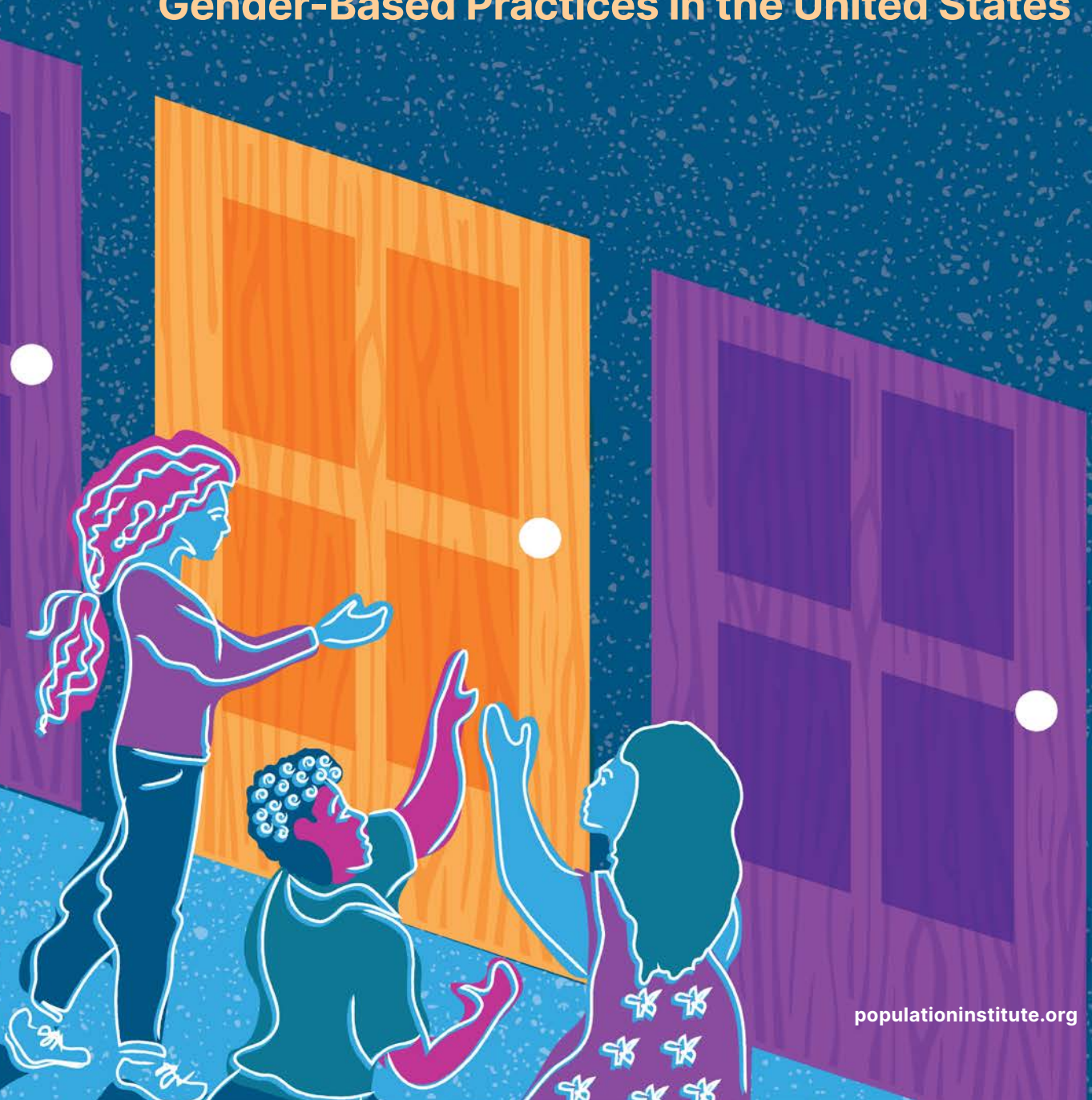




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Behind Closed Doors

**Exposing and Addressing Harmful
Gender-Based Practices in the United States**



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List of Abbreviations

AAP – American Academy of Pediatrics

ACOG – American College of Obstetricians and Gynecologists

AMA – American Medical Association

CEFMU – Child, early, and forced marriage/union

CSE – Comprehensive sexuality education

FGM/C – Female genital mutilation/cutting

GBV – Gender-based violence

LGBTQI+ – Lesbian, gay, bisexual, trans, queer/questioning, intersex+

PTSD – Post-traumatic stress disorder

SOGI – Sexual orientation and gender-identity

SRHR – Sexual and reproductive health and rights

U.N. – United Nations

U.N. CRC – United Nations Convention on the Rights of the Child

U.S. – United States

UNFPA – United Nations Population Fund

VAWA – Violence Against Women Act

WHO – World Health Organization



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Introduction

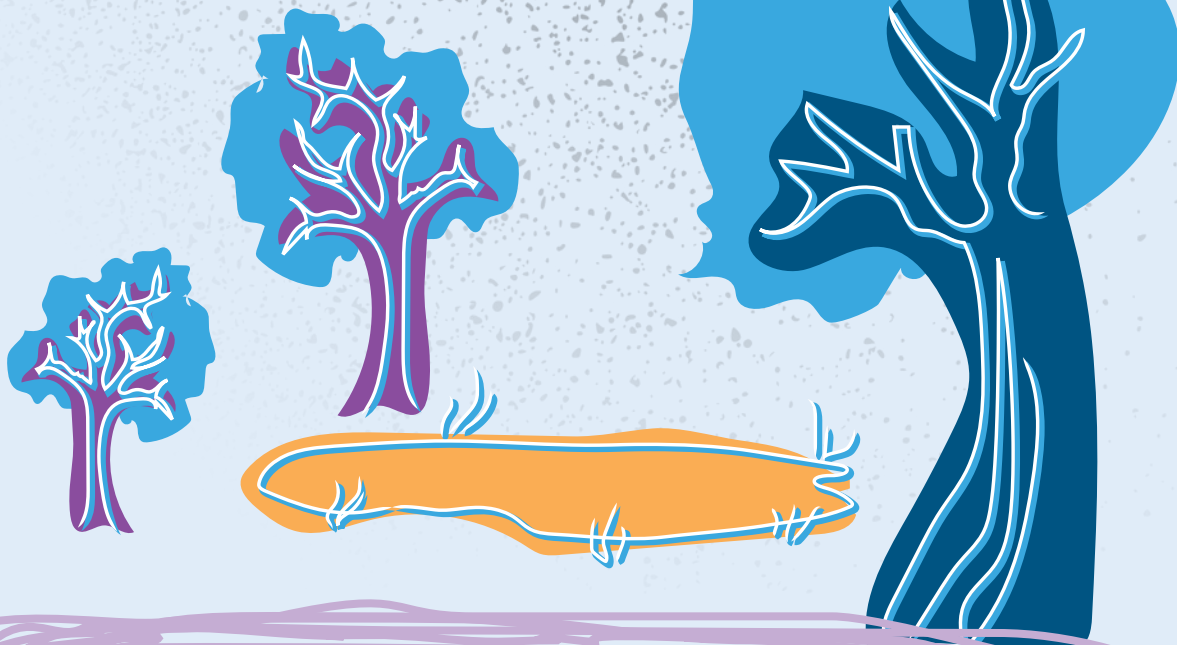
Gender-based violence exists in every community within the United States. Often dismissed as a foreign or cultural issue, U.S. policymakers largely ignore the reality of harmful gender-based practices in their own communities. Healthcare professionals and community members working with affected women and girls need information and resources to better address the effects of these practices. This report, driven by a commitment to social change, seeks to illuminate the pervasive nature of some harmful gender-based practices. U.S. policymakers and community leaders must take steps to combat these forms of gender-based harm in ways that are survivor-focused, culturally competent, and sustainable.



Gender-based violence (GBV) is a global phenomenon, with reportedly over one-third of women and girls globally experiencing some form of violence in their lifetime.¹

The Biden Administration's *National Plan to End Gender-Based Violence: Strategies for Action* defines GBV as "any harmful threat or act directed at an individual or group based on actual or perceived sex, gender, gender identity, sex characteristics, or sexual orientation."² This kind of violence can manifest in a number of ways such as intimate partner violence, femicide or gender-based killings, sexual violence, human trafficking, female genital mutilation/cutting, child marriage, and more.³

The *National Plan to End Gender-Based Violence*, the first of its kind, is a step in joining a global trend to address gender-based violence on a national level.⁴ The Plan aims to make "federal funding and support a priority for programs, research, training, and technical assistance that address GBV using trauma-informed, culturally specific, and survivor-centered care."⁵ However, there is still a need to understand and address the scope of the specific harmful gender-based practices occurring within the United States. The gender-based harms identified in this report are often thought of as "foreign" problems, but they are happening in the United States, and in some cases, are on the rise.⁶ Ignoring harmful gender-based practices in the United States condones a culture of GBV and perpetuates harm to survivors and those at-risk.



Recognizing the universal dimensions of gender-based harms, often rooted in social norms, is crucial for showing solidarity against GBV across the globe and identifying sustainable solutions

Resistance to recognizing harmful gender-based practices stems, in part, from American exceptionalism—the idea that America is morally superior to the rest of the world. This exceptionalism, coupled with fear of threats to American sovereignty, impedes our ability to participate in international discussions on violence against women and girls. Recognizing the universal dimensions of gender-based harms, often rooted in social norms, is crucial for showing solidarity against GBV across the globe and identifying sustainable solutions. The ripple effect of gender-based harm transcends geographical boundaries, urging all to stand united in the fight against injustice.

This report provides an analysis of harmful practices—female genital mutilation/cutting (FGM/C); child, early, and forced marriage/union (CEFMU); and femicide—occurring in the United States and recommends next steps to consider in tackling these persistent problems. By fostering global awareness, advocating for change, and building alliances across borders,

rather than stereotyping gender-based harm as a “foreign” problem, U.S. policymakers, practitioners, and communities can better contribute to dismantling oppressive structures and fostering a future where every individual is free from discrimination and gender-based harm.

This analysis calls for a culturally competent lens to minimize prejudice and judgment, yet advocate for healthy and safe practices. Expressing opposition to harmful practices while promoting awareness and understanding of the underlying factors for their persistence is crucial to encourage non-harmful advocacy for survivors and those at risk. Advocating for stronger state and federal policy frameworks, investing in the community through further funding for research, investing in survivor-focused and -led initiatives, encouraging comprehensive sexuality education, and raising awareness are some important avenues for change in the United States.

Female Genital Mutilation/ Cutting (FGM/C)

Female genital mutilation/cutting (FGM/C) is a human rights violation that cannot be dismissed as an archaic practice or a foreign problem. Often characterized as a cultural or religious practice, FGM/C is currently performed on every continent except Antarctica.⁷ Understanding the persistence of this practice is key to addressing the problem at its roots and developing culturally competent interventions to end FGM/C in the United States. Though celebrating cultural values and heritage is important, the need to end FGM/C is greater.

What is FGM/C?

FGM/C involves the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons and has no health benefits for the person being cut.⁸ Typically, individuals are cut anytime between birth and 15 years of age, but the practice may happen in adulthood, as well.⁹ It is often carried out by traditional practitioners, birth attendants, or a relative, but is sometimes performed by healthcare professionals in medical settings.¹⁰

Prevalence in the United States

FGM/C has affected more than 230 million women and girls* across the globe.¹¹ Furthermore, an estimated 68 million girls are at risk of undergoing FGM/C by 2030 globally.¹² As a result of the COVID-19 pandemic, an additional 2 million cases are estimated to further compound this number over the next decade.¹³ In the United States, more than 500,000 women and girls are estimated to have undergone or are at risk of undergoing the procedure, a number already doubled since 2000 and tripled since 1997.^{14, 15} A majority of these women live in large metropolitan areas such as New York, Washington D.C., Minneapolis, and Los Angeles.¹⁶

Yet, these numbers tell an incomplete story. While FGM/C is reported to occur in at least 92 countries, the global statistic cited above is based on information from only 31 countries.^{17, 18} Moreover, the global statistic relies on limited evidence from small-scale, and sometimes outdated, studies or anecdotal accounts. The U.S. estimate itself is based on the share of women and girls

living in the United States who were born in countries or who lived with a parent born in countries with high prevalence of FGM/C, which misrepresents some cases and overlooks others, as FGM/C occurs in other communities which are not covered by these statistics.¹⁹ This data was also calculated in 2013, indicating an urgent need to update these numbers.

