



Female Genital Mutilation in the United States

BY ENGY ABDELKADER, SALMA ELKADI ABUGIDEIRI AND MARIAMA DIALLO

The Victim's Perspective:

"My name is Fatoumata, and I am a victim of female genital mutilation."

FATOUMATA (NOT HER REAL NAME) is a Gambian Muslim victim of female genital mutilation (FGM), who still endures its continuing physical and psychological impacts.

"I remember the day when I was subjected to FGM," she recalls. "I was 10. That day, my younger sister, Maryam, and two of our neighbor's daughters were also subjected to FGM. We were told that we were going to my father's sister's house for a party. We were very excited to go. I did not know that we were being taken there to be cut."

"We arrived to find about 20 people there, clapping and playing drums. We were taken individually into one of the bedrooms to be cut. I was the first to go. Upon entering, I encountered a strange woman.

"My sisters, aunt and my mother's friend grabbed my arms and legs and pinned me to the bed, lifting up my dress. Someone also blindfolded me so I was unable to see what was happening. I suddenly felt a sharp object between my legs, and then felt an intense pain. I began shouting in pain and crying for them to let me go. I was not given any anesthesia or analgesic, nor was I treated with an antiseptic before or after I was cut.

"After I was cut, I was bleeding profusely. They wrapped me in a cloth to stem the flow of blood, carried me into another bedroom and laid me on a bed. Each of the other girls was brought into the bedroom to lie with me after they had been cut.

"I know that all of the women in my immediate family have been subjected to

FGM. However, my mother and older sisters never talked to me about the practice. Although my family cared for me after I was cut, no one sympathized with me or apologized for cutting me. It was a tradition and rite of passage that I was required to endure. When I had daughters, I wanted to protect them from being cut. I did not want them to go through the pain that I had to endure."

WHAT IS FGM?

The World Health Organization (WHO) defines FGM, also called female circumcision, excision and female genital cutting as "any type of procedure that involves partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons."

Most frequently performed by a female

elder from the family or community, the “circumciser” or “cutter” employs a variety of crude instruments, including razors, knives, broken glass, or scissors. They are typically unsterilized, and used on a number of girls forced to undergo FGM in a series during a ritual ceremony. Moreover, the girls are subjected to FGM without the benefit of anti-septics, anesthetics, analgesics or antibiotics.

VULNERABLE POPULATIONS

A WHO study found that roughly 140 million women have suffered FGM, while 3 million girls in Africa are susceptible to cutting. Notably, young girls and women may be subjected to FGM at a few months of age up until one marries. In some cultures, a woman is ineligible for marriage until she has undergone such cutting; where the cutting previously occurred at a tender age, a soon-to-be bride may be forced to undergo a reversal procedure to remove stitches previously sewn.

Unfortunately, in some instances, the victim may experience a second cutting pursuant to a family member or husband’s wishes. Consider, for instance, the matter of Fanta (not her real name), a Guinean immigrant to the U.S. who was married early and subsequently widowed. A forced second FGM compounded a forced second marriage soon thereafter. FGM frequently occurs in a context of wider societal marginalization and abuse of women and girls. FGM victims also are often afflicted by coerced or involuntary marriages, physical, emotional and psychological spousal abuse and deprivation of educational and economic opportunities.

Regrettably, FGM persists in roughly 28 countries distributed throughout Africa, Asia, and the Middle East. However, some members of immigrant communities in the United States, Canada, France and Britain continue to subscribe to the practice, notwithstanding its deleterious effects.

THE JARRING REALITY OF “VACATION CUTTING”

The phrase “vacation cutting” refers to the practice of families sending their U.S. citizen or immigrant daughters for FGM to their native countries where such practice persists. This typically occurs during school vacation time and commonly represents a parental effort to curtail the influence of American culture.

