

# **Recommendations of the New York City Female Genital Mutilation and Cutting Advisory Committee**

April 2025



**Mayor's Office to  
End Domestic and  
Gender-Based Violence**

## Acknowledgements

The Mayor's Office to End Domestic and Gender-Based Violence (ENDGBV) would like to recognize and thank the survivors and members of communities impacted by female genital mutilation and cutting (FGM/C) whose stories and feedback impacted the recommendations in this report.

ENDGBV would like to thank members of the Female Genital Mutilation and Cutting Advisory Committee for the time, knowledge, and resources they dedicated to the development of the recommendations and report. ENDGBV would also like to thank Sauti Yetu Center for African Women, African Services Committee, and Arab American Family Support Center for their time and partnership in conducting listening sessions with survivors and members of communities impacted by FGM/C.

The primary authors of this report are Arrizu Sirjani and Melissa Paquette.

### Copyright

© 2025 Mayor's Office to End Domestic and Gender-Based Violence

All rights reserved. No part of this publication may be produced or transmitted in any form or by any means, electronic or mechanical, including photocopying recording or any information storage and retrieval system, without the prior written permission of the publisher. For permissions, contact [MPaquette@cityhall.nyc.gov](mailto:MPaquette@cityhall.nyc.gov).

# Table of Contents

Executive Summary .....	4
Overview of Advisory Committee Recommendations .....	4
Background .....	6
Female Genital Mutilation and Cutting .....	6
The New York City Female Genital Mutilation and Cutting Advisory Committee .....	8
FGM/C Advisory Committee Process .....	9
Landscape Analysis .....	10
System Partner Listening Sessions .....	11
Survivor and Community Member Listening Sessions .....	11
Key Findings .....	12
A. Trainings & Guidelines .....	13
B. Culturally Responsive Public Information .....	13
C. Data Collection in New York City .....	13
D. City Agency Coordination .....	14
E. Additional Funding .....	14
Recommendations .....	14
A. Training and Guidelines .....	14
B. Culturally Responsive Public Information .....	16
C. Improving Data Collection in New York City .....	17
D. Providing opportunities for input and recommendations from stakeholders .....	18
E. Improving Coordination of City Agencies and Offices .....	19
Conclusion .....	20
References .....	21
Appendix A: Listening Session Partners and Process .....	23
Appendix B: Landscape Analysis and Listening Session Findings .....	25

## Executive Summary

Female Genital Mutilation and Cutting (FGM/C) is a form of gender-based violence recognized internationally and by the United States as a public health and human rights issue. While FGM/C is often thought of solely impacting those abroad, FGM/C impacts New York City-based women, girls, intersex people, nonbinary and transmasculine youth and adults who deserve bodily autonomy and access to support and resources. Local Law 109 of 2021 established the New York City Female Genital Mutilation and Cutting Advisory Committee (“Advisory Committee”) to make recommendations over a two-year period to engage communities and agencies in decreasing, and eventually eliminating, the practice of FGM/C in New York City and identify supportive community-based and culturally-responsive resources for people who have undergone FGM/C. The Advisory Committee is chaired by the Mayor’s Office to End Domestic and Gender-Based Violence (ENDGBV) and its members include survivors of FGM/C and representatives from city government, health care, law enforcement, education, and nonprofits.

To develop recommendations, the Advisory Committee conducted a landscape analysis and held listening sessions with system partners, survivors, and community members. The Advisory Committee recommendations strive to center the voices of survivors, impacted communities, and stakeholders working to support them.

## Overview of Advisory Committee Recommendations

### A. Trainings and Guidelines (see pages 14 – 16)

The Advisory Committee recommends increasing access to general and tailored trainings for law enforcement, educators, nonprofits, health care providers, and city government in two ways: 1) incorporating general information about FGM/C into existing trainings for professionals to increase broad awareness across industries; and 2) developing tailored, standalone FGM/C trainings to provide professionals with more in-depth information about the practice and how to best support survivors and impacted communities they may encounter in their work. To accompany these trainings, the Advisory Committee also recommends developing written guidelines or resources tailored for specific industries to help reinforce training principles and serve as quick reference guides for professionals to help support individuals and communities impacted by FGM/C.

### B. Culturally Responsive Public Information (see pages 16 – 17)

The Advisory Committee recommends partnering with CBOs, community leaders, survivors, and community members to help prevent and respond to FGM/C in New York City by: 1) developing

written best practices to create culturally responsive, survivor centered, trauma informed public information and effective outreach for communities impacted by FGM/C in New York City; 2) uplifting these best practices and existing materials to design community-facing materials; and 3) developing a comprehensive resource guide on available FGM/C-related resources in New York City for providers and community members.

C. Improving Data Collection in New York City (see pages 17 – 18)

The Advisory Committee recommends improving the collection of data on FGM/C in New York City by working across industries to create guidelines for FGM/C data collection and its usage that safeguard the privacy of individuals and ensure intentional, quality data collection. The Advisory Committee recommends city government, health care providers, and nonprofits use these guidelines to integrate data collection on FGM/C into direct services where appropriate. The Advisory Committee recommends these efforts be accompanied by an assessment of other methods to collect and share data on FGM/C to improve services for and understanding of those impacted by the practice.

D. Providing Opportunities for Input and Recommendations from Stakeholders (see pages 18 - 19)

The Advisory Committee recommends identifying and creating opportunities to engage survivors of FGM/C, community members, credible messengers, and other stakeholders with community-, service-, and industry-specific expertise throughout the implementation process of the recommendations in this report. As the City continues its work to address FGM/C, the Advisory Committee recommends the City proactively identify new touchpoints and opportunities for meaningful stakeholder engagement and alignment of work across industries.

E. Improving Coordination of City Agencies and Offices (see page 19)

Many of the recommendations in this report require collaboration and coordination across city government to establish cohesive and comprehensive approaches to addressing FGM/C in New York City. The Advisory Committee recommends ENDGBV serve in a coordinating role to aid city agencies and offices in their implementation of the recommendations through convening reoccurring meetings, providing technical assistance, and connecting the work across industries as needed.

# Background

## Female Genital Mutilation and Cutting

Female Genital Mutilation and Cutting (FGM/C)<sup>1</sup> is an international human rights and public health issue that impacts women, girls, intersex people, nonbinary and transmasculine youth and adults in New York City and around the world. The practice of FGM/C refers to “all procedures that involve the partial or total removal of the female [assigned] external genitalia, or other injury to the female [assigned] genital organs for non-medical reasons” (World Health Organization, 2024).<sup>2</sup> Like other forms of gender-based violence, FGM/C is the result of a combination of societal norms, cultural beliefs, and traditions that vary across families, communities, and regions. FGM/C is most commonly performed by traditional practitioners on individuals between birth and adolescence (World Health Organization, 2024). Less frequently, FGM/C is carried out by health care providers and on individuals in adulthood (World Health Organization, 2024). FGM/C may be performed with or without the consent or knowledge of the individual or their immediate family. Those who undergo the practice can experience immediate physical complications as well as lasting physical, mental, and sexual health complications. Immediate complications can include extreme pain, extreme bleeding, infections, damage to surrounding genital tissue or organs, problems with urination, and death (Samuel, Muteshi, and Njue 2016, 5). Chronic complications can include urinary tract infections, pain during intercourse, menstrual problems, increased risk of childbirth complications, need for surgical interventions, and depression (Samuel, Muteshi, and Njue 2016, 6-9).