Each culture, religious group, and ethnicity cites different reasons to practice FGM/C. Some include:

- preservation of cultural identity.
- maintenance of social status.
- promotion of chastity and marriageability.
- upkeep of cleanliness and beauty.
- misconceptions about fertility.
- religious identity.²⁰

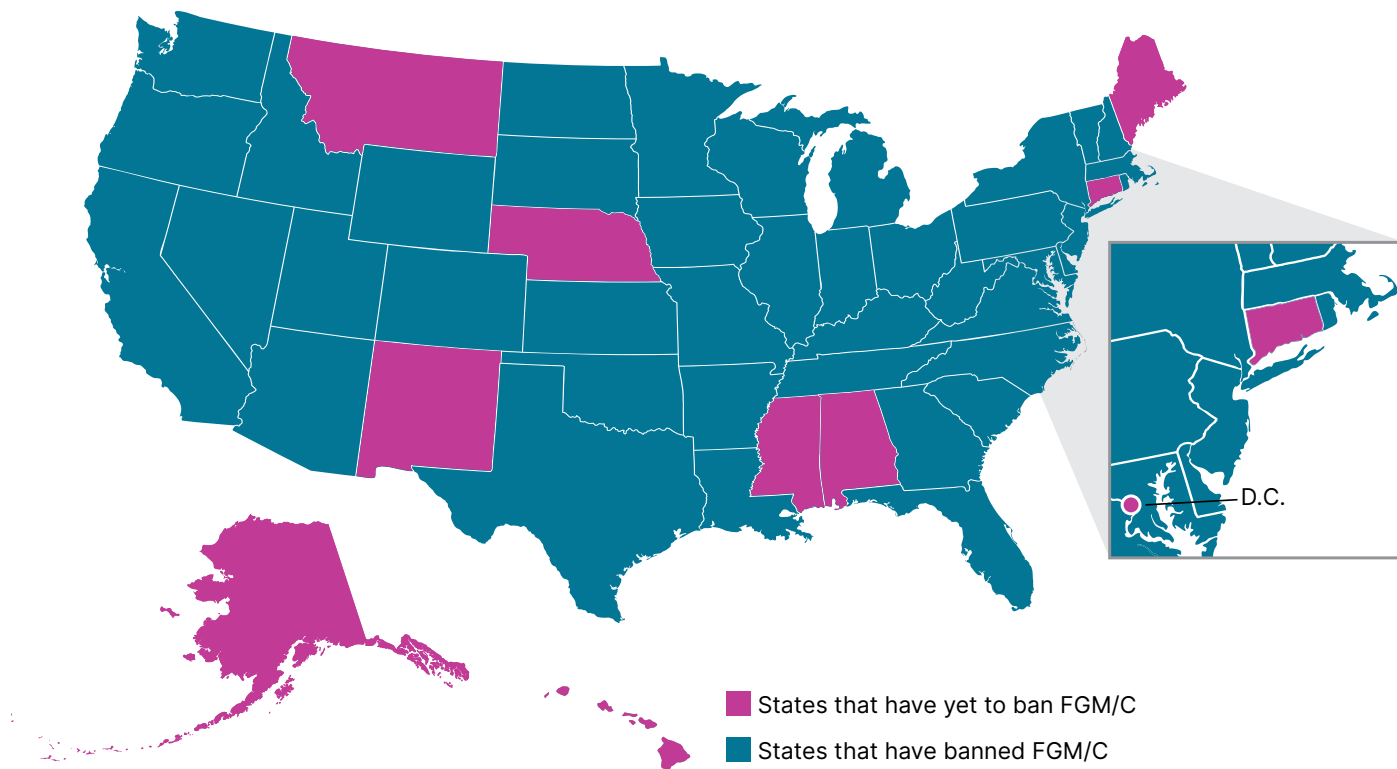
In the United States, clitoridectomy, a form of FGM/C that involves surgical removal of the clitoris, was considered an acceptable treatment for a wide range of conditions up until the 1950s.²¹ FGM/C still reportedly occurs today to prevent masturbation or control sexuality in American communities.²²

Harmful Impacts

All types of FGM/C cause irreparable changes to female genitalia. Short-term impacts can include severe pain, excessive bleeding, shock, genital tissue swelling, impaired wound healing, and sometimes death.²³ FGM/C involves cutting nerve ends in the genital tissue, which itself is painful, but can also cause other infections

* Population Institute (PI) is intentionally using women and girls in statements where the data do not include non-binary people or transgender men in the research. Otherwise, PI uses gender-inclusive language to represent all individuals who may be subjected to FGM/C.

Some States Have Not Adopted Anti-FGM/C Laws



Source: Equality Now and End FGM/C U.S. Network. 2023. *US laws against FGM - State by State (MAP)*. Equality Now. <https://equalitynow.org/us-laws-against-fgm-state-by-state-map/>.

and medical issues.²⁴ This pain can persist throughout the individual's life, leading to other issues such as chronic genital and reproductive infections, urinary tract infections, and excessive scar tissue.²⁵

These physical complications and traumatic memories associated with the practice can decrease sexual health and well-being including decreased sexual desire and pleasure, reduced frequency of orgasm, and pain during sex.²⁶ FGM/C also can include problems with childbirth such as increased risk of caesarean section,

postpartum hemorrhage, obstetric tears, etc.²⁷ Moreover, studies have shown that those who have undergone FGM/C are more likely to experience mental health problem including post-traumatic stress disorder (PTSD), anxiety, and depression.²⁸

An estimated 68 million girls are at risk of undergoing FGM/C by 2030 globally



Action in the U.S.

FGM/C continues to be an under-recognized form of GBV in the United States, despite implementation of some anti-FGM/C laws.

BRIEF TIMELINE OF ANTI-FGM/C LEGISLATION IN THE U.S.

1996

Congress passes the *Federal Prohibition of Female Genital Mutilation Act*, making it illegal to perform FGM/C on girls younger than 18 years old.²⁹

2013

Congress passes the *Transport for Female Genital Mutilation Act*, which amended the original law to prohibit knowingly transporting a girl out of the United States for the purpose of FGM/C, otherwise known as “vacation cutting.”³⁰

2016

The U.S. Department of Health and Human Services’ budget justifications address FGM/C for the first time.³¹

2018

A federal judge strikes down the 1996 U.S. law against FGM/C.³² The judge dismisses charges against a Michigan doctor for performing FGM/C on multiple girls.³³

2021

The President signs the *STOP FGM ACT 2020* into law to clarify the definition of FGM/C and assert that religious and cultural defense to FGM/C is not valid.³⁴ The law also requires development of education and awareness measures for federal agencies, as well as annual reports from Congress on actions taken by federal, state, and local agencies to protect women and girls from FGM/C.³⁵

Currently, most U.S. states have laws prohibiting FGM/C, but nine states and Washington D.C. still do not (see map, p. 5).³⁶ Of the laws that do exist, over 60% include provisions against vacation cutting, or traveling abroad for FGM/C, 36% have provisions regarding community education and outreach, and only 12% include adult women in addition to minors.³⁷ Prominent medical associations, including the American Medical Association (AMA), the American Academy of Pediatrics (AAP), and the American College of Obstetricians and Gynecologists (ACOG), have published policy statements against FGM/C since the 1990s.³⁸

Advocacy Needed

Though the United States has positioned itself as a world leader in the efforts to end FGM/C globally, further legislation against FGM/C is needed to strengthen federal and state law and solidify an anti-FGM/C stance from the U.S. government. These laws should take a more comprehensive approach by involving survivors and community members and equipping them with the tools and education they need to oppose FGM/C, recognize the signs of those at risk, and intervene effectively.

Awareness-building

Eliminating FGM/C in the U.S. requires a comprehensive, multi-sectoral approach that includes those who have undergone the practice, healthcare providers, faith leaders, government agencies, and public health workers. This effort means raising awareness of the practice in all communities, investing in educational workshops, advocating for government funding, collaborating with other gender-based violence sectors, focusing on survivor-led initiatives, and supporting anti-xenophobia and anti-islamophobia campaigns. Strengthening the health sector response in developing and implementing guidelines for FGM/C care, integrating educational resources for policymakers in advocating for comprehensive law, and focusing attention in further defining the magnitude of FGM/C in the United States all can aid in respectful advocacy against FGM/C.

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WHAT IS A SURVIVOR-LED INITIATIVE?

Survivor-led initiatives are solutions, programs, and interventions delivered under the leadership of survivors, who are strengthened by their experiences to reshape narratives and focus on the needs of survivors.³⁹ Recognizing and responding to the specific challenges outlined by survivors is key to sustaining the anti-FGM/C movement.⁴⁰ Some examples of survivor-led and survivor-focused initiatives include pushes to increase healthcare services for survivors of FGM/C is a key survivor-led and survivor-focused initiative.⁴¹ Efforts have increased to equip educators to support those at risk or victimized by FGM/C through survivor-led advocacy, as well.

Legislative Action

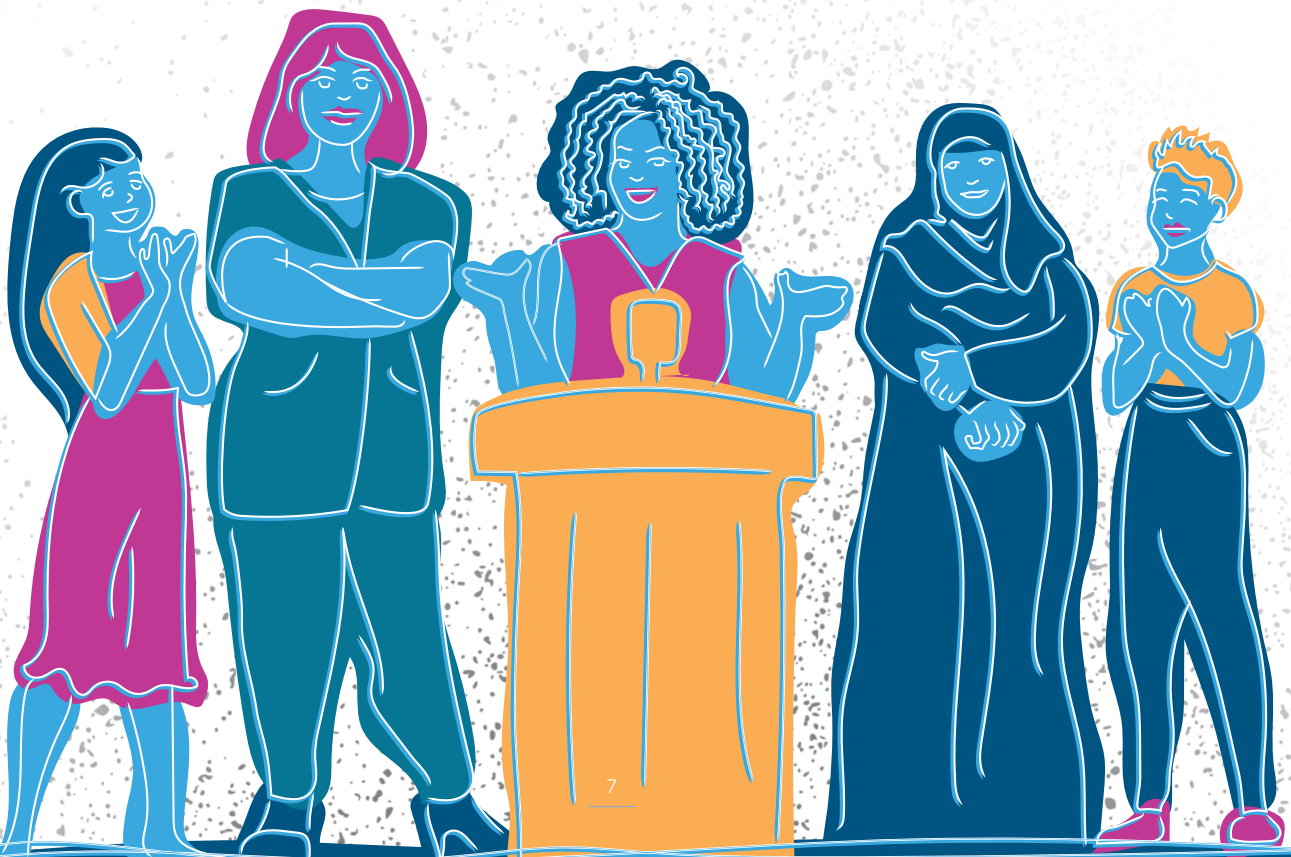
Strengthening the federal law and state laws further provides protection against FGM/C, especially in any case of doubt brought forth against the federal law, such as the case in 2018 (see timeline, page 6).⁴² States without any legislation need to pass anti-FGM/C laws, and all states need to continue to push for laws that protect all individuals under 18, include data collection, and ban “vacation cutting.” State laws should also be specific so that they apply to both adults and minors, specify impact on parents/guardians and circumcisers, and incorporate community and educational outreach, as well as invalidate any cultural defense.⁴³ It is

important to focus provisions of the laws based on the demands of local advocacy groups.

Community Investment

Further investment is required at the federal level for robust data collection, prevention and training programs, health services, and community awareness campaigns.⁴⁴ Advancing bills such as H.Res.714, which seeks to implement widespread dissemination of surveys to measure levels of sexual violence including FGM/C reporting, can help to understand the scope of the issue and develop interventions accordingly.⁴⁵ Moreover, anti-FGM/C work is currently underfunded and understaffed, and support from the U.S. government is crucial to accelerate the elimination of FGM/C both domestically and internationally.⁴⁶ Ensuring integration of FGM/C prevention in health services and humanitarian work, addressing underfunded programs globally, and promoting gender empowerment and educational efforts must be priorities for the U.S. government.⁴⁷

U.S. policy in these areas must be grounded in cultural competence, as well as cultural sensitivity, and protection of those at risk. While FGM/C legislation is important in establishing a strong stance against the practice, prioritizing the needs of those most vulnerable to the practice and encouraging destigmatizing dialogue in communities is equally important. Approaching this sensitive issue from a non-judgmental perspective is key to providing non-traumatizing advocacy for those who have undergone the procedure and making productive strides in stopping FGM/C from occurring.



Child, Early, and Forced Marriage/Union (CEFMU)

Child, early, and forced marriage/union (CEFMU) is a human rights violation that cannot be dismissed as an archaic practice or a foreign problem. This practice has life-threatening long-term consequences for women and girls, as well as for the broader community. With only 11 U.S. states with a set minimum age of 18 for marriage, many are still vulnerable to becoming victim to child marriage.^{48, 49} CEFMU threatens the autonomy of young individuals and limits their prospects.⁵⁰ A combination of community-level intervention and policy reform is necessary to combat this form of injustice in the United States.

What is CEFMU?

Child, early, and forced marriage/union (CEFMU) is commonly defined to include any formal marriage or informal union involving at least one party under the age of 18 or without the full and free consent of one or both parties.^{51,52}

DEFINING CEFMU^{53,54}

Child marriage refers to a formal marriage or informal union in which at least one of the parties is under 18 years old.

Early marriage is similar to child marriage in that it refers to a marriage in which one or both parties are under 18 years old but is also sometimes used to describe marriages in which one or both parties are 18 years or older, but one of the parties has a compromised ability to grant consent, such as an emotional or physical disability.

Forced marriage refers to a marriage in which one or both parties do not or cannot consent, and in which one or more elements of force, fraud, or coercion are present.

Unions refer to informal marriages that are equivalent to formal marriage, without the legal status of one.