Christie (not her real name), born and raised in New York, vacationed to Guinea with her father who had actually arranged

for her to undergo FGM. Alerted by an aunt there, Christie fled to the U.S. embassy and was eventually reunited with her mother in New York, who had opted it.

According to the Centers for Disease Control and Prevention (CDC) roughly 150,000 to 200,000 girls in the U.S. are susceptible to FGM practices here or through “vacation cutting.”

As of 2000, American states with the highest concentration of vulnerable populations included (in descending order): California, New York, New Jersey, Virginia, Maryland, Minnesota, Texas, Georgia, Washington and Pennsylvania. More recent data and analysis are woefully lacking.

A LIFETIME OF SUFFERING: FGM’S DELETERIOUS CONSEQUENCES

To be certain, FGM results in physical, psychological and emotional harm. The physical consequences that victims endure can be immediate and long term. Since the cutting is undertaken without anesthesia and rarely by medical doctors, women and girls immediately suffer from excruciating pain and bleeding (and may end up having severe anemia), tetanus, hemorrhage, infection, sepsis, and in some cases, death. A 2009 WHO study finds that FGM victims also endure significant, adverse, lifelong effects, such as inflammation, infection, urine retention or incontinence, open sores in the genital region, and severe psychological consequences, including Post Traumatic Stress Disorder and depression. FGM typically also reduces or completely eliminates sexual sensation for women and can cause intense pain and reopening of wounds or sores during intimacy. Also, women commonly experience painful menstruation cycles and complications during pregnancy and childbirth.

CONTEMPLATE, FOR INSTANCE, AMINA’S EXPERIENCE:

Amina’s friends were visiting her in an American hospital after she delivered her first child. When her husband poked his head in the room to check on her, she let out a shrill scream, ordering him to get away from her. When she eventually calmed down, her friends began to understand her reaction to her husband. After delivering her child, she underwent surgery to restore the infibulation (stitching together the labia) she had undergone as a young girl. Through tears,

she explained how much pain she had suffered from the time she got married, each time her husband attempted to be intimate with her. Although repeated intercourse had slowly and painfully partially torn open the infibulation, the obstetrician had been forced to completely cut the infibulation in order for the baby to be born. Despite Amina’s intense pain during delivery, she had heard the nurse and doctor exchanging comments about how horrified they were to see the mutilation she had sustained. She had felt this same shame the first time she had seen her obstetrician, who had never before had a female patient who had been cut in this manner. Now, she was lying in the hospital bed wondering how she could ever be intimate with her husband again. Although she knew it wasn’t really his fault, seeing him had brought back all the memories of pain she had endured. She never wanted to feel that pain again.

THE ISLAMIC PERSPECTIVE:

“But, doesn’t Islam require the circumcision of girls?”

The terms circumcision and FGM have been used interchangeably in many contexts, muddying an issue that may already be confusing for Muslims coming from cultures where pre-Islamic practices like FGM have come to be labeled as “Islamic.” Adding to the confusion is the difference of opinion among the Islamic schools of thought about female circumcision, in addition to the different ways that this has been defined. Despite these differences, there is agreement that what causes harm (darar) is prohibited and there is no Islamic basis to support such cutting.

While commonly associated with Islam and Muslims, FGM predates the advent of Islam and is rejected by the majority of the world’s Muslims. Notably, however, diverse faith communities, including Muslims, Christians, and animists, among others, practice FGM.

Ultimately, Islam and its law is meant to protect five broadly defined interests (maqasid al-shari`ah) including, faith, life, lineage, intellect and property. Islam does not and cannot condone or encourage any practice that causes such harm (darar) — not only to the women and girls victimized by it, but to the families and communities that suffer from its consequences as well.

FGM can result in a tremendously adverse psychological and physiological impact, and in a number of instances, even death.

Some cultures that support FGM believe that women's sexuality should be curbed or restrained, and that sexual pleasure is only for men. These values contradict Islamic teachings that emphasize the mutual satisfaction that both men and women should experience during marital intimacy (Quran, 2:187 and 2:223). Many hadith provide details on the mutual nature of the sexual relationship in Islam. And yet, FGM predisposes women to have, at best, an unsatisfying relationship and, at worst, an extremely painful one.