The United Nations Children’s Fund (UNICEF) estimates that over 230 million women and girls alive today have undergone some form of FGM/C in 31 countries in Africa and Asia where the practice is most prevalent (UNICEF 2024). However, the number and diversity of people impacted by FGM/C are estimated to be greater. End FGM European Network, End FGM/C US Network, and Equality Now report that FGM/C has been documented in both non-immigrant and diaspora communities in 92 countries across 6 continents, including the United States (End FGM European Network et al. 2020, 11).

In the United States, children and adults have undergone or been impacted by FGM/C despite

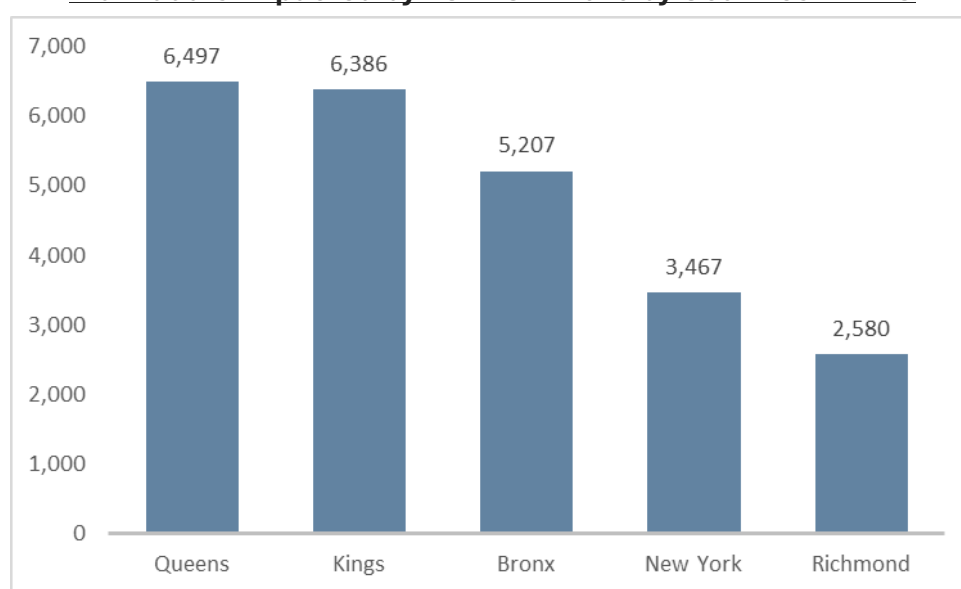
---

<sup>1</sup> There are many terms used to describe the practice of FGM/C, including ‘female circumcision’, ‘female genital cutting’, and other terms used by different communities and cultures. The term FGM/C is used in this report for consistency with Local Law 109 of 2021 that established the NYC FGM/C Advisory Committee.

<sup>2</sup> The Advisory Committee used a modified version of the WHO’s definition of FGM/C to be inclusive of transmasculine and nonbinary individuals who are also impacted by FGM/C.

federal and state laws that prohibit the practice.<sup>3</sup> However, there are no national surveys or direct estimates of individuals impacted by FGM/C or at risk of undergoing the practice here or while traveling abroad. Thus, the prevalence rate of FGM/C in the U.S is understood through indirect estimates, which can vary.<sup>4</sup> The most recent study, conducted by Sean Callaghan in partnership with the AHA Foundation in 2023, estimated that, in 2019, 421,000 women and girls have been impacted by FGM/C in the US and 47,090 individuals New York – Newark – New Jersey (Callaghan 2023, 5, 75).<sup>5</sup> The study included estimates on the number of individuals impacted by FGM/C in each county of NYC in 2019 – 6,497 in Queens; 6,386 in Kings; 5,207 in Bronx; 3,467 in New York; and 2,580 in Richmond (Callaghan 2023, 75).

**Individuals Impacted by FGM/C in 2019 by Counties in NYC**



<sup>3</sup> FGM/C is prohibited in the United States by federal and 41 state laws. In 1996, the U.S. Congress first passed legislation prohibiting the practice of FGM/C (18 U.S.C. § 116). In New York State, it is against the law for a individual to conduct FGM/C and “a parent, guardian or other person legally responsible and charged with the care or custody of a child less than eighteen years old, he or she knowingly consents to the circumcision, excision or infibulation of whole or part of such child`s labia majora or labia minora or clitoris” (N.Y. Penal Law §130.85).

<sup>4</sup> The Center for Disease Control (CDC) estimated that 513,000 women and girls have undergone or are at risk of undergoing female genital mutilation and cutting in the United States in 2012 (Goldberg et al. 2016, 4). The estimate was determined “by applying country-specific prevalence of FGM/C to the estimated number of women and girls living in the United States who were born in that country or who lived with a parent born in that country” (Goldberg et al. 2016, 1). Through similar methodologies, the Population Reference Bureau (PRB) estimated 65,893 women and girls living in New York – Newark – Jersey City metropolitan area were potentially at risk for FGM/C in 2013 – making it the metropolitan area with the highest concentration of people impacted by FGM/C in the Unites States (Mather and Feldman-Jacobs 2016).

<sup>5</sup> Out of the estimated 421,000 women and girls impacted by FGM/C in the US in 2019, Callaghan estimated 384,714 were already living with FGM/C and 30,956 girls remained at risk (Callaghan 2023, 16). These two numbers do not include the 5,500 women and girls from the Dawoodi Bohra community estimated to be impacted by FGM/C (Callaghan 2023, 16). Callaghan’s estimate combines these three numbers to determine the overall estimate of 421,000.

These estimates provide an incomplete understanding of the practice of FGM/C as they are based on immigration data of women and girls residing in the U.S. with ties to countries with the highest prevalence of FGM/C. The estimates do not take into account that FGM/C can also impact intersex, transmasculine and non-binary individuals nor that FGM/C is reported to be practiced in the United States by non-immigrant communities and among demographic categories not traditionally considered to practice FGM/C.<sup>6</sup>

Without inclusive data on the prevalence of FGM/C in New York City, anecdotal evidence and initiatives like *The Women’s Health Needs Study among Women from Countries with High Prevalence of Female Genital Mutilation Living in the United States: Design, Methods, and Participant Characteristics* provide some insights into the practice and the impacts on survivors and those at risk who reside within New York City (Besera et al.). Providers across sectors and systems are providing services and resources to individuals in New York City impacted by FGM/C. These individuals include people who have undergone FGM/C as well as people who are concerned that they or someone they know are at risk of undergoing FGM/C in New York City or abroad. Accounts from service providers and survivors indicate that young people undergo FGM/C in New York City or during trips to visit family members abroad, a practice often referred to as “vacation cutting” (Sanctuary for Families 2013).<sup>7 8</sup>

Survivors and individuals impacted by FGM/C in New York City deserve to have bodily autonomy and access to supports and resources. FGM/C is a complex and intersectional issue that requires a comprehensive, cross-sectional, culturally-attuned, trauma-informed approach to address it. This Advisory Committee is the first of its kind in City of New York to address FGM/C.

