three FGM where they filled her vaginal opening. Her mother said if she doesn't do this she will be shamed and no one will marry her. The client had a child in 2009 in Columbus, Ohio where she was in labor for 36 hours. The doctors did not know how to appropriately help her. They were not prepared to support an FGM survivor giving birth. After the labor, she had to get surgery right away. The doctors told her she can't have normal labor for the next six years. It would be too dangerous for her health. The client said if she had the opportunity to sue the person who did it, she would. That's the experience I wanted to share with you as a case manager. I will now turn it over. Thank you.
>> Hello I am Hibo Jama and I'm with Nisaa African Family Services. We are one of the culturally specific programs in the state of Iowa that's working with victims of sexual assault, human trafficking, and stalking .
>> We have been doing this work since 2011. In 2015 we got a 501(c) and became an organization. Our work that we were doing in domestic violence and sexual assault, we have encountered women who went through genital cutting. We provide support group monthly and weekly in our office and during that time they interact and talk about female genital cutting.
>> When we talk about female genital cutting and FGM, what are these? They are victims of cutting and feel it safe to call it FDC instead of calling it female genital cutting because they feel female genital mutilation is something they are looked down on and it demeans them. They feel inferior than the other women. So it's safer to call it FDC then FGM if you ask a victim underwent FDC. FDC is partial or total removal of the clitoris and it has a cultural and traditional route and has been passed from generation to generation. It's a tradition that has been inherited. When we talk about this, sometimes we have to be conscious when we talked to victims

of female genital cutting, you need to approach it carefully because it's a tradition or practice. It's mainly practiced in Africa and other areas like the Middle East and Asia.
>> What does the community say when you talk about FDC? They think it's an act of purification or cleansing and ensuring marriage ability. Also improving fertility and has social pressure to conform with cultural traditions. When does this happen? It usually happens between the ages of five and 10 years old. Most African immigrants, it's mostly a global issue but [Indiscernible] they rush into doing the practice and [Indiscernible]. So you will see a three-month-old, so before they get to you in the United States they might have already undergone FDC. The views of the survivors, as we continue working with them as we discovered at the consultation it was hard for them to even accept that female genital cutting was not allowed. It was very hard because they said it's my culture and you can't interfere with that. But they saw the act from health risks to be able to say now what you are talking about. They went to talk to an imam in Iowa and we were discussing about FDC and he said it is [Indiscernible] and he said no and after we talked to him he said okay so education is more important before criminalization. So we mentioned survivors who went through the cutting and then also [Indiscernible] who are at risk to go through female genital cutting and those are the little girls who were born in the United States. It is culture that is passed on and we don't want mothers to go to jail because they did what they were brought up doing. What I went through was horrible and I don't want my siblings to go through the same thing. I also would like to share that in 2018 we had a survivor who was referred to us. She was newly married and came to the United States. She was never able to have intimacy with her husband because she went through female genital cutting. There's a different degree of it, and the 3rd degree infibulation [Indiscernible] so some go through healthcare to get corrections done. This woman was married for two or three months and her husband brought her to us and we looked for a doctor to do this. We had to go to all these different OB/GYN's to do this and we could not find any until last week one of the doctors who has a relationship with our organization was able to contract another doctor who practiced in Cedar Rapids. So she has to go through that but technically the medical providers in the United States are not well prepared to receive and attend to victims of female genital cutting. As far as effective solutions, we have bills in the house where they have criminalized female genital cutting and we have been having dialogue where we say before you criminalize, let's educate. Do a lot of education and outreach. And approach this through a health issue. It will be taken in a better way than saying we will criminalize what you have been doing because sometimes we associate this practice with the celebration of [Indiscernible] traditional celebrations like Thanksgiving. This community can value the FDC the same way and they celebrate with the feast and do so many things. So we need to approach it in a way that gives more tools. So outreach and education and healthcare providers in the immigrant communities can help and not to instill fear, but the best way to achieve lasting changes towards FDC is through grassroots community and organization.
>> This is that the claim or and here is our grant which is 2017-KS-AX-0010 by the office of violence against women, U.S. Department of Justice and the opinions, findings, conclusions and recommendations expressed in the publication, program exhibition are those of the authors and do not necessarily reflect on the views of