Prevalence in the United States

Approximately one in five girls are married during childhood across the globe.⁵⁵ In the United States, despite an increase in legal reforms against child marriage over the past decade, exceptions within state laws have allowed minors to marry under certain circumstances, often through parental consent or court approval. These exceptions have contributed to an estimated 300,000 married minors in the United States between 2000 and 2018.⁵⁶ The COVID-19 pandemic caused an uptick of cases of child marriage globally, with up to 10 million more girls at risk of becoming child brides.⁵⁷ CEFMU is present across a variety of U.S. communities, affecting individuals of many ages and gender identities. Research indicates that child marriage most often affects girls ages 16-17, and most are wed to an adult man.⁵⁸ Between 2000 and 2015, 86% of reported child marriages took place between minors and adults.⁵⁹

Reasons for the persistence of CEFMU around the world are highly complex and varied, ranging from economic concerns, traditional norms, and family agreements. Poverty is often a major driver of child marriage, where families sometimes see marriage as way to reduce family costs and gain financial security.⁶⁰ Knowledge of social factors that perpetuate child marriage in the United States, however, is extremely limited.⁶¹ In some cases, unintended pregnancy has been cited as a reason to be married as a child, but this has not been found to be a key motivator.⁶² Religion is also a driver of child marriage.⁶³ Child marriage is a part of many religious communities, include U.S.-based evangelical Christian and orthodox communities. Entrenched patriarchal systems that value girls' virginity can sometimes lead

to child and forced marriage, where marriage is seen as a way to elevate the status of a girl or thought to protect a family's honor.⁶⁴ Child marriage can be used to control women's sexuality, such as when a girl reaches menarche.⁶⁵

Harmful Impacts

CEFMU is linked to a number of lifelong harmful impacts. Some of these include increased maternal mortality and morbidity, higher risk of intimate partner violence and marital rape, poor educational and economic outcomes, child stunting, and intergenerational poverty.⁶⁶

Young brides, especially those married to older partners, often face power imbalances that can lead to negative health outcomes. CEFMU is a form of gender-based violence on its own, but also intersects with other harmful practices.⁶⁷ Mechanisms of power that are at play in a forced relationship often favor males and lead to issues of control and coercion.⁶⁸ The imbalanced power dynamic can lead to an increased risk of domestic and sexual violence, as well as reproductive coercion, emotional abuse, curtailed education, and denial of any kind of independence.⁶⁹ These compounding oppressions can further impact victims of CEFMU.

Additionally, child brides are likely to have worse economic and health outcomes, including mental health, than their unmarried peers.⁷⁰ Early marriage contributes to a cycle of poor health and poverty.⁷¹ Similarly, child brides are more likely to experience early pregnancies than their counterparts that marry later in life, which increases risks of pregnancy- and childbirth-related complications.⁷²

Action in the United States

Laws regarding child marriage vary widely across states, contributing to the complexity of child marriage within the United States. In recent years, some states have taken steps to address child marriage by raising the minimum marriage age or eliminating exceptions that allow minors to marry (see map, p.10).⁷³ However, there is a lack of uniformity and comprehensive federal legislation addressing child marriage. A recent report from Human Rights Watch found that U.S. states overwhelmingly fail to live up to key standards on child rights, including child marriage, as set by the United Nations (U.N.) *Convention on the Rights of the Child (CRC)*.⁷⁴

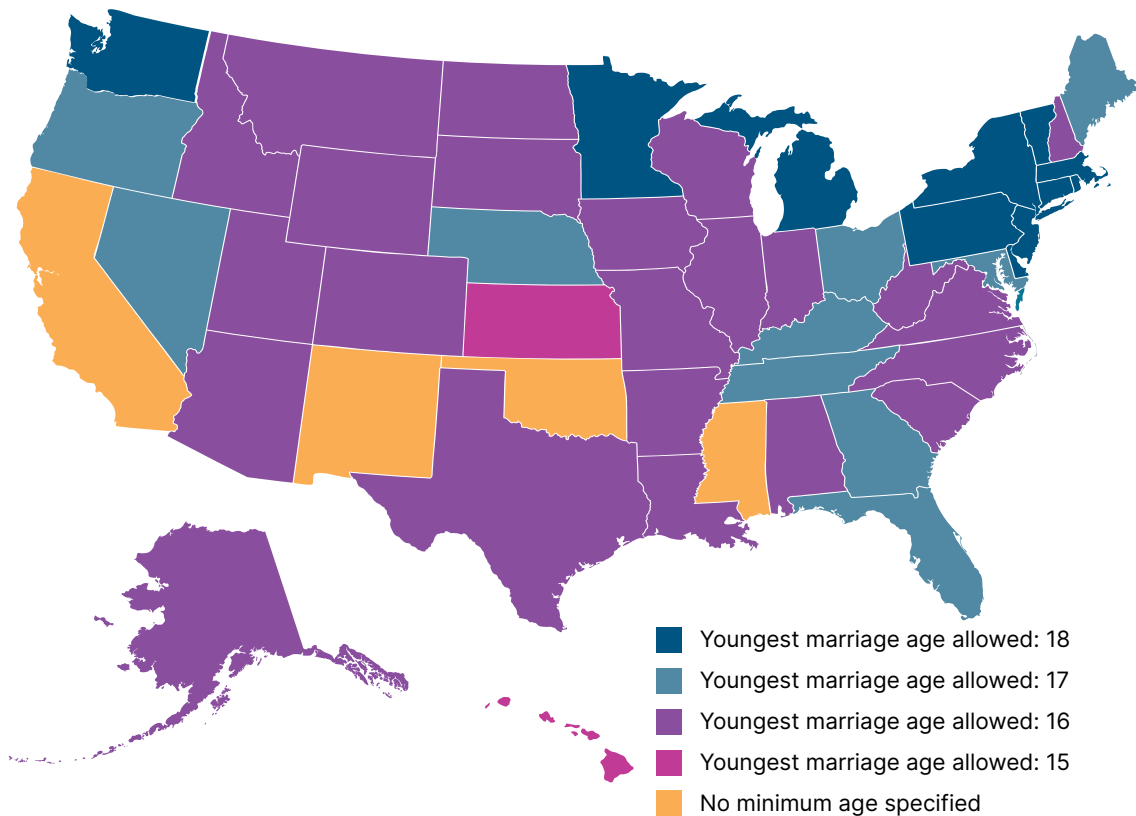
WHAT IS THE U.N. CONVENTION ON THE RIGHTS OF THE CHILD?

In 1989, world leaders convened to make a historic commitment to the world's children by adopting an international legal framework. This treaty—the most ratified international human rights treaty to date—establishes a commitment to protect children from violence and exploitation.^{75,76} This international standard specifies that “persons up to the age of 18 years are entitled to continuing protection from all forms of exploitation and abuse,” which implies that the minimum age for marriage should be set at 18. The United States remains the only U.N. member country that has not ratified the convention.⁷⁷

As of November 2023, 16 states and Washington D.C. are yet to adopt any policies related to child marriage.⁷⁸ Only eleven states have effectively banned child marriage, beginning with Delaware and New Jersey in 2018.⁷⁹ Washington is the most recent state to make child marriage illegal in the beginning of 2024.⁸⁰ Four states currently have no age floor for marriage.⁸¹



Many States Have Yet to Set 18 as the Minimum Age to Marry



Source: Unchained At Last. (n.d.). *Child marriage - progress*. <https://www.unchainedatlast.org/child-marriage-progress/>.

Common state exceptions for underage marriages include “parental consent” and “judicial approval” clauses, which allows an underage individual to marry with parental consent or approval from court judges.⁸² Only nine states, as well as D.C. and the U.S. Virgin Islands, have criminal statutes specifically on forced marriage.⁸³ An additional two states have statutes on abduction for marriage of certain minors.⁸⁴ Loopholes in federal law also allow CEFMU to take place across the United States.⁸⁵ For example, immigration law does not specify a minimum age to petition for a foreign spouse or fiancée, which encourages trafficking of American girls for citizenship. The U.S. government approved nearly 9,000 marriage-based petitions involving minors either as the petitioner or the beneficiary between 2007 and 2017.⁸⁶

The Violence Against Women Act Reauthorization of 2022 finally removed marriage as a defense for federal statutory rape charges.⁸⁷ Prior to the reauthorization, a study found that child marriages violated statutory rape laws in 14 states due to the blurred lines of legality between child marriage laws and laws on age of sexual consent.⁸⁸

Advocacy Needed

While the United States is a major player in promoting policies overseas to prevent child marriage, the laws within the country are weak in protecting vulnerable minors. A comprehensive approach that combines



Implementing a strong legislative framework that sets a minimum age of marriage at 18 with free and informed consent is crucial

legal reforms, community-based support services, and raising awareness through education is essential to protect the rights and well-being of minors and prevent the perpetuation of this harmful practice. Efforts to put an end to CEFMU will not only uphold the principles of human rights and gender equality but also contribute to the overall social and economic development of the nation.

Advocacy in this field should focus on raising the minimum age of marriage, expanding access to education and support services for youth and survivors, and strengthening support from and for sexual and reproductive health advocates. Community mobilization and dialogues on harmful gender norms are critical in supporting these efforts.⁸⁹

Awareness-building

While there should be a minimum age law for marriage, all individuals should have access to sexual and reproductive health and rights (SRHR). Young people should be allowed to make decisions that concern their future, such as accessing SRHR services, but not trapped in a legal contract that they often do not have power to end, such as with child marriage. Therefore, the reproductive rights and anti-child marriage advocacy groups must work together in order to advance both of these goals. In California, the debate concerning minimum legal marriage age is clouded by worries from reproductive health and civil liberties advocacy groups about limiting access to SRHR and imposing on the fundamental right to marry.⁹⁰ However, it is important to recognize that child marriage impedes an individual's right to bodily autonomy and freedom of choice in family planning decisions. Additionally, child marriage leads to higher rates of domestic violence and increases risks related to pregnancy and childbirth.⁹¹ It is equally important that young people have access to a full range of SRHR services and resources, as well as protection from entering legal contracts that they cannot get out of, which may very well restrict their ability to access SRHR services in the first place. Focusing efforts on aligning agendas and increasing both awareness and support for increased SRHR and stronger anti-child marriage laws is crucial in strengthening both movements.

Legislative Action

American exceptionalism drives the belief that child marriage is not a problem within the country, therefore laws preventing child marriage are seen as

unnecessary. However, the United States is not immune to the problem of child marriage, and implementing a strong legislative framework that sets a minimum age of marriage at 18 with free and informed consent is crucial.⁹² Ensuring that strict legislation to set a minimum age to marry at 18 takes precedence over religious or customary law is important as well. Currently, many state minimum age laws are in direct conflict with state laws of sexual assault of a child, which must be rectified.⁹³ Advocacy has focused primarily on state legislation reform, as the Supreme Court has held over time that marriage is to be regulated at the state level only.⁹⁴ However, it is important to note that the U.S. government is a signatory of the *Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages*, which states that legislative action to specify a minimum age for marriage is necessary, despite not having a set federal minimum age to marry.⁹⁵

Community Investment

Investments in youth-led organizations with peer-to-peer approaches to expanding access to education and integration of comprehensive sexuality education (CSE) in schools can be instrumental in combatting CEFMU. Enhancing girls' access to education will deter CEFMU, as girls from more educated and wealthier households are less likely to marry in childhood.⁹⁶ Access to quality education across generations unlocks economic potential for girls, contributing to a break in the cycle of poverty and intergenerational transmission of child marriage.⁹⁷ Integrating CSE in schools will provide young people the tools to exercise greater bodily autonomy and strengthen healthy decision-making ability. Empowering youth to combat gender-based discrimination will reinforce efforts to combat harmful gender-based practices, including CEFMU.⁹⁸ Moreover, expanding access to tertiary care resources such as domestic violence shelters and civil legal protections will be beneficial to survivors of CEFMU. Empowering survivors should be a key focus of any advocacy against child marriage.

Ending CEFMU requires careful consideration of the specific needs of married adolescents and at-risk individuals. While advocating for supportive laws, tackling this issue requires considering the root causes of gender inequality and exclusion that drive CEFMU. Engaging community leaders in dialogue and promoting opportunities for girls in education and the economy can create an enabling environment for change.⁹⁹

STATEMENT ON VIRGINITY TESTING

Virginity testing is a practice that is not well-documented but occurs within the United States as well and deserves attention.

Virginity testing refers to a gynecological inspection of female genitalia to assess one's virginity, though no clinical basis exists for the procedure.¹⁰⁰ This procedure is a violation of an individual's human rights. Narratives from survivors and reports from healthcare providers receiving requests for virginity testing suggest an ongoing occurrence of virginity testing within the United States, though the magnitude is unclear.^{101,102,103} However, even one case of virginity testing is too many.

Virginity testing is often utilized as a means to control and monitor an individual's sexuality and commitment to "purity," which is conflated with preserving virginity.¹⁰⁴ Virginity testing is often premised on a perceived correlation between sexual intercourse and immorality or criminal deviancy,¹⁰⁵ therefore, in some cases, parents or potential life partners seek virginity tests to prove one's chastity and honor, especially before a forced marriage.¹⁰⁶ These examinations are inherently discriminatory and degrading and violate basic standards of health professionals.¹⁰⁷ The forced tests can cause physical pain, which may be amplified due to stress.¹⁰⁸ Many suffer psychological and social consequences of the practice, including anxiety, depression, post-traumatic stress, loss of self-esteem, and suicidal ideation.¹⁰⁹

There have been increasing calls to an end to virginity testing globally. The World Health Organization (WHO) included a recommendation for health workers in a 2014 clinical handbook stating that virginity testing has no scientific validity.¹¹⁰ In 2018, a group of U.N. agencies issued a joint statement calling for a ban on virginity testing, citing it as a "medically unnecessary, and often times painful, humiliating and traumatic practice."¹¹¹ Within the United States, the American College of Obstetricians and Gynecologists (ACOG) and the American Medical Association (AMA) have called for a ban on the practice.^{112, 113} However, no federal or state laws currently ban virginity testing.¹¹⁴ In 2019, New York lawmakers began working on legislation to make virginity testing illegal.¹¹⁵ If passed, New York would be the first and only state with specific legislation against virginity testing. The bill was re-introduced in January 2023, but no further movement has occurred.¹¹⁶

The practice of virginity testing remains unregulated. U.S. policymakers must support legislative and policy frameworks that encourage the sustained elimination of virginity testing.¹¹⁷ This legislation must prohibit all forms and methods of virginity testing, taking care to address any loopholes that may be used as means of evasion.¹¹⁸

The inclusion of provisions for monitoring and regulation by public and private actors in the healthcare community, nationwide education campaigns to inform communities and healthcare providers on the myths of virginity testing, as well as investment in universal sexual and reproductive health care and education are all crucial for ending virginity testing within the United States.