## The New York City Female Genital Mutilation and Cutting Advisory Committee

In 2021, the New York City Female Genital Mutilation and Cutting Advisory Committee (“Advisory Committee”) was established by Local Law 109 of 2021. The Advisory Committee was formed to create a holistic, coordinated approach to identifying, reporting, preventing, and responding to FGM/C in New York City. The Advisory Committee is chaired by the Mayor’s Office to End Domestic and Gender-Based Violence (ENDGBV), and its members include survivors of FGM/C and

---

<sup>6</sup> This paragraph is sourced from various reports and conversations with providers and Advisory Committee members.

<sup>7</sup> In addition to the sources cited, the content of this paragraph is also sourced from conversations with providers and Advisory Committee members.

<sup>8</sup> The term “vacation cutting” is used to describe the practice of children undergoing FGM/C while visiting their family’s country of origin. Sometimes the trips are planned for the child(ren) to undergo FGM/C, while other times it happens to occur during their visit, though it may not be the purpose of the trip.



representatives from public safety, health care, child welfare, domestic and gender-based violence, education, and immigration sectors.

The goal of the Advisory Committee is to make recommendations to decrease and eliminate the practice of FGM/C in New York City and identify supportive community-based and culturally responsive resources for people impacted by FGM/C. To achieve this, the Advisory Committee focused their recommendations on five legislated objectives:

1. Enhancing access to guidelines and trainings to assist educators, law enforcement, city agencies,<sup>9</sup> nonprofits, and health care providers to assist in the identification and reporting of FGM/C as well as the protection of individuals at risk of undergoing FGM/C;
2. Preventing and responding to the practice of FGM/C through culturally responsive<sup>10</sup> public information;
3. Improving the collection of data concerning the practice of FGM/C among individuals and communities in New York City;
4. Improving the coordination of city agencies' response to FGM/C as well as systems and services for individuals and communities affected by FGM/C; and
5. Providing opportunities for input and recommendations from survivors of FGM/C, community and faith-based groups, advocacy organizations, and social service providers, among others.

## FGM/C Advisory Committee Process

From 2022 through 2024, the Advisory Committee met regularly, conducted landscape analyses, and held listening sessions with system partners, survivors, and members of affected communities to develop recommendations. This section will describe the Advisory Committee's overall process of developing recommendations. Sections IV and V will detail the findings and recommendations from this process.

The Advisory Committee rooted its recommendation process in the following principles:

1. Center survivors and affected communities;

---

<sup>9</sup> The Advisory Committee added city agencies and offices to the list of industries in this duty outlined in Local Law 109 of 2021 after determining the need for enhancing access to guidelines and trainings for government professionals.

<sup>10</sup> Local Law 109 of 2021 uses the phrase “culturally sensitive public information”. ENDGBV has chosen to use “culturally responsive” throughout this report to indicate that the City should strive to not only understand but also to adapt and directly address the needs of community members impacted by FGM/C.

2. Reduce harm and the policing of people's bodies, especially people of color, intersex, trans, and nonbinary individuals; and
3. Interrupt racism, bias, and stereotypes regarding the individuals and communities affected by FGM/C.

To fulfill each objective outlined in Local Law 109 of 2021, the Advisory Committee divided into subcommittees that reflected four of the five legislated objectives: (1) Education and Training; (2) Outreach Strategies for Prevention and Response; (3) Strategies to Enhance Data Collection; and (4) Interagency Coordination. Members with experience in each area co-chaired the subcommittees with ENDGBV. To address the fifth legislated objective of providing opportunities for input and feedback from stakeholders, the Advisory Committee conducted two sets of listening sessions – the first with entities that oversee the systems and work related to the subcommittee focus areas (“system partners”) and the second with FGM/C survivors and members of communities affected by FGM/C.

## Landscape Analysis

Each subcommittee began by holding a series of meetings to outline and analyze the current landscape in New York City and other jurisdictions of their respective areas of focus. Based on the subcommittee members' personal and professional experience, individual and collective research, and conversations with stakeholders, the subcommittees compiled information about existing stakeholders, services, resources, materials, processes, policies, and systems that support or intersect with individuals and communities who may be impacted by FGM/C. Through these initial landscape analyses, subcommittees identified potential service and resource gaps, additional stakeholders to engage, and opportunities for increased coordination, education, training, community engagement, and data collection. Subcommittees also identified areas where they needed more information about relevant systems, structures, and policies.

Following this initial landscape mapping, subcommittees drafted preliminary recommendations for their respective areas of focus. Subcommittees then presented their findings and preliminary recommendations to the broader advisory committee for feedback. The findings of the landscape mapping and preliminary recommendations informed the development of system partner listening sessions' structure and questions.

## System Partner Listening Sessions

The Advisory Committee conducted five (5) virtual listening sessions with 46 people representing 24 system partners across city government, law enforcement, health care, education, and community-based organizations (CBOs). The goal of the system partner listening sessions was to further the subcommittees' understanding of their existing work on FGM/C, the systems in which that work occurs, and their potential role in preventing or responding to FGM/C. Each 90-minute listening session consisted of eight (8) to 13 participants and was facilitated by a member of ENDGBV's staff on a virtual platform. Facilitators asked participants a series of questions about their work in general, their work on FGM/C, and other topics related to the focus area of the subcommittee. ENDGBV staff and/or subcommittee co-chairs served as note takers during these listening sessions. For entities that were interested in participating but not able to send representatives to the listening sessions, ENDGBV held one-on-one calls to review the questions and shared the questions via email to get written responses.<sup>11</sup>

While the Advisory Committee aimed to capture a range of viewpoints from participating entities, those who participated in the listening sessions may not be representative of all systems and service providers who interact with individuals and communities impacted by FGM/C in New York City.

## Survivor and Community Member Listening Sessions

The Advisory Committee partnered with three (3) community-based organizations to conduct three (3) listening sessions with 21 survivors and members of communities impacted by FGM/C. The goals of these listening sessions were to:

1. Hear from survivors and members of communities impacted by FGM/C about their experiences and preferences related to support and services from system partners; and
2. Receive their input on the committee's draft recommendations as well as their suggested recommendations.

To reach the target populations for these listening sessions, the Advisory Committee collaborated with three (3) community-based organizations with experience working with and serving individuals and specific communities impacted by FGM/C across New York City: Sauti Yetu Center for African Women, African Services Committee, and Arab American Family Support

---

<sup>11</sup> The one-on-one calls and email correspondence with city agencies are not included in the total number of people in attendance or the system partners represented at the listening sessions mentioned above.