the Department of Justice, violence against women. For more information we have our website which is Nissa-afs.org. Thank you very much.
>> Thank you, Nisaa African Family Services and Us Together. That was excellent information. We know it was a quick overview because they could have each given you an hours worth of information. We will open up for questions now and I have some preliminary questions to get started and if anyone in the audience wants to participate you can write your questions in the chat box and I will read them to the presenters to get their feedback. I wanted to start with Us Together. You were talking and you discussed there needs to be unbiased and open dialogue with survivors. Could you give us some examples of what you would consider unbiased and open dialogue? I know me personally, I would feel like what do I need to do to help you but it might not be the best way to approach a survivor. If you could give us examples that would be great.
>> I meant to say was my clients felt comfortable working with me because yes I am Somali, and being experienced with trauma, at the same time I was there to help them when it comes to standing up for them. Most of the ladies that I worked with for single mothers who did not have any male figure in the house to support them. They could not even sign their names. I connected them with an OB/GYN. I felt that even though I work with these countries, just because I knew the language, it was easy for me to get more Somali clients enrolled in than any other community members.
>> Okay. Hibo, you mentioned on your slide about the idea that FDC improves fertility. Can you give us more explanation on that?
>> Yes, that is the perception that the community has when they do female genital cutting. They say it enhances fertility. That is the opposite. So that's one of the things we can include in the myths. They want to girl to go through with it.
>> I also know you have worked with some survivors in peer support groups. Can you tell us more about that?
>> The peer support group meets every Friday. They come to the office and they learn how to sew and that is time to meet and talk about female genital cutting. That was great for us to even start talking about the issue because sexual assault and domestic violence in African communities, they see it as a family issue. So they are ready have a shell and you are not supposed to talk about it. This is a way where we bring the victims in in a nonthreatening way so they learn how to sew. We have a discussion and we have them get involved and talk about how it happens in Somali way back and sometimes they would say in the Sudan it was happening in the Congo and other areas. And when we talk about human genital cutting, it's not just the cutting itself but also the communities [Indiscernible] sexual enhancements where they call it push polling so communities from Uganda and Rwanda and the Congo practice that. So instead of cutting the clitoris they will be pulling it. So they enhance and. We feel like that is also, because a lot of community say after they come from the push polling they will not want to have sex. When they practice female genital cutting it is controlling the sexuality of the girl so she can have sex before marriage.
>> Okay.
>> I see in the chat box we have a couple of questions. I think this question could probably be answered by either Us Together or Nisaa African Family Services. To you fine women are as resistant to ending the practice as males due to historical traditions?

>> Yes. Right now, the Somali men are joining to stop this cultural behavior that was happening for a long time. We have women who are going to get surgery again because Hibo mentioned especially in the Somali community where they are trying to stop this cultural thing that has been happening for centuries.
>> Someone asked --
>> Go ahead.
>> Some men are looking for girls who never went through female genital cutting. That is a positive way where that would prevent mothers from doing it. So they are not Mary and the girls who went through the female genital cutting. They are looking for girls who have not been cut. I think that is a positive way to stop it.
>> I have never thought of that. The reversal, now all of a sudden it's not attractive for marriage prospects that have had FDC. I see a couple of questions from Los Angeles, and one of the questions is do you find survivors and/or families are more receptive to education that comes from people who share the same background or identity and I think Us Together addressed that with how she was able to connect with the Somali population but if you can give us more about that that would be great.
>> I can answer that. The community felt because most are African immigrants have language barriers, so they connect more easily with people that look like them or speak their language. And then they will open up. And they have fear because they are in a new country and don't understand the system and they don't know where their information will be taken. Sometimes they are fearful to talk to people out in the community.
>> This is Nadia and I want to add that in addition to support groups that we have conducted with victims of crime, we conducted a series of focus groups in the community. In addition to women coming to the focus groups and sharing their experiences, we also ask them to share their thoughts on what would be the best way to address this issue in the community. And that was very important for developing our focus and approaches. We didn't just rely on our experiences or experiences of our staff. We asked the community, and it's always very important and we try to do it for all programs to get the best approaches from the community.
>> Thank you. A sea question from Michelle and she says it might be too legal but whether American doctors performing these procedures on minor patients had heard these were efforts to prosecute people to perform these procedures on minor patients? Had their efforts to stop it in Missouri? That goes to my initial slide about it being a federal law and 26 states having laws. It still considered illegal to do FGM. So a doctor can't say it's a medical procedure unless they are doing the procedure for a medical reason. When we talk about FGM we are talking about any cutting for a nonmedical reason. If there's medical reason for the cutting then it's not FGM. If there is no medical reason for the cutting, we consider that FGM. I see a question from Tonya that now that FGM is on the radar and is seen as a practice to and are we stigmatizing people who have been victimized by FGM or is there growing bias against those who have experienced it? Either Us Together or Nisaa African Family Services?
>> I have another advocate from Nisaa who would like to answer the question.
>> Thank you. This is a sensitive matter but when it comes to FGM, when we have dialogue between legislators and other people and how they talk about FGM and if GCM you have a sense of bias and [Indiscernible] and we need to stop this and that so