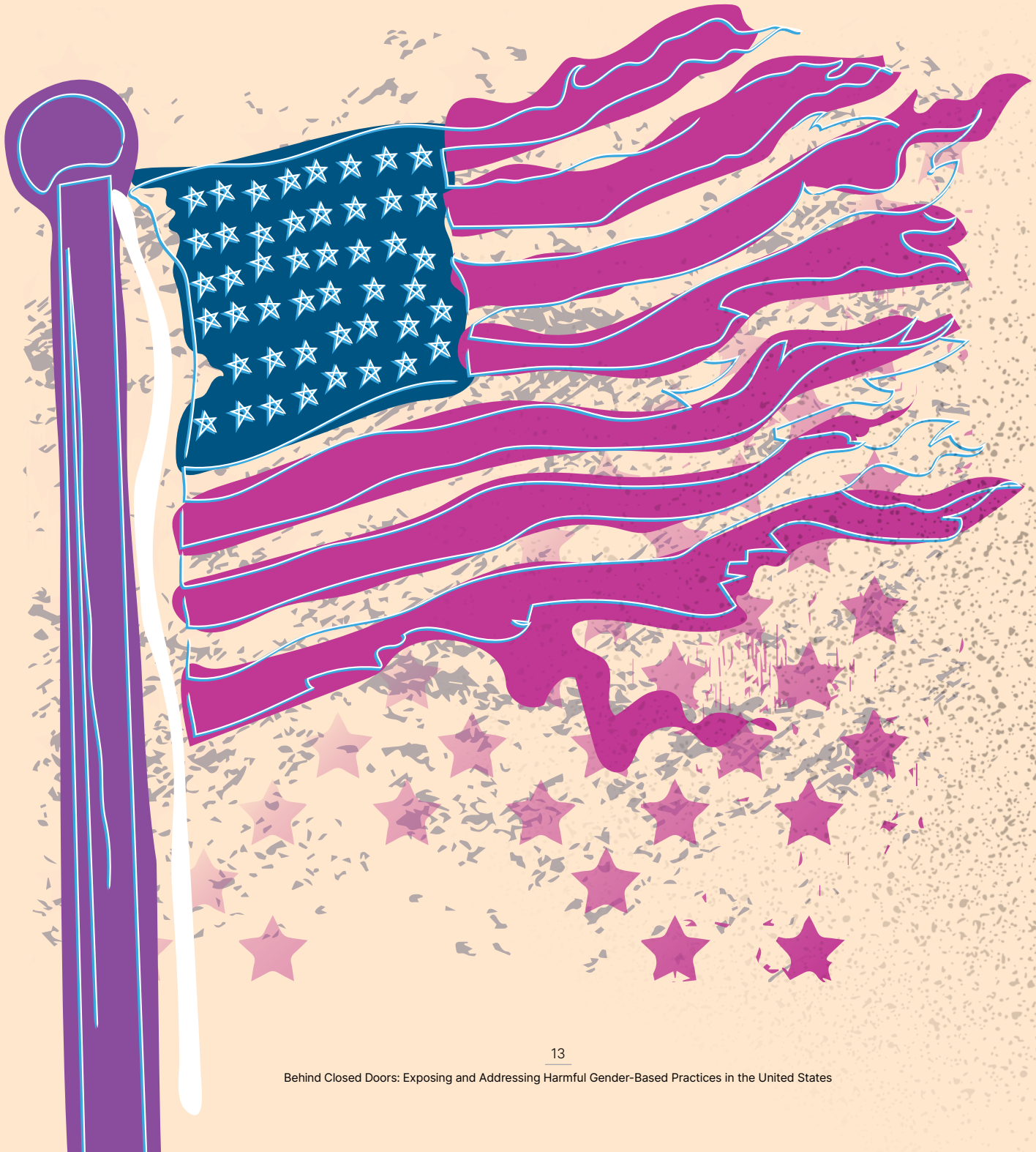
Specifically, medical providers are uniquely positioned to combat virginity testing, and their opposition to the practice can raise awareness of its harm and lack of scientific validity.¹¹⁹ They should be aware of the research that documents the invalidity of virginity testing, as well as understand the harms it perpetuates. Providers could benefit from practical guidelines on how to refuse and respond to requests for virginity tests in the clinical setting. Understanding cultural reasons for virginity testing is important for providers to tailor their response to their patients.¹²⁰ Expanding and implementing policy that supports culturally sensitive counseling to educate patients and family members on the negative effects of virginity testing and further referral to psychological support when needed, as supported by the AMA, is necessary.¹²¹

Additionally, as virginity testing is often sustained through support from the community, community-oriented action is critical. Creating spaces for survivors to speak about their experiences can help dispel the perceived morality and permissibility of virginity testing. WHO describes a few examples, including public pledges and community-wide agreements against virginity testing and community-led media campaigns.¹²² Supporting local advocacy and grassroots organizations in community-led advocacy campaigns can be influential in the fight against virginity testing. Similar to CEFMU prevention, tackling unhealthy attitudes and perceptions about sex and virginity is important for putting an end to virginity testing. Investing in evidence-based CSE programs can benefit adolescents to confront harmful social norms and transform attitudes and perceptions about virginity

and bodily autonomy.^{123, 124} Such education can make strides in tackling the negative impacts of purity culture within the United States and reinforcing attitudes against virginity testing.

Though further research into the prevalence of virginity testing across the United States is necessary, wherever the practice occurs within the country, it requires action

from U.S. policymakers and community members. Virginity testing is a major breach of privacy and a human rights violation. A commitment from government, healthcare providers, and communities to recognize the harms and stigma around virginity can help to end this harmful practice. These actions will be transformative for gender equality and empowerment.



Femicide

Femicide is a human rights violation that cannot be dismissed as an archaic practice or a foreign problem. These killings are the most extreme form of gender-based violence and exist across regions and countries, including the United States.¹²⁵ Women are more likely to be victimized in the home than in any other place, meaning that they are overwhelmingly murdered by someone they already know.¹²⁶ The United States has one of the highest rates of intentional homicide of women among high-income countries.¹²⁷ A targeted response is needed to protect women from femicide.

What is Femicide?*

Femicide refers to the killing of a woman or girl because of her gender.¹²⁸ Gender-related killing and gender-based murder are related terms to define a violent act primarily targeting individuals based on their gender, usually perpetrated by males against female victims.¹²⁹ This type of murder is defined as “an intentional killing with a gender-related motivation,” which may be driven by harmful gender and social norms, discriminatory attitudes towards women and girls, or imbalanced power dynamics within a relationship.¹³⁰ Femicide can occur within a variety of contexts.¹³¹ These crimes are deeply entrenched within harmful societal norms and expectations related to masculinity. Femicide differs from other homicides in that they are usually committed by partners or ex-partners, and involve ongoing abuse, threats or intimidation, or sexual violence.¹³²

TOXIC MASCULINITY

The role of toxic masculinity is heavily debated as a driver of femicide. The term refers to the “roles, behaviors, and attributes that are associated with maleness and considered appropriate for men.”¹³³ These toxic patriarchal norms limit the emotions of men as well as emphasize the superiority of masculinity over femininity and, therefore, the authority of men over women.¹³⁴ The belief that traditional masculinity is superior to femininity exposes women and girls to gender-based violence.¹³⁵ While women have gained more freedom and rights in many areas, structural patriarchy, as well as socially constructed gender roles, continue to encourage violence as a means to assert dominance and control over women.

Prevalence in the United States

The rate of femicide occurring within the United States was reported to be 2.2 per 100,000 women in 2021, which remains one of the highest reported figures among high-income countries.¹³⁶ The incidence of men murdering women has been on the rise in the United States, with an increase of 24% from 2014 to 2020.¹³⁷ Despite this, femicide is rarely thought of as an U.S.-based issue, but rather a crime that is concentrated in low- and middle-income countries.

According to the annual Violence Policy Center study, *When Men Murder Women: An Analysis of 2020 Homicide Data*, more than 2000 women were murdered by men in the United States in 2020, and the most common weapon used was a gun.¹³⁸ Women were eight times more likely to be murdered by a male acquaintance than a male stranger.¹³⁹ Femicide occurs



**Though there are other terms used for “femicide,” Population Institute (PI) has chosen to use “femicide” to describe the ongoing issue of women and girls being killed due to their gender in the United States.

in communities of all religious and ethnic backgrounds, but disproportionately impacts women of color. Men are murdering Black women and girls at a rate almost three times higher than white women.¹⁴⁰ Native American and Alaska Native women experienced the second highest rate of homicide in 2020.¹⁴¹

Research also suggests that the LGBTQI+ community disproportionately experiences femicide. Analysis of homicide and intimate partner violence within the LGBTQI+ community is minimal due to underreporting and lack of research that disaggregates available data.¹⁴² Since 2013, however, the Human Rights Commission has tracked more than 200 cases of anti-transgender fatal violence, with transgender women of color comprising approximately 4 in 5 of all anti-transgender homicides.¹⁴³ Black transgender women experience higher rates of victimization and homicide than their cis-gender counterparts.¹⁴⁴

FEMICIDE IS UNIVERSAL

Femicide is sometimes referred to as “honor killing.” This term refers to murder committed by partners or relatives aiming to protect a community’s “honor” when a woman is perceived to have disgraced the family through infidelity, premarital sex, or other activity deemed inappropriate.^{145,146} The prevalence of “honor killing” in the United States is not well documented; however, numerous cases have been sensationalized in the U.S. media, primarily when the perpetrators are Muslim or immigrants from the Middle East or North Africa.^{147,148} However, when a non-immigrant and/or non-Muslim male claims he killed his wife because he was provoked by his wife’s infidelity, the act is dubbed a “crime of passion.” In many cases, those who commit “crimes of passion” face charges that are reduced from a first-degree murder to second-degree manslaughter.¹⁴⁹ Stereotyping certain communities as responsible for femicide is a perspective that ignores the long-standing culture of intimate partner violence that exists within the U.S. border.¹⁵⁰ The “crime of passion” defense continues to operate across the United States under a variety of names—provocation, the “reasonable man” standard, and extreme emotional disturbance.¹⁵¹ In 1997, Maryland became the first state to remove adultery as a viable reason to reduce murder charges to manslaughter.¹⁵² In February 2023, the Massachusetts Supreme Judicial Court followed suit and declared that cheating would no longer reduce a murderer’s crime to manslaughter.¹⁵³

Harmful Impacts

The impact of femicide goes beyond the loss of a life. Femicide victims usually face multiple acts of violence, degradation, psychological and physical isolation, and debilitating fear prior to the fatal incident.¹⁵⁴ The pain and trauma felt by the loved ones of a victim can be long-lasting and debilitating.¹⁵⁵ Families and friends can experience a combination of loss, grief, poor health, compromised functioning at school or work, and/or loss of income.¹⁵⁶ Surviving children of women killed by their intimate partners experience long-lasting psychological effects, especially if they have to leave their parental home and adjust to a new environment.¹⁵⁷ Moreover, femicide impacts the whole community. The persistence of femicide in a community creates a culture of fear and silence.¹⁵⁸ Women and girls are restricted in their economic, political, and social opportunities by that culture,¹⁵⁹ further preventing them from reaching their full potential, and restricting whole communities from thriving.



Action in the United States

In 1994, the U.S. Congress passed the Violence Against Women Act (VAWA), which secured \$1.6 billion to address issues of violence against women.¹⁶⁰ This legislative package was designed to improve criminal justice responses to sexual assault, domestic violence, dating violence, and stalking by increasing access and availability of support services.¹⁶¹ VAWA was reauthorized in 2000, 2005, 2013, and 2022.¹⁶² The impact of VAWA has been measured in increased reporting of gender-based violence, increases in the number of arrests and collaboration between law enforcement and community-based organizations, as well as higher reported victim satisfaction with services.¹⁶³ VAWA has been effective in expanding federal criminal response to gender-based violence, creating grant programs, increasing tribal power in addressing violence, and establishing protections for vulnerable populations, though the disproportionate focus on criminalization can be harmful and overshadow other effective strategies to combat gender-based violence.¹⁶⁴ While some have made causal claims about VAWA's effectiveness on decreasing intimate partner violence, there are no robust evaluation efforts to assert this claim.¹⁶⁵

The most recent authorization of VAWA includes some provisions for violence prevention, including strengthened protections against gun violence.¹⁶⁶ For example, the National Instant Criminal Background Check System Denial Notification Act of 2022, included in the recent authorization, requires the U.S. Attorney General to issue a report to relevant law enforcement within 24 hours when someone attempts to purchase a firearm and is denied on account of their background check.¹⁶⁷ Title XI also required the Attorney General to appoint special assistant U.S. attorneys in jurisdictions with high rates of firearm violence against intimate

partners and minimal resources to address these concerns.¹⁶⁸ In addition, in 2022, President Biden signed the Bipartisan Safer Communities Act, which narrowed the “boyfriend loophole,” the gap in federal law that allows domestic abusers who aren’t married to their victims continued access to guns. However, the Act does not fully close this loophole.¹⁶⁹ The federal law pertaining to domestic abusers and firearm access is currently under review by the Supreme Court.

UNITED STATES V. RAHIMI

Between December 2020 and January 2021, Zackey Rahimi was involved in a number of violent incidents in Arlington, Texas, including multiple shootings and a hit-and-run.¹⁷⁰ During the time, he was under a civil protective order for alleged assault against his ex-girlfriend. He was indicted for possessing firearms while under a domestic violence restraining order, which is illegal under federal law.¹⁷¹ Rahimi moved to dismiss the indictment on constitutional grounds, but was denied and pled guilty.¹⁷² Rahimi continued with the constitutional challenge based on the decision made by the Supreme Court in *New York State Rifle & Pistol Association, Inc. v. Bruen* in June 2023, where the court held that the Second Amendment right to bear arms extended outside the home, and in addition, that all gun control laws are constitutional only if there is historical precedent.¹⁷³ The Fifth Circuit Court agreed that prohibiting individuals subject to domestic violence protective orders from their constitutional right to possess firearms is invalid.¹⁷⁴ The U.S. Supreme Court is expected to release a decision on this case in summer of 2024. The implications of this decision are far-reaching. Domestic violence abusers pose significant risks to their partners. For example, research shows that a woman who is a survivor of domestic violence is five times more likely to be killed by their male partner when he has access to a firearm.¹⁷⁵ Another study shows that in 68% of all the mass shootings between 2014 and 2019 in the United States, the shooter killed at least one partner or family member or had a history of domestic violence.¹⁷⁶



Advocacy Needed

Femicide, and especially femicide by firearm, has been on the rise in the United States. A September 2022 report from the Violence Policy Center shows a 24% increase in femicide in the United States between 2014 and 2020 (see figure below).¹⁷⁷ And women in the United States are 28 times more likely to die by firearm homicide than women in other high-income nations.¹⁷⁸ There is a dire need for early prevention strategies and awareness-building, improved surveillance and research, and preventative laws.