Center. For more information about the partners and process of the listening sessions, see **Appendix A**.

The listening sessions were designed to include participants from communities in NYC affected by FGM/C, in particular survivors. However, as the Advisory Committee and its partners did not prompt or require participants to disclose their survivorship in order to participate. While some participants did disclose their survivorship, it is unclear how many survivors participated in the listening sessions. Additionally, the views and experiences of 21 participants are not fully generalizable to the communities they represent as each individual’s experience is unique. Lastly, the limited number of listening sessions did not permit the Advisory Committee to engage with all known communities impacted by FGM/C in New York City. This has been noted in Section IV (Key Findings) of this report and will be addressed further in Section V (the Recommendations and Next Steps) of this report.

**FGM/C Advisory Committee Process**



## Key Findings

The following provides an overview of the key findings from Advisory Committee’s landscape analysis, system partners listening sessions, and survivor and community member listening sessions. The findings are divided into five (5) sections: Trainings & Guidelines, Culturally

Responsive Public Information, Data Collection in New York City, City Agency Coordination, and Additional Funding. For detailed findings, refer to **Appendix B**.

## A. Trainings & Guidelines

1. Professionals across relevant industries would like to receive trainings on FGM/C to aid in responding to and supporting survivors and those at risk of FGM/C.
2. Most entities have internal trainers and/or internal e-learning platforms that facilitate trainings for their staff, though they work with external partners for trainings on certain topics.
3. The appropriate trainer and content for FGM/C trainings may vary depending on the communities served by the entity requesting the training, the sector of the entity, the role(s) and/or field(s) of participating staff, and the purpose of the training.
4. Trainings by community-based organizations and FGM/C-focused nonprofits who work with survivors and impacted communities tend to be more holistic, culturally responsive, and cover how to engage communities in prevention and response.
5. Guidelines for educators, non-profit organizations, health care providers, law enforcement, and city agencies about how to support survivors and individuals impacted by or at risk of FGM/C should be developed, expanded and /or shared.

## B. Culturally Responsive Public Information

1. More culturally responsive public information on FGM/C is needed.
2. Culturally responsive public information on FGM/C needs to include relevant resources and services.
3. Survivors, members of impacted communities, and community-based organizations that serve them should be involved in the process of creating public information and outreach materials.
4. Credible messengers are important in the distribution of public information about FGM/C.
5. Public information should be in sharable formats for in-person and virtual distribution.
6. Impacted individuals need safe spaces where they can talk about FGM/C.
7. Community-specific language should be used in outreach materials.

## C. Data Collection in New York City

1. There is limited data collected about FGM/C in New York City, making it difficult to understand the prevalence of the practice and all groups impacted by it.

2. Most data collected on FGM/C in New York City is qualitative.
3. Data collected on FGM/C should include nonbinary and transmasculine individuals.
4. Comprehensive data on FGM/C in New York City could help improve resources, services, and responses to individuals and communities impacted by the practice.
5. Data collected on FGM/C must be intentional with a clear purpose that does not cause further harm to the individual or communities impacted by the practice.

## D. City Agency Coordination

1. There is a need for interagency coordination on existing services and resources related to FGM/C.
2. There are existing city services, programs, initiatives, and trainings where information and resources about FGM/C can likely be integrated.
3. City government should work to help coordinate the creation and distribution of public information and resources to raise awareness and support individuals and communities impacted by FGM/C.

## E. Additional Funding

1. New or dedicated funding is likely necessary to expand FGM/C prevention and response efforts in New York City.

# Recommendations

Based on the findings of the Advisory Committee, the following recommendations by the Advisory Committee should be considered by New York City and industry leaders in education, health care, law enforcement, and nonprofits to decrease and eliminate the practice of FGM/C in New York City and identify supportive community-based and culturally responsive resources for people who have undergone FGM/C.

## A. Training and Guidelines

### **1. Incorporate Information about FGM/C into Existing Required Trainings for Relevant Industry Professionals**

In New York City, professionals in education, law enforcement, health care, nonprofits, and city government receive a variety of required trainings from onboarding and professional development

to continuing education and professional licensing and certificates.<sup>12</sup>Incorporating information about FGM/C into these existing trainings is a low barrier approach that can introduce the topic of FGM/C while also weaving the subject matter into the larger framework of professional responsibilities. For example, if a social service agency trains frontline staff on domestic or gender-based violence, FGM/C could be incorporated as another form of gender-based violence for which frontline staff should be trained to prevent and respond in the context of their work.

When incorporating content on FGM/C into trainings, entities should leverage existing FGM/C resources as well as the expertise of professionals in their field, CBOs with experience working with individuals and communities impacted by the practice. Broadly, the content incorporated into existing trainings should provide professionals with an introductory education about FGM/C, including applicable laws and policies for the profession and/or field and relevant resources for survivors and individuals at risk.

## **2. Increase Awareness of and Opportunities for FGM/C-Specific Trainings**

Standalone trainings on FGM/C can provide professionals with a more in-depth knowledge of the practice, strengthening their understanding of FGM/C and ability to serve survivors and communities. Training opportunities exist within the City but are limited. One (1) city agency and a few CBOs, nonprofits, and health care providers offer this type of training in New York City for professionals in education, law enforcement, health care, nonprofits, and city government. Entities can work with these groups and others with lived or professional experience related to FGM/C to publicize, deliver, and further expand and tailor opportunities for FGM/C-specific trainings for their industry or specific roles within it. For example, school staff could receive a specific, standalone training on FGM/C, impacted communities in New York City, best practices for responding to a student disclosure, relevant mandated reporting and other internal policies, and available age-appropriate materials, resources, and services.

## **3. Develop Written Guidelines or Resources for Specific Industries**

Written guidelines or resources on FGM/C can help reinforce training principles and serve as quick reference guides for professionals serving individuals and communities impacted by FGM/C. Written guidelines or resources could include information about relevant laws, screening

---

<sup>12</sup> Teachers as well as medical professionals, legal professionals, and social workers working across sectors are required to take trainings to maintain professional licenses and certificates. For example, legal professionals are required to complete continuing legal education courses; teachers are required to take courses for professional development and the Continuing Teacher and Leader Education (CTLE) requirement; and Licensed Master Social Worker (LMSW) and Licensed Clinical Social Worker (LCSW) are required to take continuing education courses. The types of licenses and certificate course taken by health care providers vary depending on the medical profession.

questions, culturally responsive services and resources, application of trauma-informed care principles, and best practices related to identifying, preventing, and/or responding to FGM/C in New York City. Written guidelines or resources can be tailored for specific industries. Entities should work with individuals with lived or professional experience related to FGM/C to create these guidelines. For example, health care providers might benefit from written resources that detail potential medical complications associated with FGM/C and teachers might benefit from written resources that provide guidance for how to support students who are at risk for or who have undergone FGM/C.