way to diminish and those of us who are fighting for this and also victims of female genital cutting so it puts us at a level so it needs to stop. We all want this to stop. It happens and we are advocating for people to not [Indiscernible] with our support group. When we talked to the young people we say we don't want it to happen to communities and we don't want to put the parents into jail.
>> Thank you very much for that. I see another question. We offer culturally specific services in Michigan. How can we support the issue here and where can we start in Michigan? So how can they start in Michigan?
>> We started with, this is Us Together we started with the school system and talking with school nurses and practitioners. That was to begin the dialogue. So many people in America are unfamiliar with this practice.
>> Okay. Hibo do you have something else to contribute?
>> I'm good.
>> Okay.
>> Another thing that came up as I am listening to you talk, is how can we educate healthcare providers? It appears that is a time when a lot of people finally are made aware of the issue is when they have a health issue. What is the best way to educate medical providers? If Us Together can start and then Hibo can finish.
>> We have been very successful in going to the medical community. We are partners with one of our biggest medical systems at Ohio State University Medical Center. The medical providers, doctors, nurses and social workers have to fulfill certain obligations so we work with their educational departments and offer programming for them. We were able to work together with the medical center to package it in a way that we provide them information, but they also benefit from the education. That has been very successful. We usually do to to 3 presentations each year which are very well attended. They also offer it to all the medical providers to listen to on their own continuing education. And recently we were approached also by medical systems to do similar training for doctors. We are very excited about the opportunity. We will see several doctors here and there doing presentations, but doctors are notoriously difficult to get into continuing education classes. So now we are working with medical practices to do specific training just for doctors. We are talking about medical implications to victims of sexual assault and FGM/C. So it's something they benefit from our information and understanding.
>> Thank you so much for that. I see some questions like can FGM be potentially fatal. The yes or no answer is yes it can be potentially fatal. It's based on the fact it is very rarely done by medical professionals. You can imagine any type of surgery that's being done without a medical professional, there is no license or liability insurance so anything can be fatal. So yes FGM or FGM/C can be potentially fatal. There also was a question has FGM been reported in Native American communities? I would never consider myself an expert on Native American communities and I'm not sure if Us Together or if Nisaa African Family Services have ever addressed that issue?
>> No, not for Us Together.
>> Not for Nisaa either. I wanted to address something about the medical issue. We want to know if curriculum can be added to medical school so doctors are automatically prepared with female genital cutting victims because a lot of FGM/C victims are in the United States. And also we advocate for providing healthcare benefits for the survivors of FGC. If you are pregnant or something you might not