Awareness-building

Promoting early education and awareness is vital to challenging and changing cultural norms that condone femicide. Promoting healthy and nonviolent relationships in communities can help to reduce the occurrence of intimate partner violence and prevent femicide.¹⁷⁹ Involving boys, no later than middle-school age, in gender transformative work that seeks to challenge harmful gender norms, shift power structures, and redistribute resources and services more equally can have profound impact on the prevalence of femicide.^{180,181} This work can mean incorporating discussions within the public school curriculum of power dynamics that exist within society while emphasizing the need to bolster the agency of women and girls.¹⁸² These discussions can shift mindsets towards embracing healthy masculinity that

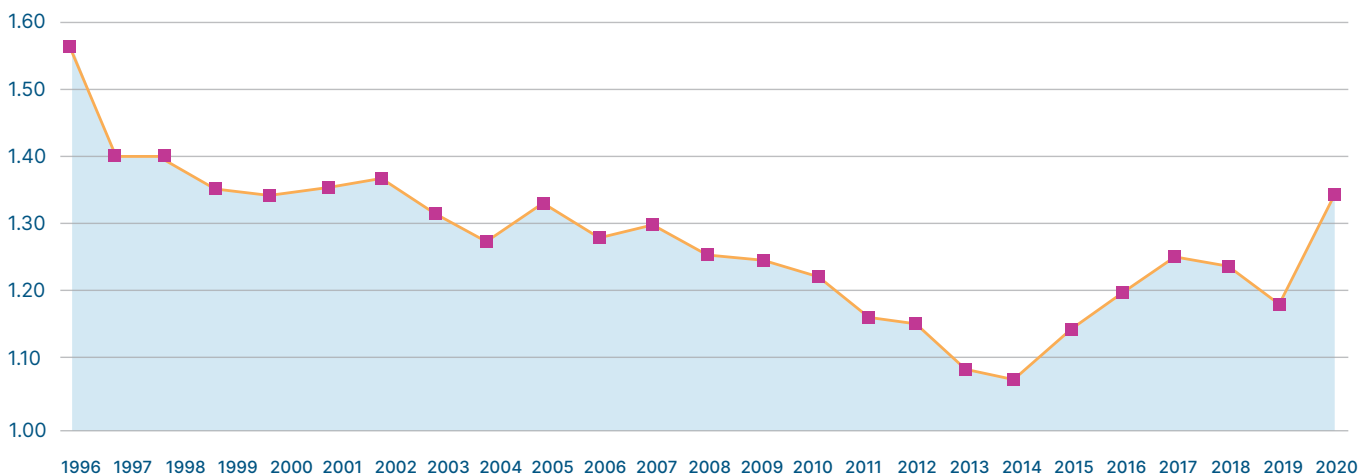
Women in the United States are 28 times more likely to die by firearm homicide than women in other high-income nations

emphasizes values of equality, respect, and dignity.¹⁸³ Transformative work within a community can also include diverse activities with community leaders, such as religious leaders, to challenge gender roles within families.¹⁸⁴ Influencing the toxic norms that are often embedded in a patriarchal society is important for reducing overall harm against women and girls.

Legislative Action

Research shows that in the United States, female intimate partner homicide will decrease with the implementation and enforcement of effective firearm legislation.¹⁸⁵ With so many guns in circulation¹⁸⁶ and a lack of a clear legislative pathway¹⁸⁷ to reduce

Rate of Women Murdered by Men in Single Victim/Single Offender Incidents (per 100,000 females) 1996-2020



Source: Violence Policy Center. 2022. *When Men Murder Women: An Analysis of 2020 Homicide Data*. Washington D.C., U.S.A.: Violence Policy Center. <https://vpc.org/>

The rate of femicide occurring within the United States was reported to be 2.2 per 100,000 women in 2021

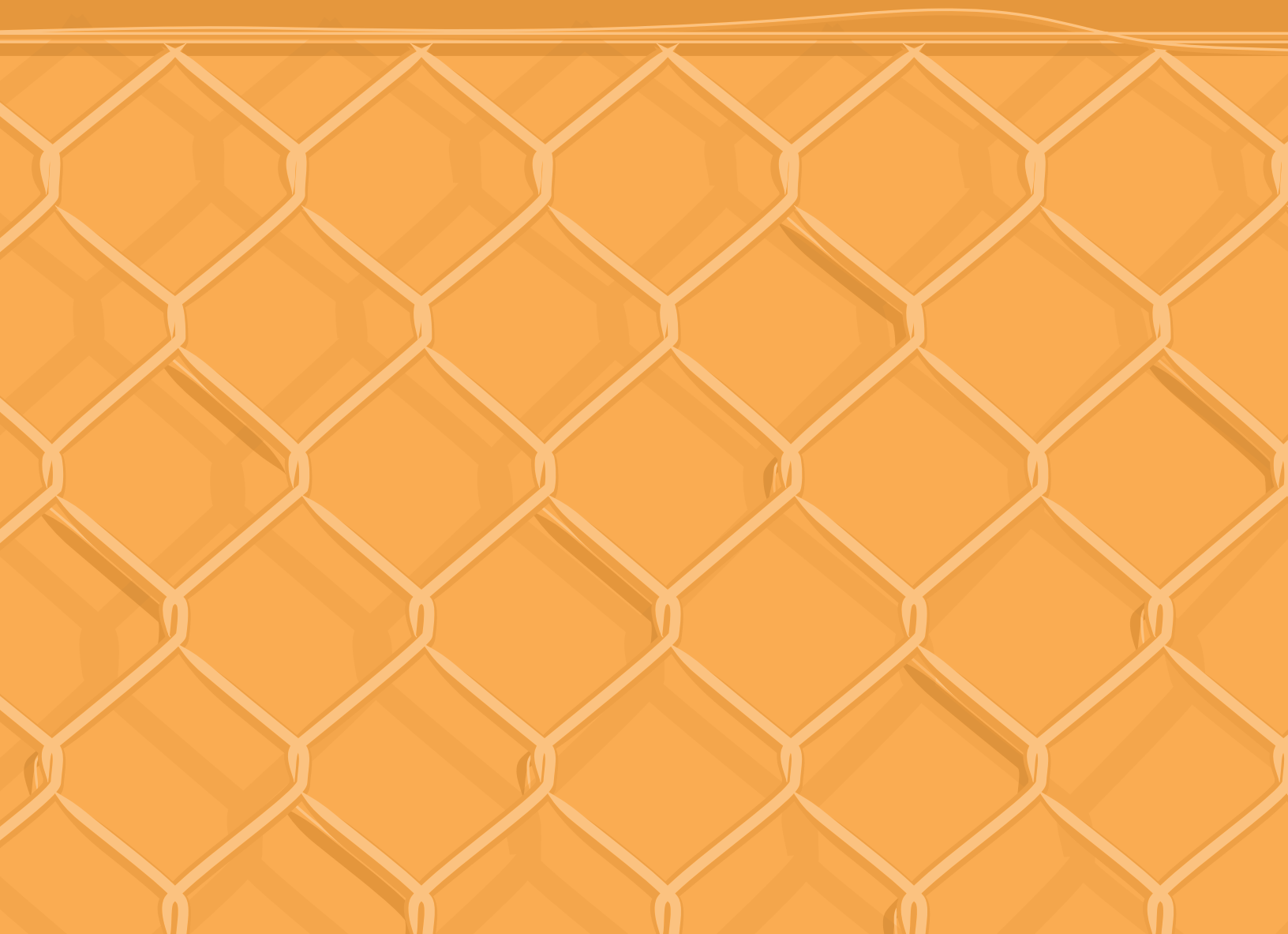
the number of guns in the United States, advocates of strong gun laws are focusing on enforcement of existing laws and limiting further gun access. Focusing on enforcement of existing state firearm relinquishment laws, such as removal of firearms from the scene of domestic disturbances, as well as from the possession of convicted intimate partner violence misdemeanors and/or felons, is key. Moreover, gaps in the federal law allow for some domestic violence abusers to access firearms.¹⁸⁸ For example, under federal law, gun purchases may move forward by default after three business days, regardless of the completion of a background check, known as the Charleston loophole.¹⁸⁹ Only 22 states have closed this loophole through state legislation.¹⁹⁰ Another prominent deficiency in firearm law is the dating partner loophole for domestic restraining orders.¹⁹¹ This loophole means that current federal law does not extend to individuals who are abused by a current or former dating partner with whom they do not share a child or with whom they have ever cohabitated, meaning that federal protections for unmarried individuals are nonexistent.¹⁹² Yet, half of all domestic violence-related homicides are committed by a dating partner, rather than a spouse.¹⁹³ Currently, only 28 states and Washington D.C. have either partially or completely closed this loophole.¹⁹⁴

Community Investment

Efforts to address femicide can be strengthened through investment in comprehensive research and improved analysis of mortality data related to femicide across the globe, including in the United States.¹⁹⁵ A better understanding of relationships between the assailant and victim, as well as personal life factors, can greatly inform efforts to reduce the occurrence of femicide. For example, the nexus of domestic violence and firearms-related deaths is a risk factor that requires immediate attention.¹⁹⁶ While data on homicide in the United States is already disaggregated by sex and age, much of this data still needs to be analyzed. Further research can elaborate specific risk and protective factors, which in turn can better inform intervention strategies and help to identify shortcomings within national laws and policies, including a lack of implementation.¹⁹⁷

Femicide is a grave issue in the United States. These crimes affect a wide range of individuals and communities, leaving scars that linger for years. However, policy change, a deeper understanding of risk and protective factors in the community, and awareness-building can work together to address and prevent these horrific acts.





An Acknowledgment of Disproportionate Harm Against the LGBTQI+ Community

In the United States, LGBTQI+ individuals face systemic discrimination, violence, and frequent attacks on their rights and autonomy, further increasing the risk of gender- and sexuality-based violence. Research shows that LGBTQI+ people are at an elevated risk for physical and sexual assault, harassment, bullying, and hate-crime victimization compared to their non-LGBTQI+ counterparts.¹⁹⁸ Those with intersecting marginalized identities face threats of violence at higher rates, with Black transgender women making up the group with highest risk.¹⁹⁹ Highlighting the disproportionate violence against the LGBTQI+ community is crucial in conversations about gender-based harm in the United States.

Prevalence of Violence

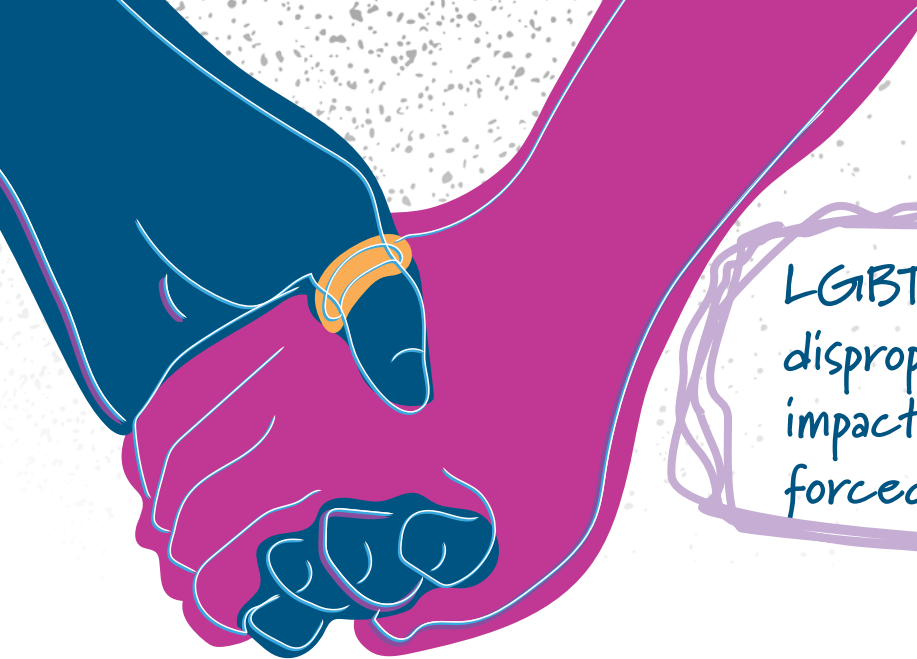
Many of the harmful gender-based practices included in this report uniquely affect the LGBTQI+ community. Queer identity is rooted in gender and sexuality

expression that runs counter to patriarchal views of masculinity and femininity, a key driver of harmful gender-based practices, social norms, and subsequent violence.

Violence against the LGBTQI+ community is pervasive and heightened compared to their non-LGBTQI+ counterparts. An analysis of the 2017-2019 National Crime Victimization Survey found that LGBT people*** experienced 6.6 violent hate crime victimizations per



In 2023, at least 510 anti-LGBTQI+ bills were introduced across the United States



LGBTQI+ individuals face disproportionate rates and unique impacts of murder, violence, forced marriage, and FGM/C.

1000 people, compared to 0.8 per 1,000 for non-LGBT individuals.²⁰⁰ Almost 500 gender identity-motivated hate crimes were recorded in 2022, accounting for 4% of all hate crimes recorded in that year.²⁰¹ Additionally, members of the LGBTQI+ community face an incredibly high risk of murder in the United States. Based on extremely limited existing data, conservative estimates from 2014 show that transgender women risk becoming a murder victim at 4.3 times the rate of the general population of all women.²⁰² However, data on violent and fatal crimes against the transgender community continue to be incomplete and unreliable.²⁰³ Other gender-based harms such as FGM/C and forced marriage can also uniquely impact the LGBTQI+ community. Despite FGM/C only referring to the female anatomy and being highly entrenched in binary gender norms, not every survivor identifies with cis-heterosexual womanhood.²⁰⁴ FGM/C has been used as a way to control sexual orientation, gender identity, and other sexual characteristics of LGBTQI+ individuals, yet limited research on LGBTQI+ survivors of FGM/C is available to inform effective survivor-centered care.^{205, 206} Similarly, LGBTQI+ individuals can sometimes be forced into a heterosexual marriage through physical and emotional pressure due to shame, stigma, worry, and hatred around the victim's gender expression or sexuality.²⁰⁷

Motivations Behind Violence against the LGBTQI+ Community

The victimization of LGBTQI+ people is often motivated by anti-sexual orientation and gender-identity (SOGI) bias.²⁰⁸ Transphobia, for example, is rooted in patriarchal

and white supremacist norms that are sustained by a belief in gender binary frameworks and spurs violence against the transgender community.²⁰⁹ Queer identity is thought to be a challenge to patriarchal society, which requires stringent belief in heteronormative relationships with a hierarchy in which men are superior to women.²¹⁰ In general, perceptions of the LGBTQI+ community as untrustworthy and a social threat also align with much of the popular anti-LGBTQI+ rhetoric and hate speech of the American far-right.²¹¹ Intersecting marginalized identities have increased risk of violence due to intersecting bias-motivated hate. For example, the high rates of violence against transgender Black women have roots in misogyny, racism, and transphobia in society.²¹²

Moreover, in 2023, at least 510 anti-LGBTQI+ bills were introduced across the United States.²¹³ These laws create a hostile environment for LGBTQI+ individuals, and the blatant hateful and violent rhetoric of these bills leads to stigma and radicalization, leading to further violence against the LGBTQI+ community.²¹⁴ Healthcare restrictions, student and teacher rights restrictions, free speech and expression bans, and other civil rights violations are some areas that anti-LGBTQI+ policy aims to tackle.²¹⁵

In summary, LGBTQI+ individuals face disproportionate rates and unique impacts of murder, violence, forced marriage, and FGM/C, making it vital for the fight against harmful gender practices in the United States to include this community at the forefront. There is a clear epidemic of violence against the LGBTQI+ community and an urgent need for action.