## **B. Culturally Responsive Public Information**

### **1. Partner with Community-Based Organizations and Survivors to Develop Materials Specific to FGM/C**

The City of New York should partner with CBOs and survivors to uplift existing community- and provider-facing materials and develop new community- and provider-facing materials. These materials could improve awareness about FGM/C and relevant resources and services in New York City. Materials could include:

- A citywide resource guide to help survivors, community members, and providers access information about FGM/C and services for survivors and impacted individuals
- Written best practices about FGM/C-specific community engagement that detail what information communities might benefit from, in what format, and from what type of messenger
- An informational brochure on FGM/C for teenagers to be distributed by educators and community-based organizations and available online;
- Curriculum for a peer-to-peer community workshop for parents about FGM/C in NYC and vacation cutting, including guidance for having conversations with family abroad;
- A video for social media platforms with basic information about FGM/C and where to find available resources and services;
- Informational flyer about FGM/C for community members that also advertises survivor and community support groups.

### **2. Partner with Trusted Organizations and Community Members to Disseminate Materials and Raise Awareness**

The City of New York should partner with trusted organizations and community members to distribute materials and resources about FGM/C across the five boroughs. CBOs are trusted messengers within the communities that they serve and have established effective methods of



outreach that resonate with their communities. By partnering with trusted organizations, the City of New York can utilize their existing networks such as social media groups, faith-based events, and community classes and gatherings to distribute information and materials to a broader audience. These partners can also identify and/or create spaces for individuals impacted by FGM/C to safely access information and resources as well as talk about their experiences.

To strengthen these efforts, the City of New York should also partner with community members to build trust and gain broader input on outreach approaches that resonate with different individuals and groups within communities. This low bar approach ensures that outreach efforts are informed by lived experiences of impacted communities and tailored to address language, cultural, and systemic barriers to access.

## C. Improving Data Collection in New York City

### 1. Create Guidelines for Data Collection

Guidelines for data collection on FGM/C and its usage can safeguard the privacy of individuals affected by FGM/C, mitigate potential bias in data collection, and ensure the collection of quality, relevant data on FGM/C. As a first step to improve data collection, the City of New York should work with professionals across industries who already collect data on FGM/C as well as professionals with experience working with impacted communities to develop industry-specific data collection guidelines for law enforcement, health care providers, nonprofits, and city government. These guidelines should prioritize privacy, confidentiality, and informed consent to ensure that sensitive personal information is safeguarded against misuse or unauthorized access. They should promote ethical, survivor centered, and trauma informed approaches to data collection to minimize the risk of unnecessary and/or potentially retraumatizing data collection questions. Clear directives should establish when, where, and by whom inquiries about FGM/C should be made to ensure disclosures take place in safe and appropriate settings. The guidelines should incorporate culturally responsive language and address the implications of receiving disclosures to ensure staff are trained to respond appropriately and connect survivors and individuals at risk to appropriate resources and referrals.

Guidelines for city agencies, health care providers, and nonprofits should also include best practices for integrating data collection into direct service provision where appropriate. For many services, there are multiple touch points where clients disclose information to providers, including screenings, intake, and check-in appointments.

## **2. Explore Development of a Citywide Survey in Collaboration with CBOs and Communities**

The City of New York should explore developing a survey in partnership with CBOs and communities affected by FGM/C to collect data on the prevalence of the practice and the needs of survivors, individuals at risk, and impacted communities in New York City. The City has experience successfully conducting citywide surveys to collect self-reported data such as, the Department of Health and Mental Hygiene's (DOHMH) New York City Community Health Survey (CHS).<sup>13</sup>

In developing the citywide survey on FGM/C, CBOs and community members can help the City develop culturally responsive survey questions and identify trusted channels for distributing the survey. CBOs can also identify barriers to participation, such as mistrust, fear of stigma, or lack of awareness, and potential solutions to address these barriers.

An anonymous citywide survey on FGM/C could allow individuals to report whether they have experienced or are at risk of experiencing FGM/C without fear of retaliation or stigma. This method could help capture data from individuals who may not be comfortable disclosing to city agencies and/or health care providers or have limited access to services where data may otherwise be collected.

## **D. Providing opportunities for input and recommendations from stakeholders**

### **1. Create Opportunities for Survivor and Community Engagement**

The City of New York should work to identify and create opportunities to engage survivors and members of communities impacted by FGM/C throughout the process of implementing the above recommendations to ensure their diverse needs are met. Survivors and community members bring expertise based on their lived experience, cultural knowledge, and unique needs regarding services, resources, and information. The City of New York should incorporate survivors and community members as advisors, participants, reviewers, and/or contributors at various stages of the work to ensure their feedback effectively informs the recommendations. As the work to address FGM/C evolves, the City of New York should continue to proactively identify new touchpoints and opportunities for meaningful survivor engagement.

---

<sup>13</sup> The Division of Epidemiology, Bureau of Epidemiology Services at DOHMH conducts CHS annually with a sample of 10,000 randomly selected adults from all five boroughs using a computer-assisted telephone interviewing system. Interviews are conducted in English, Spanish, Russian, Mandarin, and Cantonese to collect self-reported data on the health of New Yorkers. According to DOHMH, the data influences health program decisions and increases the understanding of the relationship between health behavior and health status.

## **2. Create Opportunities for Credible Messenger and Other Stakeholder Engagement**

The City of New York should work to identify and create opportunities to engage credible messengers and stakeholders throughout the process of implementing the above recommendations to ensure coordination across industries and communities. Credible messengers, such as community leaders, faith leaders and faith-based organizations, community groups, and CBOs are deeply rooted in and trusted by the communities they are a part of. The City of New York should identify opportunities to get their feedback about the recommendations as well as ways in which it can work with them to build trust and connect with communities through services and outreach to expand their reach. Similarly, additional stakeholders such as health care, social service, and legal service providers who hold industry- and service-specific expertise and should be engaged in the implementation process. Touchpoints should be created to ensure there is continued alignment as the work of industries and the City, as well as the needs of communities, evolve.

## **E. Improving Coordination of City Agencies and Offices**

Many of the above recommendations require city agencies and offices to work internally, as well as collaboratively across city government. To aid in the implementation of these recommendations and to establish cohesive and comprehensive approaches to addressing FGM/C in New York City, the City should create spaces in which city agencies and offices can coordinate their individual and collaborative efforts.

### **1. Convene Recurring Meetings on FGM/C for City Agencies and Offices, as needed**

City agencies and offices should convene reoccurring meetings on FGM/C as needed for effective coordination around the aforementioned recommendations. As city agencies work to implement the above recommendations, meetings could be used to align their efforts on certain areas of work related to FGM/C, provide updates and monitor progress, and adapt strategies based on emerging data and community feedback.

### **2. ENDGBV Can Serve as a Coordinator for the City's Ongoing FGM/C-related Work**

In this role, ENDGBV would work across city agencies and industries to help implement the above recommendations, provide technical assistance when appropriate, and help identify and connect city agencies with relevant stakeholders and resources.

