

Working with Women and Girls Who Have Experienced Female Genital Cutting (FGC)

A Culturally Sensitive Approach

Introduction

When working with women from immigrant and refugee populations, there are a number of factors to consider. A woman's experience of having been "cut" is only one event in her life, which may or may not be affecting her currently.

It is helpful to know the population groups that are most likely to practice FGC and to realize that not all women from all cultures that practice it or from every country where it is practiced, will have undergone the procedure. Women who experience the most severe health problems and psychologically damaging effects are those that have been infibulated. Infibulation constitutes only about 15 - 20% of all circumcised women.¹

Women that you may see in your counselling or community outreach work will be unlikely to initiate discussion around their genitals or their experiences of genital cutting. Most topics related to sexuality are considered taboo and not openly discussed. Often newcomers to Canada are amazed at the media and government attention that has been placed on FGC while so little attention is paid to their other experiences of poverty, war, racism and resettlement into a new country. Many women who have experienced FGC, especially Types I & II have healthy emotional and sexual lives and do not experience medical complications as a result of FGC.

Terminology

Throughout SERC documents we use the terms Female Genital Cutting (FGC). A need for respectful terminology that is also responsible from a medical and legal perspective led our agency to a thorough examination of the current terminology. Ultimately our decision to use the term "female genital cutting" was in order to acknowledge that not all forms lead to mutilation of the genitals and that mutilation is not the intent of the action. It is intended to be a more respectful way to describe the procedure. Ideally, counsellors and health care practitioners would use the language most acceptable to the woman they are working with.

¹World Health Organization

“Circumcision” is a common English word used by many communities to describe a variety of types of FGC.

In order to facilitate information collection, professional communication and unified criteria for research the World Health Organization established a standardized definition of female genital mutilation (FGM) and a classification of types.² Since 1991 when the WHO recommended the use of the term FGM to the United Nations, it has become the dominant term within the international community and medical literature.

Other terms in use are female genital surgeries, female genital alternation, female genital excision, and female genital modification.

World Health Organization Definition

According to the WHO categorization, FGM constitutes all procedures which involve partial or total removal of the external female genitalia, or other injury to the female genital organs whether for cultural or any other non-therapeutic reason.

Classification of FGM

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| Type I | Excision of the prepuce with or without excision of part or all of the clitoris. |
| Type II | Excision of the prepuce and clitoris together with partial or total excision of the labia minora. |
| Type III | Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation.) |
| Type IV | Unclassified <ul style="list-style-type: none"> • Pricking, piercing or incision of clitoris and/or labia • Stretching of clitoris and/or labia • Cauterization by burning of the clitoris and surrounding tissues • Scraping (angurya cuts) of the vaginal orifice or cutting (gishiri cuts) of the vagina • Introduction of corrosive substances into the vagina to cause bleeding, or of herbs into the vagina with the aim of tightening or narrowing the vagina • Any other procedure which falls under the definition of FGM given above. |

Working With Refugee & Immigrant Women

Whenever counsellors work with clients or populations that are from a different cultural group than their own, they must be consistently aware of their own cultural biases. It may also be necessary to challenge racism and other forms of oppression within their organizations. Effective service delivery promotes responsible and genuine sensitivity to all clients. Skills and

² Female Genital Mutilation, Report of a WHO Technical Working Group, Geneva, July 1995

knowledge are important but lose their effectiveness if service providers are unaware of their own misconceptions and the impact these have on their clients.

When working with women from other cultures, it is important to learn as much as you can about the context of their lives before and after arriving in Canada. Women's experiences will vary from each other depending on their individual background with regard to race, socio-economic background, education, and sexual orientation. Immigrant/Refugee women may be facing obstacles due to gender discrimination, language difficulties, lack of employment and support systems related to housing and child rearing.

In addition, the experience of refugees differs from that of immigrants. While an immigrant makes a conscious decision to resettle elsewhere, usually with their family, a refugee often leaves her home suddenly under extreme circumstances, is often separated from family and has experienced significant personal trauma. When war has been a factor, women have often been subjected to rape and other violence. All of these may be issues that arise in counselling or outreach and may certainly take precedence over childhood experiences such as female circumcision.

When working with families, avoid using children as interpreters. A trained health interpreter is more appropriate. If a health interpreter is unavailable, another woman who has the family's respect and trust may be acceptable.

Women's Sexuality

A woman's sexuality is affected by the extent of the genital cutting and the degree to which she has internalized social messages inhibiting sexual expression. Many women who have experienced FGC will not have sexual problems and many will be able to achieve orgasm.