***Population Institute (PI) is intentionally using the acronym, LGBT, in statements where the research data cited does so. Otherwise, PI uses LGBTQI+ to represent all individuals that are part of the community.

Conclusion

As the analysis in this report illustrates, a culture of gender-based violence exists within the United States that cannot be ignored. Greater investment in women and girls is necessary to spur sustainable change and end these human rights violations. U.S. policymakers cannot deny the existence of female genital mutilation/cutting (FGM/C), child marriage, and femicide in the United States, and should not shirk their responsibility to address these harmful practices. Advancing culturally competent and sustainable solutions is an imperative in civil society to stop gender-based harm in the country and join communities in enacting change across the globe.

This report demonstrates a prevalence of gender-based harm in the United States that is often ignored. More than 500,000 women and girls are estimated to have undergone or are at risk of undergoing FGM/C.²¹⁶ At least 300,000 minors are estimated to have been married in the United States between 2000 and 2018.²¹⁷ And the rate of gender-based murder continues to be among the highest of high-income countries, with a reported 2.2 per 100,000 women being intentionally killed in 2021.²¹⁸ Moreover, even with minimal prevalence data available, healthcare providers are undeniably encountering requests for virginity testing across communities in the United States.²¹⁹ Finally, it is important to acknowledge the disproportionate harm done towards those with intersecting marginalized identities and the LGBTQI+ community.

Addressing harmful gender-based practices within the United States requires a holistic and targeted approach. In addition to acknowledging the presence of these harmful gender-based practices, policymakers, practitioners, program implementers, and U.S.-based advocates should:

Implement awareness and education campaigns

Implementing comprehensive educational initiatives at various levels, including schools, community centers, and healthcare facilities, to raise awareness about the harmful consequences of these practices is important. Tailoring these educational materials to be inclusive and sensitive to the experiences of marginalized communities, including LGBTQI+ people, can help to transform unhealthy attitudes and perceptions about gender norms and bodily autonomy.

Encourage multi-sectoral approaches

Many of these harmful gender-based practices flourish due to many different actors. A combination of activities across the public health sector, medical field, religious communities, and government agencies is necessary, including community-led initiatives that challenge social and cultural norms that perpetuate harmful practices and collaborative work with community and faith leaders, influencers, and organizations that work to create a supportive environment that rejects harmful gender-based practices and promotes gender equality.

Strengthen federal and state laws and focus investments

Advocating for and enacting legal reforms that specifically address and oppose these harmful gender-based practices will be impactful. Each practice requires explicit laws to close loopholes that allow them to persist. These laws should include provisions and investments for community education efforts, as well as support services including counseling, shelters, and legal aid, specifically designed for survivors.

Ensure robust data collection and analysis

Investing in research and data collection to better understand the prevalence and impact of these harmful practices within different communities is crucial in tailoring interventions. Incomplete data tells an incomplete story. Better understanding the underlying risk factors that drive harmful gender-based practices will foster culturally competent advocacy and help to allocate resources effectively.

Addressing harmful gender-based practices within the United States requires a holistic and targeted approach

By recognizing the harmful gender-based practices that are occurring behind closed doors across the United States, we can begin to make substantial and sustainable strides towards eradicating gender-based harmful practices. The *National Plan to End Gender-Based Violence* from the Biden Administration makes a step towards prioritizing vulnerable populations and discussing of culturally competent solutions, but further awareness-raising, legislative action, and community investment is required.

Collaborating with international organizations and engaging in diplomatic efforts to collectively combat harmful practices on a global scale can uncover the interconnectedness of gender-based violence that occurs worldwide, and this collaboration requires a recognition of the harms that are perpetuated behind closed doors within the United States. Applying culturally competent solutions that engage all levels of the community is crucial in fostering a society that respects the bodily autonomy, rights, and dignity of all individuals.



Endnotes

1. World Health Organization (WHO). 2021. *Violence against women*. <https://www.who.int/news-room/fact-sheets/detail/violence-against-women#:~:text=Estimates%20published%20by%20WHO%20indicate,violence%20is%20intimate%20partner%20violence.>
2. The White House. (2023). *U.S. national plan to end gender-based violence: Strategies for action*. Washington D.C.: The White House.
3. United Nations Women (U.N. Women). ND. *FAQs: Types of violence against women and girls*. U.N. Women. [https://www.unwomen.org/en/what-we-do/ending-violence-against-women/faqs/types-of-violence.](https://www.unwomen.org/en/what-we-do/ending-violence-against-women/faqs/types-of-violence)
4. The White House. (2023). *U.S. national plan to end gender-based violence: Strategies for action*. Washington D.C.: The White House.
5. The White House. *U.S. national plan to end gender-based violence: Strategies for action*.
6. Blanchfield, L. 2015. *The United Nations Convention on the Rights of the Child* (No. R40484). Washington, D.C.: Congressional Research Service. [https://crsreports.congress.gov/product/pdf/R/R40484/25.](https://crsreports.congress.gov/product/pdf/R/R40484/25)
7. Equality Now. ND. *Female Genital Mutilation in the United States*. [https://equalitynow.org/female-genital-mutilation/.](https://equalitynow.org/female-genital-mutilation/)
8. WHO. 2023. *Female genital mutilation*. [https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation.](https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation)
9. UNFPA. 2022. *Female genital mutilation (FGM) frequently asked questions*. [https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions.](https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions)
10. UNFPA. *Female genital mutilation (FGM) frequently asked questions*.
11. UNICEF. 2024. *Over 230 million women and girls subjected to female genital mutilation*. UN News. [https://news.un.org/en/story/2024/03/1147402.](https://news.un.org/en/story/2024/03/1147402)
12. UNFPA. ND. *Female genital mutilation*. [https://www.unfpa.org/female-genital-mutilation#:~:text=UNFPA%20estimates%2068%20million%20girls,practice%20due%20to%20COVID%2D19.https://www.unicef.org/press-releases/2-million-additional-cases-female-genital-mutilation-likely-occur-over-next-decade#:~:text=2%20million%20additional%20cases%20of,decade%20due%20to%20COVID%2D19.](https://www.unfpa.org/female-genital-mutilation#:~:text=UNFPA%20estimates%2068%20million%20girls,practice%20due%20to%20COVID%2D19.https://www.unicef.org/press-releases/2-million-additional-cases-female-genital-mutilation-likely-occur-over-next-decade#:~:text=2%20million%20additional%20cases%20of,decade%20due%20to%20COVID%2D19)
13. United Nations Children's Fund (UNICEF). 2021. *2 million additional cases of female genital mutilation likely to occur over next decade due to COVID-19*. [https://www.unicef.org/press-releases/2-million-additional-cases-female-genital-mutilation-likely-occur-over-next-decade#:~:text=2%20million%20additional%20cases%20of,decade%20due%20to%20COVID%2D19.](https://www.unicef.org/press-releases/2-million-additional-cases-female-genital-mutilation-likely-occur-over-next-decade#:~:text=2%20million%20additional%20cases%20of,decade%20due%20to%20COVID%2D19)
14. Goldberg, H. et al. 2016. *Female Genital Mutilation/Cutting in the United States: Updated Estimates of Women and Girls at Risk, 2012*. *Public health reports*, 131(2), 340-347. [https://doi.org/10.1177/003335491613100218.](https://doi.org/10.1177/003335491613100218)
15. Mather, M. and Feldman-Jacobs, C. 2016. *Women and Girls at Risk of Female Genital Mutilation/Cutting in the United States*. [https://www.prb.org/resources/women-and-girls-at-risk-of-female-genital-mutilation-cutting-in-the-united-states/.](https://www.prb.org/resources/women-and-girls-at-risk-of-female-genital-mutilation-cutting-in-the-united-states/)
16. Mather. *Women and Girls at Risk of Female Genital Mutilation/Cutting in the United States*.
17. Equality Now. 2020. *FGM: A Global Picture*. [https://equalitynow.org/fgm-a-global-picture/.](https://equalitynow.org/fgm-a-global-picture/)
18. UNICEF. ND. *What is female genital mutilation?* [https://www.unicef.org/stories/what-you-need-know-about-female-genital-mutilation.](https://www.unicef.org/stories/what-you-need-know-about-female-genital-mutilation)
19. Goldberg. *Female Genital Mutilation/Cutting in the United States: Updated Estimates of Women and Girls at Risk, 2012*.
20. Muteshi, J. K., Miller, S., and Belizán, J. M. 2016. *The ongoing violence against women: female genital mutilation/ cutting*. *Reproductive health*, 13(1), 1-4.
21. Paul, M. 2014. *Clitoridectomy and Female Circumcision in America*. *Northwestern*. [https://news.northwestern.edu/stories/2014/12/clitoridectomy-and-female-circumcision-in-america/.](https://news.northwestern.edu/stories/2014/12/clitoridectomy-and-female-circumcision-in-america/)
22. Taher, M. 2017. *Because I was harmed*. NPR. [https://www.npr.org/sections/codeswitch/2017/04/27/483713242/because-i-was-harmed.](https://www.npr.org/sections/codeswitch/2017/04/27/483713242/because-i-was-harmed)
23. WHO. *Female genital mutilation*.
24. Sarayloo, K., Latifnejad Roudsari, R., and Elhadi, A. 2019. *Health consequences of the female genital mutilation: A systematic review*. *Galen medical journal*, 8, e1336. [https://doi.org/10.22086/gmj.v8i0.1336.](https://doi.org/10.22086/gmj.v8i0.1336)
25. Sarayloo. *Health consequences of the female genital mutilation: A systematic review*.
26. WHO. 2023. *Health risks of female genital mutilation (FGM)*. [https://www.who.int/teams/sexual-and-reproductive-health-and-research-\(srh\)/areas-of-work/female-genital-mutilation/health-risks-of-female-genital-mutilation#:~:text=and%20neonatal%20death,-,Mental%20health%20problems,,pains\)%20with%20no%20organic%20cause.](https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/female-genital-mutilation/health-risks-of-female-genital-mutilation#:~:text=and%20neonatal%20death,-,Mental%20health%20problems,,pains)%20with%20no%20organic%20cause)
27. WHO. *Health risks of female genital mutilation*.
28. WHO. *Health risks of female genital mutilation*.
29. Goldberg. *Female Genital Mutilation/Cutting in the United States: Updated Estimates of Women and Girls at Risk, 2012*.
30. Goldberg. *Female Genital Mutilation/Cutting in the United States: Updated Estimates of Women and Girls at Risk, 2012*.
31. Fiscal year 2017 General Department Management: Justification of Estimates for Appropriations Committee. 2017. In U.S. Department of Health and Human Services. U.S. Department of Health and Human Services. [https://www.hhs.gov/sites/default/files/fy2017-budget-justification-gdm.pdf.](https://www.hhs.gov/sites/default/files/fy2017-budget-justification-gdm.pdf)
32. Domonoske, C. 2018. *Judge Says Federal Law Against Female Genital Mutilation Violates U.S. Constitution*. *National Public Radio*. [https://www.npr.org/2018/11/21/669945997/judge-says-federal-law-against-female-genital-mutilation-violates-u-s-constitution.](https://www.npr.org/2018/11/21/669945997/judge-says-federal-law-against-female-genital-mutilation-violates-u-s-constitution)
33. *Friedman v. Nagarwala*, 17-CR-20274 2018. [https://content-static.detroitnews.com/pdf/2018/US-v-Nagarwala-dismissal-order-11-20-18.pdf.](https://content-static.detroitnews.com/pdf/2018/US-v-Nagarwala-dismissal-order-11-20-18.pdf)
34. Kessous, H. 2021. *The United States has a law banning female genital cutting. What now? Sahiyo*. [https://sahiyo.org/sahiyo-blog/the-united-states-has-a-law-banning.html.](https://sahiyo.org/sahiyo-blog/the-united-states-has-a-law-banning.html)
35. 116th Congress. 2019-2020. *Strengthening the Opposition to Female Genital Mutilation Act of 2020*. Bill. H.R. 6100.
36. Equality Now. 2023. *U.S. Laws Against FGM – State by State*. [https://www.equalitynow.org/us_laws_against_fgm_state_by_state.](https://www.equalitynow.org/us_laws_against_fgm_state_by_state)
37. Equality Now. *U.S. Laws Against FGM – State by State*.
38. Nour, N. 2015. *Female genital mutilation/cutting: Health providers should be advocates for change*. *Population Reference Bureau*.
39. Brito, E. 2020. *Survivors leading solutions: A voice, a mission, a new approach*. I Volunteer International. [https://www.ivint.org/survivors-leading-initiatives-a-voice-a-mission-a-new-approach/#:~:text=Survivor-led%20approaches%20are%20essentially%20care%20and%20support%20so-lutions,is%20provided%20in%20a%20sensitive%20and%20compassionate%20manner.](https://www.ivint.org/survivors-leading-initiatives-a-voice-a-mission-a-new-approach/#:~:text=Survivor-led%20approaches%20are%20essentially%20care%20and%20support%20so-lutions,is%20provided%20in%20a%20sensitive%20and%20compassionate%20manner)
40. Njuguna, A. 2023. *Enabling survivor activists to lead the change in the fight against female genital mutilation and cutting (FGM/C)*. Options. [https://options.co.uk/article/enabling-survivor-activists-to-lead-the-change-in-the-fight-against-female-genital-mutilation-and-cutting-fgm-c/.](https://options.co.uk/article/enabling-survivor-activists-to-lead-the-change-in-the-fight-against-female-genital-mutilation-and-cutting-fgm-c/)
41. National Center on Safe Supportive Learning Environments. ND. *What Can States do to Address Female Genital Mutilation/Cutting in the U.S?* [https://safesupportivelearning.ed.gov/voices-field/what-can-states-do-address-female-genital-mutilationcutting-us.](https://safesupportivelearning.ed.gov/voices-field/what-can-states-do-address-female-genital-mutilationcutting-us)
42. Domonoske. *Judge Says Federal Law Against Female Genital Mutilation Violates U.S. Constitution*.
43. Equality Now. *U.S. Laws Against FGM – State by State*.
44. Equality Now. *Female Genital Mutilation in the United States*.