## Conclusion

The recommendations outlined in this report serve as a first step to help create holistic, coordinated approaches to prevent and respond to FGM/C in New York City. As described in this report, more work is needed to implement the above recommendations and deepen the City's understanding of FGM/C in New York City. Centering survivors and communities in the City's prevention and response efforts will be crucial in the effort to end FGM/C in New York City. These recommendations would not have been developed without the help of survivors of FGM/C, members of impacted communities, credible messengers, and professionals across industries, and these recommendations will not be effective unless implemented in partnership with these stakeholders and the broader community.

## References

- World Health Organization. “Female Genital Mutilation.” February 4, 2024.  
<https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>
- UNICEF. *Female Genital Mutilation: A Global Concern*. UNICEF, 2024. <https://uni.cf/FGMreport2024>
- Kimani, Samuel, Jacinta Muteshi, and Carolyn Njue. *Health Impacts of FGM/C: A Synthesis of the Evidence*, New York: Population Council, 2016.  
[https://knowledgecommons.popcouncil.org/departments\\_sbsr-rh/637/](https://knowledgecommons.popcouncil.org/departments_sbsr-rh/637/)
- End FGM European Network, U.S End FGM/C Network, and Equality Now. *Female Genital Mutilation/Cutting: A Call For A Global Response*. 2020.  
<https://equalitynow.storage.googleapis.com/wp-content/uploads/2020/03/16151419/FGMC-A-Call-For-A-Global-Response-2020-compressed-1.pdf>
- Goldberg, Howard, Paul Stupp, Ekwutosi Okoroh, Ghenet Besera, David Goodman, and Isabella Danel. “Female Genital Mutilation/Cutting in the United States: Updated Estimates of Women and Girls at Risk, 2012.” *Public Health Reports* 131, no. 2 (March 2016): 340 – 347.  
<https://pubmed.ncbi.nlm.nih.gov/26957669/>
- Mather, Mark, and Charlotte Feldman-Jacobs. *Women and Girls at Risk of Female Genital Mutilation/Cutting in the United States*. Washington, DC: Population Reference Bureau, 2016.  
<https://www.prb.org/resources/women-and-girls-at-risk-of-female-genital-mutilation-cutting-in-the-united-states/>
- New York Penal Law §130.85 (2011).
- Callaghan, Sean. *Female Genital Mutilation/Cutting (FGM/C) in the United States: A Study of the Prevalence, Distribution, and Impact of FGM/C in the U.S., 2015-2019*. AHA Foundation, 2023.  
[https://www.theahafoundation.org/wp-content/uploads/2023/10/AHA-FGM\\_C-Report-final.pdf](https://www.theahafoundation.org/wp-content/uploads/2023/10/AHA-FGM_C-Report-final.pdf)
- Sanctuary for Families. *Female Genital Mutilation in the United States: protecting Women and Girls in the US from FGM and Vacation Cutting*. New York: Sanctuary for Families, 2013.  
<https://sanctuaryforfamilies.org/wp-content/uploads/sites/18/2015/07/FGM-Report-March-2013.pdf>

“End Street Harassment: A New York City Resource Guide 2023.” New York: Mayor’s Office to End Domestic and Gender-Based Violence and Commission on Gender Equity, June 2023. [https://www.nyc.gov/assets/ocdv/downloads/pdf/Stop\\_street\\_harassment\\_guide\\_TAGGED\\_Final.pdf](https://www.nyc.gov/assets/ocdv/downloads/pdf/Stop_street_harassment_guide_TAGGED_Final.pdf)

Besera, Ghenet, Margaret Christine Snead, Mary Goodwin, Ashley Smoots, Connie L. Bish, Alicia Ruiz, et al. *The Women’s Health Needs Study among Women from Countries with High Prevalence of Female Genital Mutilation Living in the United States: Design, Methods, and Participant Characteristics*. PLoS ONE 19, no. 5 (May 2024).

New York City Department of Health and Mental Hygiene. “Community Health Survey.” NYC Health. Accessed January 23, 2025. <https://www.nyc.gov/site/doh/data/data-sets/community-health-survey.page>

## Appendix A: Listening Session Partners and Process

The Advisory Committee collaborated with Sauti Yetu Center for African Women (“Sauti Yetu”), African Services Committee, and Arab American Family Support Center to conduct listening sessions with survivors and communities impacted by FGM/C.

The Advisory Committee chose to partner with Sauti Yetu due to their extensive experience working on all areas of focus of the subcommittees to serve Muslim and African communities affected by FGM/C across New York City. The Advisory Committee met with Sauti Yetu to discuss the appropriate approach to engage survivors and communities impacted by FGM/C. The Advisory Committee and Sauti Yetu determined that an in-person session with the same structure as the system partner listening sessions would be the ideal approach. The questions for the listening session were co-developed by the Advisory Committee and Sauti Yetu. The questions were drafted to be culturally responsive and trauma-informed.

To ensure accessibility and participant comfort, Sauti Yetu facilitated the listening session without members of the Advisory Committee present and offered written materials, including the questions, in English and French. Participants were able to respond in either English or French, as well. Food was provided at the listening session, and participants were compensated for their time and participation. Eight (8) community members participated in the listening session. Sauti Yetu recorded notes from the listening session and shared a detailed written summary with the Advisory Committee. The Advisory Committee continued with the same structure for the two other community-based listening sessions.

Similar to the process with Sauti Yetu, the Advisory Committee worked with African Services Committee and Arab American Family Support Center to determine the appropriate format (in-person or virtual) and location of their respective listening sessions. Additionally, the Advisory Committee collaborated with each organization to adapt the listening session questions to reflect the experience of and language used by the individuals attending the listening sessions.

The Advisory Committee chose to partner with African Services Committee (ASC) due to their over 40 years of experience providing social, health, and legal services to address the needs of individuals and communities across the African diaspora in New York City, including those impacted by FGM/C. ASC conducted an in-person listening session as part of their Women’s Health Program. To help participants feel comfortable, members of the Advisory Committee were not present. ASC facilitated the listening session in English and French and provided written copies of the questions in both languages. Participants were provided food at the listening

session and were compensated for their time and participation. 11 community members participated in the listening session. ASC recorded notes from the listening session and shared their notes with the Advisory Committee.

The Advisory Committee chose to partner with Arab American Family Support Center (AAFSC) due to their extensive work with Arab, Middle Eastern, North African, Muslim, and South Asian populations in New York City and experience facilitating trainings on FGM/C. AAFSC conducted a virtual listening session for community members who engage with their services at the New York City Family Justice Centers. All participants spoke English and ENDGBV facilitated the listening session in English. AAFSC recorded and shared notes from the listening session with the Advisory Committee. Two (2) out of the five (5) community members who registered for the listening session participated. The two participants were compensated for their time and participation. To help facilitate conversation and help participants feel comfortable given the size of the group, AAFSC responded to a handful of questions sharing their insights from working with community members, which often prompted participants to build on their responses with their personal experience or perspective.