The ability to achieve sexual arousal and orgasm is a complex process. Psychological aspects of sexual arousal involve emotions, concepts of morality, past experiences, acceptance of eroticism, fear of disease and pregnancy, dreams and fantasies. The combination of physical responses to sensory stimuli and subjective arousal culminate in a psycho-physiological state during which a person is able to experience orgasm.³

With clitoridectomy, some of the sensitive tissue at the base of the clitoris, along the inner lips and around the floor of the vulva, remains intact and capable of arousing sensations if properly stimulated. Infibulation may leave the woman with little sexually sensitive genital tissue; however FGC does not affect the emotional and hormonal aspects of sexual desire and arousal.

Pain during intercourse is common among infibulated women. This may be caused by either physical discomfort or psychological trauma (for a variety reasons) or both. There may be difficulty with penetration due to the tiny size of the vaginal opening. An infibulated woman must undergo gradual dilation by her partner. This can be very painful and may take days or even weeks. Sometimes this can also be painful for the male partner but in some cultures is

³ The Canadian Journal of Human Sexuality, Vol. 4(2)

considered to be a “test of manhood.” Excessive force during the first experience of intercourse can damage surrounding tissue and cause severe bleeding, shock, infection and urine retention. In some women the scar tissue needs to be cut with a knife or other sharp instrument to allow for penetration.

Women with FGC who are sexually active should be advised to use a water-based lubricant during any form of penetration to minimize lacerations around the vagina. In addition, infibulated women should be counselled to have an anterior opening to reduce pain during sexual intercourse. To reduce the risk of infection after deinfibulation, women should be counselled to abstain from intercourse until the vulva has healed.

It is important to explain birth control methods so that affected women can make an informed decision. It is unlikely that an infibulated woman would be able to use a diaphragm, cervical cap, contraceptive sponge or IUD. Circumcised women will need information on alternative methods such as the contraceptive pill, Norplant, Depo Provera and male condoms.

Working With Adolescents

Adolescent girls who underwent FGC and now live in Canada may or may not experience problems as a result of the procedure. There are no studies on the experiences of these young women growing up in North America, but anecdotal information suggests that their concerns about FGC are intertwined with the usual adolescent concerns of sexuality, body image, looks, identity and “fitting in.” Of course, it is also important to remember that newcomer adolescents may have their own set of challenges adapting to a culture they don't always understand. Girls who went through the ritual at a young age sometimes have only vague or no memories of the procedure. Girls who don't remember may discover that they were genitally cut, while examining themselves or based on information that they hear from their peers or the media.

A counsellor or health care practitioner may become aware that a girl has undergone FGC in the context of sexuality education or contraceptive counselling. If the young woman mentions this herself, it is appropriate to gently explore the subject and let her know that you are comfortable discussing the issue if she would like to. It is important not to assume that the young woman is experiencing any emotional or psychological problems due to her FGC experience.

This kind of discussion is an ideal opportunity to help the young woman talk about any physical discomfort or medical problems that may or may not be related to the FGC. Some young women need extra time for bathroom breaks at school due to difficult or slow urination. Others have especially painful menstrual cramps and may be absent more than other students when menstruating. These are areas to ask about/discuss and, if necessary, to offer to advocate for her to have the time she needs to care for herself.

Some adolescent girls may be sexually active or considering becoming so. They may be confused about how they are different from their friends. They will need accurate information about their bodies, sexuality, and how to protect themselves from pregnancy and sexually transmitted infections. Young women who have been infibulated may wish to seek

deinfibulation; the counsellor should support her in this choice and help her to find appropriate medical services.

The greatest challenge for many immigrant and refugee adolescents is that they are often torn between the values of their culture of origin and those of their new country. The resulting communication gaps between these young people and their families can be challenging. Counsellors working with families need to pay special attention to facilitating dialogue between parents and children to help reduce family conflicts and tension.

Outreach workers, teachers or counsellors who are providing sexuality education in schools or other community settings need to be aware of their student population and the possibility of having students who have experienced some form of FGC. When teaching about the anatomy and physiology of the reproductive organs, it is helpful to show young women diagrams of normal female genitalia and genitalia that have been altered by FGC, and to make adjustments to the teaching in order to include the range of women's bodies and experiences. However, be especially careful to present the information in a way that does not stigmatize anyone.

Working With Families With Young Daughters

You may suspect that parents are planning to have FGC carried out on their daughter or you may learn that a girl's parents are struggling to decide about it. In this case, it **must** be discussed, as it is illegal to practice FGC in Canada or to send a girl out of the country to have the procedure done. Parents have a right to know this information. (As a social worker, counsellor or health care practitioner you have legal responsibilities to protect the child and to make a report to Child and Family Services if you believe her to be at risk of FGC.)