Some leaders in Darfur, where FGM in its severe forms is commonly practiced, identified FGM as a root cause of domestic violence in their community. They informed one of this article's authors that because FGM makes sexual intercourse so painful, many women refuse to engage in intimate relations with their husbands. In response, the men torture them to submit to such intimacy. These and leaders in many other areas where FGM has been practiced for centuries, have led joint efforts with healthcare professionals to educate women, including those who perform FGM, about the Islamic perspective condemning the practice and the accompanying health complications.

One of this article's authors, who traveled late last year to Kenya, found FGM was pervasive in Christian, Muslim and animist faith communities alike. The majority of Muslim women who spoke about their experiences confided that while they did not believe the practice to be Islamic, a number of communal leaders (and their congregants) continued to mischaracterize it as such.

Notwithstanding such misplaced notions, many well-known religious figures, scholars, and theologians have publicly condemned the practice. "This practice is a ritual that has survived over centuries and must be stopped as Islam does not support it," said Ekmeleddin Ihsanoglu, former secretary general of the Organization of Islamic Cooperation.

The late Sheikh Mohammed Sayed Tantawi, grand imam of Al-Azhar Mosque and grand sheikh of Al-Azhar University, said "there is no text in Sharia, in the Quran, in the prophetic Sunna addressing FGM."

THE LEGAL PERSPECTIVE

"FGM is something that has affected all of our lives... at least now we know that there's a law out there that's protecting us. There's a law out there that's defending us. We can stand up and say that, 'you know what, this

can't keep happening to us anymore.' We have a law in the U.S. that says that it's illegal to take these kids out of the country and take them to another country and have this performed on them." — Jaha, 23, The Gambia.

INTERNATIONAL HUMAN RIGHTS LAW

International law has long rendered FGM a violation of human rights. The Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights proclaim the individual's right to be free from cruel, inhumane and/or degrading treatment. The International Covenant on Economic, Social and Cultural Rights mandates member states to preserve their citizens' rights to the highest attainable standard of physical and mental health. Further, signatories to the Convention on the Rights of the Child commit to "take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical and mental violence." Finally, the Convention on the Elimination of All Forms of Discrimination Against Women obliges governments to modify "social and cultural patterns of conduct . . . with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women."

In December 2012, the United Nations adopted a landmark resolution, "Intensifying Global Efforts for the Elimination of Female Genital Mutilations," calling on all countries to pass laws criminalizing FGM.

U.S. FEDERAL LAWS

In 1996, a Togolese woman fleeing FGM in her native country obtained asylum in the United States. In its landmark decision, a federal immigration appeals court recognized FGM as a severe harm that constitutes "persecution" under immigration law. Later that same year, Congress passed a law criminalizing FGM in all of its forms on anyone under 18 years of age. The act of performing FGM was made punishable by a five-year prison term and excluded culture as a defense.

In January 2013, President Barack Obama signed the "Transport for Female Genital Mutilation Act," criminalizing the practice of "vacation cutting." The federal ban attaches a potential five-year prison term to those implicated in the practice.

U.S. STATE LAWS

At the time of this writing, laws in 20 states specify FGM as a crime. In some instances, these local laws provide additional protection to the federal ones referenced above. In Delaware, Colorado, Georgia, Illinois, Louisiana, Maryland, Missouri, New York, Oregon, and West Virginia, a parent or guardian who consents to the FGM is guilty of a felony offense. In other states, laws relating to child abuse and neglect encompass FGM practices as well.

FGM is a horrific practice that while commonly associated with Islam and its adherents, can be traced back to the time of the pharaohs. Only through collaborative educational initiatives, and the proper implementation and enforcement of laws, can we eradicate such violent practices, together. ■

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