## Appendix B: Detailed Findings from Landscape Analysis and Listening Sessions

The following provides detailed findings from Advisory Committee's landscape analysis, system partners listening sessions, and survivor and community member listening sessions. The findings are divided into five (5) sections: Trainings & Guidelines, Culturally Responsive Public Information, Data Collection in New York City, City Agency Coordination, and Additional Funding.

### A. Trainings & Guidelines:

1. **Professionals across relevant industries would like to receive trainings on FGM/C to aid in responding to and supporting survivors and those at risk of FGM/C.** The landscape analysis identified the need for training on FGM/C for educators, city government workers law enforcement, health care providers, and nonprofit organizations, with members from these five (5) industries reporting that FGM/C is not covered in any existing trainings required for their onboarding, professional development, continuing education, or professional licenses and certificates. Members reported that trainings with information about FGM/C, the impacts of the practice, the impacted communities in NEW YORK CIT, relevant laws, and available services and resources would help them better understand the needs of survivors and those at risk and how to support them. They further noted that the framing of such content and relevant information may vary across industries based on need. For example, health care providers would require a different level of training that includes information relevant to identifying and discussing FGM/C in medically settings than social service staff or law enforcement. Participants also reported the need to be trained on responding to disclosures as well as available resources and services in order to make culturally responsive, trauma-informed referrals across industries. While members identified entities that conduct trainings on FGM/C across industries, these entities currently lack capacity to fill existing training needs. The results of the system partner listening sessions affirmed these findings.
2. **Most entities have internal trainers and/or internal e-learning platforms that facilitate trainings for their staff, though they work with external partners for trainings on certain topics.** The results of the landscape analysis and system partner listening sessions indicated most entities utilize internal trainers, training teams, and/or e-learning platforms to facilitate required trainings such as those for onboarding and professional development. Often agencies and organizations are required to explore internal solutions for new trainings before engaging external trainers. Entities tend to bring in external partners who are practitioners or experts on a certain topic to facilitate optional professional development trainings or to

partner in developing content for required and optional trainings. Internal capacity, funding constraints, and large number of existing required trainings may factor into organizational decisions about what topics to incorporate into existing training structures.

3. **The appropriate trainer and content for FGM/C trainings may vary depending on the communities served by the entity requesting the training, the sector of the entity, the role(s) and/or field(s) of participating staff, and the purpose of the training.** During the Education and Training Subcommittee’s landscape analysis, members reported the benefit of attending trainings on FGM/C that were facilitated by individuals in their field and/or industry who have experience working with survivors and communities impacted by FGM/C. Participants of the system partner listening sessions reported the need for standalone trainings on FGM/C or for information about FGM/C to be incorporated into existing trainings. Participants stated that FGM/C training should be framed within the context of their work and include relevant policies and resources. Participants agreed that training should emphasize the culturally sensitive nature of FGM/C and help trainees to develop culturally responsive practices.
4. **Trainings by community-based organizations and FGM/C-focused nonprofits who work with survivors and impacted communities tend to be more holistic, culturally responsive, and cover how to engage communities in prevention and response.** During the landscape analysis, members reported that trainings by community-based organizations are often created by staff who have experienced FGM/C and/or are from the impacted community being served, resulting in content framed by cultural context and using culturally specific language. During the system partner listening sessions, participants affirmed these findings and noted that CBO trainings tend to be more holistic as they understand the needs of the specific community and thus, include tailored resources and services as well as best practices to engage community members in prevention and response.
5. **Guidelines for educators, non-profit organizations, health care providers, law enforcement, and city agencies should be developed, expanded and /or shared.** The results of the landscape analysis and system partner listening sessions revealed several guideline documents exist for health care providers created by members of their field with experience working with individuals and communities impacted by FGM/C. Broad guidelines for educators, health care and social services providers, and law enforcement were also

identified.<sup>14</sup> The content of these documents includes information about how to identify FGM/C, respond to disclosures and connect impacted individuals to resources. The documents also provide information on data collection and reporting FGM/C, but they do not include local resources and services or relevant New York State or New York City laws and policies. However, there is a lack of awareness about existing resources, and many listening session participants expressed a need for more specific guidelines for their workplace or industry beyond those that currently exist.

**B. Culturally Responsive Public Information:**

1. **More culturally responsive public information on FGM/C is needed.** During the landscape analysis by the Outreach Strategies for Prevention and Response Subcommittee, members reported that one (1) local CBO and one (1) national nonprofit have various types of public-facing materials on FGM/C created with and for specific communities impacted by FGM/C such as, African and Dawoodi Bohra diaspora communities.<sup>15</sup> The results of the system partner listening session by the Outreach Strategies Subcommittee and the survivor and community member listening sessions affirmed the above findings of the Subcommittee's landscape analysis. Participants across survivor and community member listening sessions expressed the importance of providing culturally responsive, basic information about FGM/C such as, what it is, the types of FGM/C, the reasons it is practiced, and the physical and mental health consequences of the practice in a variety of mediums and formats. Participants emphasized the need for public information to be both culturally responsive and available in their primary language.
2. **Culturally responsive public information on FGM/C needs to include relevant resources and services.** During the landscape analysis, members with experience working with affected communities reported that it is a best practice to include resources and services in public materials about FGM/C to ensure streamlined connection for survivors and those at risk. The results of the Subcommittee's system partner listening session as well as the survivor and community listening sessions affirmed that many individuals impacted by FGM/C would like to receive services in their primary language and from providers who are from or familiar with

---

<sup>14</sup> RTI International, an independent nonprofit research institute, developed general guidelines for educators, health care and service providers, and law enforcement to provide industry specific and culturally sensitive strategies to help professionals create community-based approaches to prevent FGM/C, identify survivors and individuals at risk of FGM/C, and respond to FGM/C. Industry professionals in NYC can use these guidelines as a foundational template to develop tailored plans relevant to their respective policies and procedures to address the needs of the communities they serve.

<sup>15</sup> Existing public facing materials from these organizations include an illustrated educational booklet and website for teens from African diaspora communities impacted by FGM/C, an informational brochure on FGM for the Dawoodi Bohra community, and an online storytelling initiative for survivors of FGM/C to share their experiences.

their culture and community or have their own lived experience with FGM/C. Participants reported that culturally attuned resources, services, and public information available in their primary language help them feel comfortable to engage with the material and/or provider.