Initiating a Dialogue & Building Mutual Respect

Do not attack, threaten or blame the parents. Try to develop a relationship so that you all begin to trust each other. Provide the space to talk about migration, the pain of loss, their feelings of displacement and their desire to hold on to cultural traditions. Whenever possible, focus on the positive aspects of their parenting and of child rearing in their culture; these may include extended family support, breastfeeding, mothers and babies in constant physical contact, children welcomed as a natural part of almost all activities, and often being cared for by the whole community. Make the effort to find commonalities between you and your clients in health/cultural practices or beliefs.

Legal Considerations

The best tools for fighting harmful traditional practices are based in education and advocacy, not law. Nonetheless, governments cannot "officially" condone FGC by not creating anti FGC laws, thus creating a difficult dichotomy. Parents have a right to understand the legal implications in choosing to circumcise a daughter.

Within Canada, FGC is illegal under both criminal and child protection laws. Persons performing FGC and/or the girl's parents can be charged under the laws relating to assault causing bodily harm or criminal negligence causing bodily harm. FGC would also be considered child abuse

and dealt with under Manitoba's Child and Family Services Act. It should also be noted that the criminal code can be used to prevent girls from being sent overseas to a FGC practising country.

Health Issues

Through our work with women who have been circumcised we learned that many women do not connect their current health problems with FGC. Many women assume that pain and/or recurrent health conditions (e.g. vaginal or bladder infections) are just a normal part of being a woman. For this reason it is important to be aware of the *possible* long term health consequences for women who have been circumcised. (Please refer to the SERC fact sheet on Possible Health Consequences of FGC at www.serc.mb.ca - click on Female Sexual Health) Explore the possibilities with your client by making the time for questions and non-judgmental discussion.

It is also important not to assume that a woman's physical or psychological health issues are directly related to her circumcision.

Know What Reactions to Expect

Some of the comments that may be made:

Why pick on us? All the families in our community do it. It is our tradition. You don't understand our culture. Your culture is corrupt – you are obsessed with sex. You have no right to tell us what to do.

Some parents will have little knowledge of Canadian law. Parents who regard the practice as normal cultural practice may be angry and/or defensive. If you are not from a culture that currently practices FGC, they may question your beliefs and values and may not expect you to understand. It is also important to remember that all cultures, including Canadian culture, have practices and beliefs that are positive and those that are negative. Being culturally sensitive means that, as a service provider, you are making every effort to understand the underlying complexities of cultural beliefs.

Fathers may say that they “cannot control what the women do to their daughters” or that it is “not men’s business.” They may also feel that their honour or family name is at stake. Sometimes they will be anxious over losing control of their teenage daughters.

Mothers may wonder why they are being criticized so harshly for trying to protect their daughters. There is a belief in many cultures that FGC prevents rape - protecting the girl and preserving her virginity. FGC may be considered as one of the many practices in which women all over the world engage to enhance their female beauty. (Service providers can explore their own feelings about the continuum of practices and beliefs regarding enhancement of the female body i.e. traditional practices vs 'modern' options like female genital cosmetic surgery, breast implants etc.) Mothers often ask, "Why is female circumcision against the law but male circumcision is allowed?"

Know What Parents May Say About the Practice

It is good. It is healthy. Uncircumcised women are prostitutes. Her husband will not be sexually satisfied. Her clitoris may grow too big. She may not remain a virgin. The uncircumcised woman is dirty. Religion requires it.

Maintain a firm stance on the issue. Listen and provide as much time to talk as possible, but occasionally repeat the facts. However well intended and loving the parents are, the procedure is still child abuse under Canadian law.

Be ready to talk about harmful practices in other cultures, which have now been abandoned due to education and recognition of the medical risks and human rights violations. (Examples could be: chastity belts, clitoridectomy (practiced in Victorian times and as recently as the 1950's in North America to protect against such things as masturbation, promiscuity, lesbianism, and depression), stoning women for adultery, Chinese foot binding, routine tonsillectomy etc.

Group Work

Whatever the reasons for practising FGC, the practice is an experience that involves the community as a whole. As such, any prevention work should involve collective approaches. Involving both men and women who are leaders in the community can be an important first step in building the trust required to approach a topic that is often considered somewhat taboo.

Discussion groups can be used for educating women, men and youth about the health risks of FGC. Another way to approach the topic in a community outreach setting would be to integrate a discussion of FGC into workshops or groups that are addressing any of the following topics:

- Women's Reproductive Health
- The Human Body
- Rights of Children and Young People
- Puberty
- Sexuality
- Birth Control
- Spirituality
- Pre-Natal Classes
- General Politics

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