get health insurance so if you get complications are related to female genital cutting developed the woman would not be able to go to the doctor because she doesn't have insurance. So having insurance for her then the doctors and nurses are prepared of this population which is an added vantage.
>> I also want to add that I agree with Hibo that most clients complain for example most Somali women that I run into, almost all of them went through a C-section. Back home the doctors understood exactly what was happening so last-minute when their water would break they don't go right away because they are scared to get a C-section. Because no one knows how to handle it here. I wish they knew how to better handle FGM survivors. I agree with Hibo that it would be great for doctors to know exactly how to handle these victims because in the next 10 or 20 years we will still have women who went through FGM, whether they are in the states or in Canada.
>> I think both of you. I think that's an excellent idea of educating doctors. That is the front lines of helping women once they have survived. We are not just trying to stop it from happening to other people but want to be supportive of survivors and what they've gone through. So educating doctors so you are not embarrassed when you go to the doctor and they don't say what in the world happened to you? They know how to appropriately discuss with you what has happened to you. I see a few other questions. I saw a question that touched on politics that we won't touch on for this webinar. Acting Director Katie Sullivan said she wants to add FGM to follow -- VAWA so that's where we stopped for the political discussion and then for research have you heard of any African-American faith-based communities? I haven't directly heard of any but I would say you would's be surprised where FGM is being practiced. Some people think they are African-American and they have been in this country for centuries and they don't have any issue. You would be surprised. I was shocked when I was told about a community in West Virginia, it was a Christian community who had been practicing for centuries and I thought West Virginia? In my mind, I was thinking they must be refugees and they said no. People in West Virginia have been practicing this as part of their Christian community for centuries. So it's one of those things where it's not really talked about and is not until survivors get together in support groups that we hear about what's going on. I now want to turn it over because I think everyone was interactive and we say on the last slide if anyone has more questions, feel free to email me, Us Together, or Nisaa African Family Services on their website or contact the Department of Justice on OVW grantees or contact your grant manager and if you're not a grantee you can contact Emma and she left her information there. And now I will turn it over to Acting Director of the Department of State office of global women issues, Rahima who wants to give us overview from the global perspective.
>> Thank you, Rahmah . This has been an extraordinary conversation. Good afternoon everyone. Thank you Katie for your leadership in organizing this very important discussion today. My name is Rahima Kandahari and I'm the acting director in the office of global women's issue in the secretary's office and we directly report to the Secretary of State. My office leads the State Department efforts to advance the rights of women and girls in diplomacy, partnership programs and is part of the work in human rights and empowered women and girls the Department of State is permitted to FGM/C and its consequences for survivors , the office of my efforts focus on raising awareness about its prevalence and social norms that drive this practice and

promoting legal framework criminalizing this form of violence through programs reporting through diplomatic engagement across the globe. I'm pleased to participate in this discussion just one week after commemorating the international day of zero-tolerance day which was last week on February 6. As you all know the State Department usually recognizes this day and we did issue a statement noting that ending this practice requires a response in leadership from policymakers, health practitioners and faith-based organizations and communities which is incredibly important for faith-based communities to participate and end this engagement in the future. We know the work of local and community-based organizations are key. We cannot understate our appreciation for the role of religious leaders, and those engaged and in touch with your community. Your work is critical to ensuring the survivors have access to the resources they need. The solution to ending FGM/C are identified and implemented at the local level so they can be successful and enduring. Sustaining that effort is incredibly important because it should not be a one-off effort. Use the strategy to respond to gender-based violence globally and it recognizes FGM/C as a form of gender-based violence. It makes clear that FGM/C is a harmful practice that requires response that includes community led responses, change in social norms and a political commitment. We recognize the change in social norms will be very difficult to overcome. We implemented this strategy at the Department of State through programming targeting ending FGM/C including in seven countries in Africa and of course one country in south central Asia. We also use the voices in programs in emergency response mechanisms that can provide rapid response and assistance to those facing the threat of FGM/C. And in 2018 the Department of State contributed more than $5 million to help end this heinous practice. We are proud to work in partnership with agencies across the U.S. government including our colleagues at the Department of Justice. To speak with one voice as the U.S. government and our commitment to ending the practice of FGM/C. The message is very simple for all of us. We all know this. No girls should have to endure the effects of FGM/C. No girls should be deprived of her dignity and self-worth. And girls reserve the right to live up to their greatest potential. I do thank you for this vibrant discussion. We learned a lot from this discussion today. I would like to turn to Katie and thank you so much Katie and we are always here to stand by you and support your efforts in this space. Katie?
>> Thank you so much. Thank you my friend, Rahima . Thank you so much Rahmah , Hibo, Nadia, and Ashwaq. I want to thank everyone who joined us on the webinar. It such an important topic and your questions were thoughtful. It's very helpful to me sitting here and looking at the questions, the kind of information you all are looking for so it helps in for me on next steps. I want to address one thing that came up repeatedly and that is how do we get to some of our healthcare providers. I want to let you know I have had multiple meetings with Health and Human Services looking at particularly herself who provides a tremendous amount of funding for federally funded clinics around the country. And talking to them about how they can use some funds to implement some training for PAs, nurses, doctors on the signs of FGM. And more importantly as I think it was Rahmah brought up, how do they approach the individual and help the survivor? I want to tell you all thank you so much and it's just the tip of the conversation. I think my friends at the state again and we look forward to continuing this important conversation on this issue. Thank you all and I think we will sign off now. Thank you so much.

>> [Event Concluded]