3. **Survivors, members of impacted communities, and community-based organizations that serve them should be involved in the process of creating public information and outreach materials.** During the system partner listening sessions, participants emphasized the importance of including survivors and members of impacted communities in developing resources and materials to ensure culturally responsive language and consideration of diverse experiences and needs of people impacted by FGM/C. Participants shared that creating opportunities for survivor engagement, such as survivor groups within organizations has been an effective strategy to help survivors feel safe to develop, provide feedback on, and/or engage with materials.
4. **Credible messengers are important in the distribution of public information about FGM/C.** The results of the landscape analysis and both sets of listening sessions indicated that community-based organizations known to and embedded in communities impacted by FGM/C are often in the best position to engage impacted communities. Participants across all three survivor and community member listening sessions stated that CBOs with cultural knowledge and linguistic capabilities, family members, friends, and faith or community leaders would be trusted sources for information about FGM/C and available resources and services.
5. **Public information should be in sharable formats for in-person and virtual distribution.** During the survivor and community member listening sessions, participants shared they commonly learn about information and resources in-person or virtually through friends, family, community members, religious gatherings, and/or community-based organizations. Participants recommended physical materials such as, flyers and resource guides in their primary language as well as creating these materials in a format(s) that can be sharable over social media, texting, email, and WhatsApp. Participants emphasized that social media, websites, and videos can be powerful tools for education.
6. **Impacted individuals need safe spaces where they can talk about FGM/C.** During the landscape mapping, members reported that many individuals are afraid to talk about or seek information and resources about FGM/C. Participants in the survivor and community member listening sessions expressed the need for spaces where individuals could safely talk about FGM/C and share public information and resources without fear of social, legal, and medical

ramifications. Participants recommended virtual and in-person support groups for survivors and individuals impacted by FGM/C.

7. **Community-specific language should be used in outreach materials.** During the landscape analysis, members reported that the words used to describe FGM/C vary by community and are often dependent on the diaspora community, religion, and/or spoken language of the individual and impacted community. However, members noted many communities do not refer to the practice as FGM/C as “mutilation” because it can induce distress for affected individuals or be interpreted as judgmental of cultural practices. Participants affirmed these findings during both sets of listening sessions. The results of the survivor and community member listening sessions indicated that most participants refer to the practice as “female genital cutting”, “cutting”, or “circumcision” in English and/or when translated from French.<sup>16</sup> Additionally, participants at one listening session shared the words “Tahoor” in Arabic is used to refer to FGM/C.

C. Data Collection in New York City:

1. **There is limited data collected about FGM/C in New York City, making it difficult to understand the prevalence of the practice and all groups impacted by it.** During the Data Collection Subcommittee’s landscape analysis, members did not identify any direct prevalence estimates or community surveys on FGM/C in New York City. The Subcommittee also did not identify any entity that collects citywide data on FGM/C that could be used to understand its prevalence. Members affirmed the most recent prevalence data is the Population Reference Bureau’s 2013 indirect estimate for the New York – Newark – Jersey City metropolitan area. During the Subcommittee’s system partner listening session, a few participants reported either incidentally or directly collecting data on FGM/C as outlined in the following finding.<sup>17</sup>
2. **Most data collected on FGM/C in New York City is qualitative.** During the Subcommittee’s system partner listening session, participants from three (3) city agencies and offices reported collecting incidental data on FGM/C from individual disclosures, eligibility screenings, and/or intake processes for services and programs; only one (1) agency or office asks a specific question about FGM/C in their screening form. Additionally, participants from two (2) law

---

<sup>16</sup> In both the listening sessions by Sauti Yetu and African Services Committee, participants shared “l’excision” as the word most commonly used for FGM/C in French.

<sup>17</sup> Following the Subcommittee’s completion of their landscape analysis, the *Female Genital Mutilation/Cutting (FGM/C) in the United States: A Study of the Prevalence, Distribution, and Impact of FGM/C in the U.S., 2015-2019* report, referenced in the previous section, was published in 2023 with estimates on prevalence of FGM/C by each county in NYC.

enforcement entities reported having mechanisms for collecting quantitative data on FGM/C when incidents are reported to them.

3. **Data collected on FGM/C should include nonbinary and transmasculine individuals.** During the landscape analysis, members highlighted that nonbinary and transmasculine individuals are also impacted by FGM/C. However, previous indirect estimates for the United States and the New York City area are based on the gender binary. Members reported that data collection should include transmasculine and nonbinary individuals to better understand the prevalence and needs of all individuals impacted by FGM/C. Participants during the system partner listening session affirmed the findings of the landscape analysis. Some participants reported that their existing data procedures for all services and programs were based on the gender binary and that expanding beyond the gender binary would require internal review and approval.
4. **Comprehensive data on FGM/C in New York City could help improve resources, services, and responses to individuals and communities impacted by the practice.** During the system partner listening sessions, participants reported that data on the prevalence of FGM/C in NYC could help with identification of demographic information about those impacted by FGM/C and development of appropriate, culturally-attuned responses and resources, including new outreach materials and methods, programs, services, trainings, and guidelines. Furthermore, participants mentioned that such data could help target resources to the most impacted communities and populations.
5. **Data collected on FGM/C must be intentional with a clear purpose that does not cause further harm to the individual or communities impacted by the practice.** During the landscape analysis, members highlighted that there is a history of over policing the bodies of women, girls, nonbinary and trans individuals, especially those of color. Members noted that and that questions about a person's body or culture that have no bearing on service delivery could retraumatize or otherwise harm that person. To mitigate potential harm, members emphasized the need for data collection to have a purpose connected to improving the collecting entities' ability to support and serve those impacted by FGM/C. Members recommended standardizing questions across programs, when possible, to help improve data collection and overall understanding about FGM/C in New York City. Many participants during the Data Subcommittee's listening session affirmed this finding and noted that they could integrate the collection of data on FGM/C into existing work if it was connected to improving program and/or service delivery.

D. City Agency Coordination:

1. **There is a need for interagency coordination on existing services and resources related to FGM/C.** The results of the landscape analysis and system partner listening sessions indicated that more awareness is needed across city government around the various existing services, resources, and materials available for survivors and individuals impacted by FGM/C to assist city agencies and offices in identifying, responding to, and reporting on FGM/C. Additionally, most participants in the listening session reported increased awareness would aid their ability to educate staff and support survivors and individuals impacted by FGM/C either through internal services or referrals to other city agencies and city contracted providers.
2. **There are existing city services, programs, initiatives, and trainings where information and resources about FGM/C can likely be integrated.** During the landscape analysis, members reported issue areas that intersect with FGM/C that city agencies and offices work on such as, immigration, housing, domestic violence, and health care where there may be opportunities to integrate information and resources. Many participants of the system partners listening session affirmed this finding and identified existing services, programs, initiatives, and trainings at their respective agencies and offices where information and resources on FGM/C are already or could potentially be integrated such as immigration legal services, housing assistance programs, sexual health programs for teens, and outreach to hard to reach communities.
3. **City government should work to help coordinate the creation and distribution of public information and resources to raise awareness and support individuals and communities impacted by FGM/C.** During the landscape analysis and system partner listening sessions, participants shared that city government should play a coordinating role in identifying, creating and/or distributing public information and resources on FGM/C to help create a comprehensive response across industries. Participants in the survivor and community member listening sessions shared that city government's involvement in sharing public information could help raise awareness among New Yorkers more broadly and ensure more continuous education and outreach on FGM/C.

E. Additional Funding

1. **New or dedicated funding is likely necessary to expand FGM/C prevention and response efforts in New York City.** The landscape analysis and system partner listening sessions indicated that while there are prevention, response, and training initiatives underway, expanding these initiatives or creating new initiatives to address existing gaps may require new funding.