45. 117th Congress. 2021-2022. Encouraging all nations to end sexual violence against girls through in-country data-driven reforms, 2021. Resolution. H.Res.714.
46. Equality Now. 2021. *The Global Movement to End FGM*. <https://www.equalitynow.org/the-global-movement-to-end-fgm/>.
47. UNICEF. 2022. *Eliminating female genital mutilation*. New York, NY: UNICEF.
48. Tahirih Justice Center Forced Marriage Initiative. 2023. *Making progress, but still falling short: The movement to end child marriage in America*. Falls Church, VA: Tahirih Justice Center.
49. Unchained At Last. 2024. *Washington just ended child marriage (and NH moved closer)!*. Unchained At Last. <https://www.unchainedatlast.org/washington-just-ended-child-marriage-and-nh-moved-closer/>.
50. Plan International. 2020. *Child, early and forced marriage and unions policy brief*. Surrey, United Kingdom: Plan International.
51. UNFPA. 2023. *Child marriage*. <https://www.unicef.org/protection/child-marriage#:~:text=Child%20marriage%20refers%20to%20any,in%20childhood%20across%20the%20globe>.
52. Tahirih Justice Center. ND. *Forced marriage*. <https://www.tahirih.org/who-we-serve/forms-of-violence/forced-marriage/>.
53. Plan International. *Child, early and forced marriage and unions policy brief*.
54. Hanson, E. 2023. *The 2022 Violence against Women act (VAWA) Reauthorization* (No. R47570). Washington, D.C.: Congressional Research Service. <https://crsreports.congress.gov/product/pdf/R/R47570/2>.
55. UNFPA. *Child marriage*.
56. National Forced Marriage Working Group. 2019. Framework for addressing forced marriage in the U.S. national action plan to end gender-based violence. Falls Church, VA: Justice Center.
57. Population Institute. 2018. *The Shadow Pandemic: Addressing gender-based violence during the COVID-19 pandemic* (issue brief). Washington D.C.: Population Institute. <https://www.populationinstitute.org/wp-content/uploads/2021/06/PI-3051-The-Shadow-Pandemic-Brief-03b.pdf>.
58. Unchained At Last. 2021. *United States' Child Marriage Problem: Study Findings*. [https://www.unchainedatlast.org/united-states-child-marriage-problem-study-findings-april-2021/#:~:text=Child%20marriage%20occurred%20most%20frequently,young%20as%2010%20%5B5%5D-&text=Child%20marriage%20is%20much%20more,or%20older\)%20%5B6%5D](https://www.unchainedatlast.org/united-states-child-marriage-problem-study-findings-april-2021/#:~:text=Child%20marriage%20occurred%20most%20frequently,young%20as%2010%20%5B5%5D-&text=Child%20marriage%20is%20much%20more,or%20older)%20%5B6%5D).
59. Tsui, A., Nolan, D., and Chris, A. 2017. *Child Marriage in America: By the Numbers*. PBS. <http://apps.frontline.org/child-marriage-by-the-numbers/>.
60. Girls Not Brides. ND. *Why it happens*. <https://www.girlsnotbrides.org/about-child-marriage/why-child-marriage-happens/#:~:text=Girls%20are%20most%20affected%20by,and%20household%20chores%20than%20boys>.
61. Koski, A., and Heymann, J. 2018. Child marriage in the United States: How common is the practice, and which children are at greatest risk? *Perspectives on sexual and reproductive health*, 50(2), 59-65.
62. Wahi, A. et al. 2019. The lived experience of child marriage in the United States. *Social work in public health*, 34(3), 201-213.
63. Uecker, J. E. 2014. Religion and early marriage in the United States: evidence from the Add Health Study. *Journal for the scientific study of religion*, 53(2), 392-415.
64. Girls Not Brides. *Why it happens*.
65. Girls Not Brides. *Why it happens*.
66. Ricker, C. L., Earn, S., Das, M., and Greene, M. E. 2023. The right to leave: Dissolution of child, early, and forced marriages and unions. *Adolescents*, 3(3), 490-507.
67. National Forced Marriage Working Group. Framework for addressing forced marriage in the U.S. National Action Plan to End Gender Based Violence.
68. National Forced Marriage Working Group. Framework for addressing forced marriage in the U.S. National Action Plan to End Gender Based Violence.
69. National Forced Marriage Working Group. Framework for addressing forced marriage in the U.S. National Action Plan to End Gender Based Violence.
70. Steinhaus, M. and Thompson, L. 2020. *No Exceptions: A Synthesis of Evidence on the Prevalence and Impact of Child and Early Marriage in the United States and How This Compares to Existing Global Evidence*. Washington, D.C.: International Center for Research on Women.
71. Steinhaus. *No Exceptions: A Synthesis of Evidence on the Prevalence and Impact of Child and Early Marriage in the United States and How This Compares to Existing Global Evidence*.
72. Girls Not Brides. ND. *Adolescent pregnancy and child marriage*. <https://www.girlsnotbrides.org/learning-resources/child-marriage-and-health/adolescent-pregnancy-and-child-marriage/#:~:text=Child%20brides%20are%20more%20likely,impacts%2C%20or%20even%20cause%20death>.
73. Tahirih Justice Center, Forced Marriage Initiative. 2023. *The national movement to end child marriage*. Falls Church, VA: Tahirih Justice Center.
74. King-Guffey, C. 2023. *How Do US States Measure Up on Child Rights?* Human Rights Watch. <https://www.hrw.org/feature/2022/09/13/how-do-states-measure-up-child-rights>.
75. United Nations. 1989. Convention on the Rights of the Child. United Nations General Assembly resolution 44/25.
76. UNFPA. ND. *Convention on the Rights of the Child*. <https://www.unicef.org/child-rights-convention>.
77. Mehta, S. 2023. There's Only One Country That Hasn't Ratified the Convention on Children's Rights: US. *American Civil Liberties Union*. <https://www.aclu.org/news/human-rights/theres-only-one-country-hasnt-ratified-convention-childrens>.
78. Tahirih Justice Center Forced Marriage Initiative. 2023. *Legislative reforms to limit or end child marriage since 2016*. Falls Church, VA: Tahirih Justice Center.
79. Unchained At Last. ND. *Child marriage – progress*. Unchained at Last. <https://www.unchainedatlast.org/child-marriage-progress/>.
80. Unchained At Last. *Washington just ended child marriage (and NH moved closer)!*
81. Unchained At Last. *Child marriage – progress*.
82. Equality Now. 2023. *Child marriage in the United States*. https://www.equalitynow.org/learn_more_child_marriage_us/#:~:text=Child%20marriage%20is%20currently%20legal,with%20a%20parental%20or%20judicial.
83. Tahirih Justice Center. 2017. *Criminal laws addressing forced marriage in the United States*. Falls Church, VA: Tahirih Justice Center.
84. Tahirih Justice Center. *Criminal laws addressing forced marriage in the United States*.
85. Unchained At Last. *United States' Child Marriage Problem: Study Findings*.
86. Unchained At Last. *United States' Child Marriage Problem: Study Findings*.
87. Hanson. *The 2022 Violence Against Women Act (VAWA) Reauthorization* (No. R47570).
88. Van Roost, K., Horn, M., and Koski, A. 2022. Child marriage or statutory rape? A comparison of law and practice across the United States. *Journal of Adolescent Health*, 70(3), S72-S77.
89. Ricker, C. L. et al. 2023. The right to leave: Dissolution of child, early, and forced marriages and unions. *Adolescents*, 3(3), 490-507.

90. Norris, A. 2023. It's time to end child marriage in the United States. *Council on Foreign Relations*. <https://www.cfr.org/blog/its-time-end-child-marriage-united-states>.
91. Norris, A. It's time to end child marriage in the United States.
92. Plan International. *Child, early and forced marriage and unions policy brief*.
93. National Forced Marriage Working Group. 2019. Framework for addressing forced marriage in the U.S. national action plan to end gender-based violence.
94. Wharton, B. 2022. *Why Has the United States Not Banned Child Marriage?* University of Cincinnati Law Review Blog. <https://uclawreview.org/2022/01/10/why-has-the-united-states-not-banned-child-marriage/>.
95. United Nations. 1962. *Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages*. United Nations General Assembly resolution 1763 A (XVII). <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-consent-marriage-minimum-age-marriage-and>.
96. Steinhaus, M. and Thompson, L. 2020. *No Exceptions: A Synthesis of Evidence on the Prevalence and Impact of Child and Early Marriage in the United States and How This Compares to Existing Global Evidence*. Washington, D.C.: International Center for Research on Women.
97. UNICEF. 2022. *The Power of Education to End Child Marriage*. UNICEF, New York.
98. Zulu, L., De Croo, A., and Zonde-Kachambwa, M. 2023. *Comprehensive sexuality education is the key to a better tomorrow*. Al-Jazeera. <https://www.aljazeera.com/opinions/2023/4/28/comprehensive-sexuality-education-is-the-key-to-a-better-tomorrow>.
99. Plan International. *Child, early and forced marriage and unions policy brief*.
100. United Nations. 2018. 'Virginity testing': a human rights violation, with no scientific basis. <https://news.un.org/en/story/2018/10/1023401>.
101. Sheinin, E., Segars, J. H., and Singh, B. 2022. A survey of virginity testing in the United States. *Fertility and Sterility*, 118(4), e325.
102. Sheinin, E. et al. 2021. Virginity testing in the United States: Prevalence and effects. *Fertility and Sterility*, 116(3), e366.
103. Reiss, F. 2024. At 19, I Was Forced to Marry a Stranger and Was Sexually Assaulted Every Month for 12 Years. *HuffPost*. https://www.huffpost.com/entry/fraidy-reiss-forced-marriage_n_6592d981e4b0bf73e176edb9.
104. Koski, A., and Heymann, J. 2018. Child marriage in the United States: How common is the practice, and which children are at greatest risk? *Perspectives on sexual and reproductive health*, 50(2), 59-65.
105. Independent Forensic Expert Group. 2015. Statement on virginity testing. *Journal of forensic and legal medicine*, 33, 121-124.
106. Kaur, Navjoat. 2019. "The Virginity Test." Gender and Sexuality Studies Student Work Collection. 44. https://digitalcommons.tacoma.uw.edu/gender_studies/44.
107. Independent Forensic Expert Group. Statement on virginity testing.
108. Sørensen, S., Aon, M., and Cakal, E. 2019. *Forced genital examination*. Østerbro, Denmark: DIGNITY Danish Institute Against Torture.
109. Olson, R. and García-Moreno, C. Virginity testing: a systematic review. 2017. *Reprod Health* 14, 61. <https://doi.org/10.1186/s12978-017-0319-0>.
110. WHO. 2014. Health care for women subjected to intimate partner violence or sexual violence A clinical handbook. WHO/RHR/14.26. Geneva, Switzerland: WHO.
111. WHO. 2018. Eliminating virginity testing: an interagency statement. WHO/RHR/18.15. Geneva, Switzerland: WHO.
112. American Medical Association (AMA). 2021. *AMA adopts new policies during first day of voting at Special Meeting*. <https://www.ama-assn.org/press-center/press-releases/ama-adopts-new-policies-during-first-day-voting-special-meeting>.
113. The American College of Obstetricians and Gynecologists. 2023. *Virginity Testing*. <https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2020/virginity-testing>.
114. Jones, S. 2019. Virginity Testing: A Global Crisis. *Marie Claire Magazine*. <https://www.marieclaire.com/politics/a29491715/virginity-testing-laws-regulations/>.
115. Persaud, R. 2021. SB S104B: An act to amend the public health law, in relation to prohibiting virginity examinations. [Senate Bill]. New York State Legislature. <https://www.nysenate.gov/legislation/bills/2021/S104>.
116. Persaud, R. 2023. SB S931: An act to amend the public health law, in relation to prohibiting virginity examinations. [Senate Bill]. New York State Legislature. <https://fastdemocracy.com/bill-search/ny/2023-2024/bills/NYB00135530/>.
117. WHO. Eliminating virginity testing: an interagency statement.
118. WHO. Eliminating virginity testing: an interagency statement.
119. WHO. Eliminating virginity testing: an interagency statement.
120. Jones, S. 2019. A Test With No Answer. *Marie Claire Magazine*. <https://www.marieclaire.com/health-fitness/a29488743/virginity-testing-america-doctors/>.
121. AMA. *AMA adopts new policies during first day of voting at Special Meeting*.
122. AMA. *AMA adopts new policies during first day of voting at Special Meeting*.
123. Planned Parenthood. ND. *How Sex Education Gets Funding*. Planned Parenthood. <https://www.plannedparenthoodaction.org/issues/sex-education/how-sex-education-funded>.
124. WHO. Eliminating virginity testing: an interagency statement.
125. United Nations, Office on Drugs and Crime (UNODC). 2018. *Global Study on Homicide: Gender-Related Killings of Women and Girls*. Vienna, Austria: UNODC.
126. Violence Policy Center. 2022. *When Men Murder Women: An Analysis of 2020 Homicide Data*. Washington D.C.: Violence Policy Center.
127. The World Bank, Data. 2020. *Intentional homicides, female (per 100,000 female)*. https://data.worldbank.org/indicator/VC.IHR.PSRC.FE.P5?most_recent_value_desc=true.
128. European Institute for Gender Equality. ND. *Femicide*. https://eige.europa.eu/gender-based-violence/femicide?language_content_entity=en#:~:text=Femicide%20is%20broadly%20defined%20as,of%20%E2%80%9Chonour%E2%80%9D%3B%20etc.
129. WHO. 2012. *Understanding and addressing violence against women*. https://iris.who.int/bitstream/handle/10665/77421/WHO_RHR_12_38_eng.pdf?sequence=1.
130. U.N. Women. 2023. *Five essential facts to know about femicide*. <https://www.unwomen.org/en/news-stories/feature-story/2022/11/five-essential-facts-to-know-about-femicide#:~:text=Defined%20as%20an%20intentional%20killing,men%2C%20or%20harmful%20social%20norms>.
131. UNODC. *Global Study on Homicide: Gender-Related Killings of Women and Girls*.
132. WHO. *Understanding and addressing violence against women*.
133. U.N. Women. *Self-Learning Booklet: Understanding Masculinities and Violence Against Women and Girls*. https://trainingcentre.unwomen.org/RESOURCES_LIBRARY/Resources_Centre/masculinities%20booklet%20.pdf.

134. U.N. Women. *Self-Learning Booklet: Understanding Masculinities and Violence Against Women and Girls*.
135. U.N. Women. *Self-Learning Booklet: Understanding Masculinities and Violence Against Women and Girls*.
136. World Population Review. 2021. *Femicide Rates by Country 2024*. <https://worldpopulationreview.com/country-rankings/femicide-rates-by-country>.
137. Violence Policy Center. *When Men Murder Women: An Analysis of 2020 Homicide Data*.
138. Violence Policy Center. *When Men Murder Women: An Analysis of 2020 Homicide Data*.
139. Violence Policy Center. *When Men Murder Women: An Analysis of 2020 Homicide Data*.
140. Violence Policy Center. *When Men Murder Women: An Analysis of 2020 Homicide Data*.
141. Indian Affairs, Office of Justice Services Headquarters. ND. *Missing and Murdered Indigenous People Crisis*. U.S. Department of The Interior Indian Affairs. <https://www.bia.gov/service/mmu/missing-and-murdered-indigenous-people-crisis#:~:text=Victimization%20Rates,-Native%20American%20and&text=Additionally%2C%20in%202020%20homicide%20was,were%20raped%20in%20their%20lifetime>.
142. Everytown Research and Policy. 2023. *Guns and Violence Against Women: America's Uniquely Lethal Intimate Partner Violence Problem*. <https://everytownresearch.org/report/guns-and-violence-against-women-americas-uniquely-lethal-intimate-partner-violence-problem/>.
143. Lee, M. 2020. *Dismantling a culture of violence: Understanding anti-transgender violence and ending the crisis*. Washington D.C.: Human Rights Campaign Foundation.
144. Hughes, L. D. et al. 2022. US Black–white differences in mortality risk among transgender and cisgender people in private insurance, 2011–2019. *American Journal of Public Health*, 112(10), 1507–1514.
145. Goldstein M. A. 2002. The biological roots of heat-of-passion crimes and honor killings. *Politics and the life sciences: the journal of the Association for Politics and the Life Sciences*, 21(2), 28–37.
146. Singal, J. 2017. Here's What the Research Says About American Honor Killings. *Intelligencer*. <https://nymag.com/intelligencer/2017/03/heres-what-the-research-says-about-american-honor-killings.html>.
147. Singal. Here's What the Research Says About American Honor Killings.
148. Bangs, M. 2018. *From Kuwait to America, Gender-Based killings Considered Less Than Murder*. The Century Foundation. <https://tcf.org/content/report/kuwait-america-gender-based-killings-considered-less-murder/>.
149. Bangs. *From Kuwait to America, Gender-Based killings Considered Less Than Murder*.
150. Bangs. *From Kuwait to America, Gender-Based killings Considered Less Than Murder*.
151. Bangs. *From Kuwait to America, Gender-Based killings Considered Less Than Murder*.
152. 2022 Maryland Statutes Criminal Law, § 2-207. 2022.
153. Commonwealth v. Reginald Lannon, 364 Mass. 480. 1974.
154. Baker, L. et al. 2015. *Femicide*, Issue 14. Learning Network. https://gbvlearningnetwork.ca/our-work/issuebased_newsletters/issue-14/index.html#:~:text=The%20Impacts%20of%20Femicide,years%20before%20they%20are%20killed.
155. Femicidecount Kenya. 2023. *The Impact of Femicide on the Community*. LinkedIn. https://www.linkedin.com/pulse/impact-femicide-community-femicidecount-kenya/?trk=articles_directory.
156. Baker. *Femicide*.
157. WHO. *Understanding and addressing violence against women: Femicide*. WHO/RHR/12.38. Geneva, Switzerland: WHO.
158. Femicidecount Kenya. *The Impact of Femicide on the Community*.
159. Baker. *Femicide*.
160. National Organization for Women. ND. *Violence Against Women in the United States: Statistics*. National Organization for Women. National Organization for Women. <https://now.org/resource/violence-against-women-in-the-united-states-statistic/#endref2>.
161. Gollub, E. L., and Gardner, M. 2019. *Firearm legislation and firearm use in female intimate partner homicide using National Violent Death Reporting System data*. Preventive medicine, 118, 216–219. <https://doi.org/10.1016/j.ypmed.2018.11.007>.
162. Office on Violence Against Women. 2016. *About the Office on Violence Against Women*. <https://www.justice.gov/file/29836/download#:~:text=What%20is%20the%20Violence%20Against,services%20for%20victims%20and%20survivors>.
163. Goodmark, L. 2022. *Assessing the Impact of the Violence Against Women Act*. Annual Review of Criminology, 5, 115–131.
164. Goodmark. *Assessing the Impact of the Violence Against Women Act*.
165. Goodmark. *Assessing the Impact of the Violence Against Women Act*.
166. Pennsylvania Coalition Against Rape. ND. *What to know: VAWA*. https://www.pcar.org/sites/default/files/resource-pdfs/vawa_what_to_know-508d.pdf#:~:text=A%202010%20study%20demonstrated%20that%20an%20increase%20in,laws%20that%20more%20effectively%20address%20rape%20%28NAESV%2C%20n.d.b%29.
167. Hanson. *The 2022 Violence Against Women Act (VAWA) Reauthorization* (No. R47570).
168. Hanson. *The 2022 Violence Against Women Act (VAWA) Reauthorization* (No. R47570).
169. White House. 2022. Fact Sheet: Reauthorization of the Violence Against Women Act (VAWA). [Fact Sheet: Reauthorization of the Violence Against Women Act \(VAWA\) | The White House](https://www.whitehouse.gov/factsheets/2022/02/23).
170. Oyez. ND. *United States v. Rahimi*. www.oyez.org/cases/2023/22-915.
171. Oyez. *United States v. Rahimi*.
172. Oyez. *United States v. Rahimi*.
173. Valente, R. 2023. *What you need to know about the Rahimi case coming before the Supreme Court on November 7th - BWJP*. Battered Women's Justice Project. <https://bwjp.org/site-resources/what-you-need-to-know-about-the-rahimi-case-coming-before-the-supreme-court-on-november-7th/>.
174. American Civil Liberties Union (ACLU). 2023. *United States v. Rahimi*. <https://www.aclu.org/cases/united-states-v-rahimi>.
175. Tobin-Tyler E. 2023. Intimate Partner Violence, Firearm Injuries and Homicides: A Health Justice Approach to Two Intersecting Public Health Crises. *The Journal of Law, Medicine and Ethics: A journal of the American Society of Law, Medicine and Ethics*, 51(1), 64–76. <https://doi.org/10.1017/jlme.2023.41>.
176. Geller, L. B., Booty, M., and Crifasi, C. K. 2021. The role of domestic violence in fatal mass shootings in the United States, 2014–2019. *Injury epidemiology*, 8, 1–8.
177. Violence Policy Center. *When Men Murder Women: An Analysis of 2020 Homicide Data*.
178. Everytown Research and Policy. *Guns and Violence Against Women: America's Uniquely Lethal Intimate Partner Violence Problem*.

179. Niolon, P. H., et. al. 2017. *Intimate Partner Violence Prevention Resource for Action: A Compilation of the Best Available Evidence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
180. UNFPA, Mexico. 2023. *Gender transformative approaches to achieve gender equality and sexual and reproductive health and rights: Technical note*. Mexico City, Mexico: UNFPA Mexico.
181. United Nations Women Training Centre. *Self-learning booklet: Understanding masculinities and violence against women and girls*.
182. UNFPA, Mexico. *Gender transformative approaches to achieve gender equality and sexual and reproductive health and rights: Technical note*.
183. U.N. Women Training Centre. *Self-learning booklet: Understanding masculinities and violence against women and girls*.
184. U.N. Women Training Centre. *Self-learning booklet: Understanding masculinities and violence against women and girls*.
185. Gollub. *Firearm legislation and firearm use in female intimate partner homicide using National Violent Death Reporting System data*.
186. The Firearm Industry Trades Association. 2020. *Firearm production in the United States*. National Shooting Sports Foundation. <https://www.nssf.org/wp-content/uploads/2020/11/IR-2020-Firearms-Production-v14.pdf>.
187. Elving, R. 2018. *What would it take to repeal the 2nd Amendment?* NPR. <https://www.npr.org/2018/02/27/589062018/what-would-it-take-to-repeal-the-2nd-amentment>.
188. Center for American Progress (CAP). 2021. *Frequently Asked Questions About Domestic Violence and Firearms* [Fact Sheet]. CAP. <https://www.americanprogress.org/article/frequently-asked-questions-domestic-violence-firearms/>.
189. Everytown for Gun Safety Action Fund. ND. *Close the Charleston Loophole*. <https://www.everytown.org/solutions/close-the-charleston-loophole/>.
190. Everytown for Gun Safety Action Fund. *Close the Charleston Loophole*.
191. CAP. *Frequently Asked Questions About Domestic Violence and Firearms* [Fact Sheet].
192. CAP. *Frequently Asked Questions About Domestic Violence and Firearms* [Fact Sheet].
193. Giffords Law Center to Prevent Gun Violence. ND. *Domestic Violence and Firearms*. Giffords Law Center. <https://giffords.org/lawcenter/gun-laws/policy-areas/who-can-have-a-gun/domestic-violence-firearms/>.
194. Giffords Law Center to Prevent Gun Violence. *Domestic Violence and Firearms*.
195. WHO. *Understanding and addressing violence against women: Femicide*. WHO/RHR/12.38. Geneva, Switzerland: WHO.
196. Gollub. *Firearm legislation and firearm use in female intimate partner homicide using National Violent Death Reporting System data*.
197. Office of the United Nations High Commissioner for Human Rights. ND. *Femicide Watch Initiative Special Rapporteur on violence against women and girls, its causes and consequences*. <https://www.ohchr.org/en/special-procedures/sr-violence-against-women/femicide-watch-initiative>.
198. Kassing, F. et al. 2021. The Effects of Polyvictimization on Mental and Physical Health Outcomes in an LGBTQ Sample. *Journal of Traumatic Stress*, 34(1), 161-171 <https://onlinelibrary.wiley.com/doi/epdf/10.1002/jts.22579>.
199. Human Rights Campaign (HRC), HRC Foundation. 2020. *Fatal violence against transgender and gender non-conforming people in the U.S. in 2020*. Washington D.C.: HRC Foundation.
200. Flores, A. R. et al. 2022. Hate crimes against LGBT people: National crime victimization survey, 2017-2019. *PLoS one*, 17(12), e0279363 <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0279363>.
201. HRC Foundation. 2023. *The Epidemic of Violence Against the Transgender and Gender Non-Conforming Community in the United States* [Report]. Washington D.C., U.S.A.: HRC Foundation.
202. HRC Foundation. 2019. *Addressing anti-transgender violence* [Report]. Washington D.C.: HRC Foundation.
203. HRC Foundation. 2022. *Fatal Violence Against the Transgender and Gender-Expansive Community in 2022*. Washington D.C.: HRC Foundation.
204. Sahiyo. 2022. *A Quiet Violence: Navigating Female Genital Cutting as an LGBTQ+ Survivor*. <https://sahiyo.org/sahiyo-blog/a-quiet-violence-navigating-female-genital-cutting-as-an-lgbtq-survivor.html>.
205. End FGM, European Network. 2021. *FGM and LGBTQ Rights* [Infographic]. https://www.endfgm.eu/editor/0/Infographic_FGM_LGBTI_in_collab_with_ILGA_EU_1.pdf.
206. End FGM, European Network. *FGM and LGBTQ Rights* [Infographic].
207. Forced Marriage Unit. *What is a forced marriage?* [report]. https://assets.publishing.service.gov.uk/media/5a75a4f3ed915d6faf2b494b/Forced_Marriage_Unie_what_is_forced_marriage_LGBT_leaflet.pdf.
208. Flores. Hate crimes against LGBT people: National Crime Victimization Survey, 2017-2019.
209. Jourian, T. J. 2023. *What are the connections between transphobia, racism and sexual violence?* National Sexual Violence Resource Center. <https://www.nsvrc.org/blogs/saam/what-are-connections-between-transphobia-racism-and-sexual-violence>.
210. Santoro, H. 2022. *How Anti-LGBTQ+ Rhetoric Fuels Violence*. Scientific American. <https://www.scientificamerican.com/article/how-anti-lgbtq-rhetoric-fuels-violence/>.
211. Santoro. *How Anti-LGBTQ+ Rhetoric Fuels Violence*.
212. HRC Foundation. *Fatal Violence Against the Transgender and Gender-Expansive Community in 2022*.
213. ACLU, LGBTQ Rights. 2023. *Mapping Attacked on LGBTQ Rights in U.S. State Legislatures in 2023*. <https://www.aclu.org/legislative-attacks-on-lgbtq-rights-2023?impact=>.
214. Center for Countering Digital Hate and Human Rights Campaign Foundation. 2022. *Digital Hate: Social Media's Role in Amplifying Dangerous Lies About LGBTQ+ People*. CCDH-HRC-Digital-Hate-Report-2022-single-pages.pdf (hrc-prod-requests.s3-us-west-2.amazonaws.com).
215. ACLU. *Mapping Attacked on LGBTQ Rights in U.S. State Legislatures in 2023*.
216. Goldberg. *Female Genital Mutilation/Cutting in the United States: Updated Estimates of Women and Girls at Risk*, 2012.
217. National Forced Marriage Working Group. *Framework for addressing forced marriage in the U.S. national action plan to end gender-based violence*.
218. World Population Review. 2021. *Femicide Rates by Country 2024*. <https://worldpopulationreview.com/country-rankings/femicide-rates-by-country>.
219. Sheinin. *A survey of virginity testing in the United States*.





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