Female Genital Mutilation: A new crisis for American Practitioners

Deborah Ottenheimer, MD, FACOG

February 15, 2017

Bronx Lebanon Hospital Center

Learning Objectives

Attendees will be familiar with:

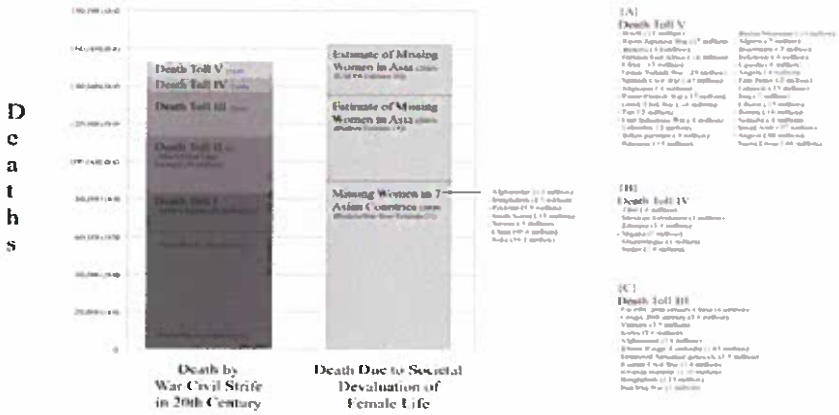
- The common myths and misconceptions surrounding FGM
- The prevalence of the practice in the US and abroad
- The types of FGM/C as defined by WHO
- The federal and state laws surrounding FGM and the providers role as a mandatory reporter of FGM in minors
- The gynecologic, obstetric and psychological impact of FGM
- Accurate ICD10 coding of FGM and the importance thereof

I have no conflicts of interest to report

Persecution/VAW Takes Many Forms

- Sex-selective abortion and female infanticide
- Denial of food/medical care/education
- Female genital mutilation/cutting
- Child "marriage" and Forced marriage
- "Honor" killings and dowry killings
- Domestic violence/femicide
- Rape
- Human trafficking: commercial sex industry (pornography and prostitution) and domestic slavery
- Mass rape (instrument of war)

Devaluation of Women



Valerie M. Hudson, Bonnie Ballif-Spanvill, Mary Caprioli, Chad F. Emmett. 'Sex and World Peace,' 2012

WHO Definition of FGM/C

"Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs, for *non-medical* reasons."

WHO, UNICEF, and UNFPA, 1997

FGM is a Human Rights Violation

- Considered extreme form of discrimination against women, and constitutes both physical and psychological abuse
- Violation of the rights of the child, as well
  - Usually carried out on minors (typically 4-12 years old, but sometimes on infants and older girls)
- Violates the rights to health, security and physical integrity of the person, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death

Int'l Covenant on Civil & Political Rights

Article 18.3; UNESCO, 2001, Article 4

The right to participate in cultural life and freedom of religion are protected by international law.

However, international law stipulates that freedom to manifest one's religion or beliefs might be subject to limitations necessary to protect the fundamental rights and freedoms of others.

Therefore, social and cultural claims cannot be evoked to justify female genital mutilation.

United Nations Declaration 2008

Eliminating Female genital mutilation

An interagency statement

OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO

False Assumptions

- FGM occurs only in Muslim Communities.
- Only children are at risk of FGM.
- FGM only has physical consequences.
- FGM is not a crime in the U.S.
- FGM does not occur in the U.S.

PREVALENCE AND ORIGINS

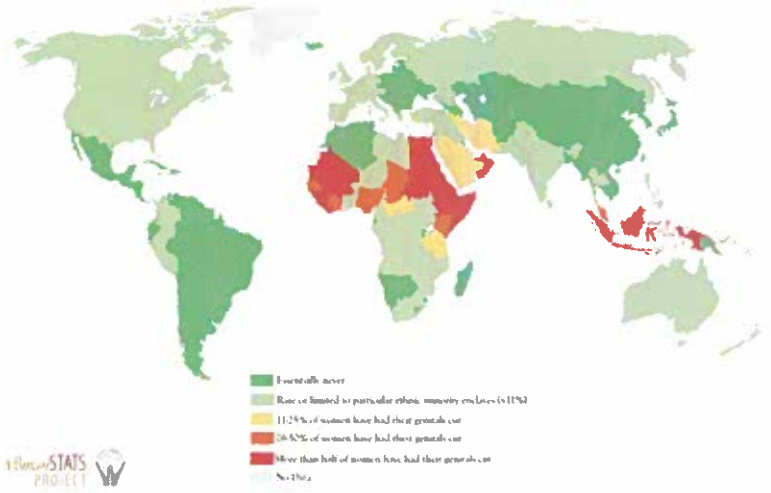
Prevalence of FGM

- 200 million women worldwide
  Newly added: 70million in Indonesia as of 2016
- Primarily: occurs in 28 African countries and Indonesia
- Secondarily: India, Pakistan, Sri Lanka, Singapore, Maylasia, Thailand, Russia, Bangladesh, Iran
- Immigrants to first world nations
- History of FGM in the West for excessive masturbation, lesbianism and nymphomania
- Prevalence Rates: from 5% in Niger to 95% in Sudan & Egypt
- Varies by nation and ethnic group/tribe rural/urban, education, age

A Global Perspective

Prevalence of Female Genital Cutting

Scaled 2015



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Where is FGM Most Common?

Somalia	98%	Gambia	75%
Guinea	97%	Ethiopia	74%
Djibouti	93%	Mauritania	69%
Sierra Leone	90%	Liberia	50%
Mali	89%	Guinea-Bissau	45%
Egypt	87%	Chad	44%
Sudan	87%	Cote d'Ivoire	38%
Eritrea	83%	Nigeria	25%
Burkina Faso	76%	Senegal	25%

UNICEF, 2016

- Nearly half of girls under 12 in **Indonesia** have undergone FGM (UNICEF).
- At least 50-60% of women in the **Bohra** community in India have undergone FGM (IRIN News).
- About 40% of **Iraqi Kurdish** women and girls ages 11-24 have undergone FGM (Human Rights Watch).
- The prevalence rate for FGM in **Yemen** is 19% (UNICEF).

Historical Origins: no one knows

- Greek documents:
  - 163 BC in Egypt: at time of receipt of dowry
  - 25 BC in Egypt: documented by Strabo
  - 5 BC in Egypt: at time of onset of menses
- Evident in mummies
- Infibulation also referred to as Pharonic circumcision in Sudan
- Many myths supporting practice
  - Pharonic belief in bisexuality of gods
  - Masculine soul of woman in clitoris, feminine soul of man in foreskin

This applies only to cutting in Africa. No similar study in other parts of the world….yet

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Cultural Rationales for FGM

Sociologic

- Confers eligibility for marriage
- Maintains tradition; rite of passage
- Prevents the rape of women
- Demarcates the sexual difference between men and women

Psychosexual

- Enhances male pleasure
- Ensures girl's virginity
- Limits woman's sexual desire
- Ensures monogamy
- Removes the "poisonous" clitoris*
- Reduces the sexual demands on any man who has more than one wife

* The "poisonous clitoris" refers to a folk belief that the clitoris can act as a stinger, both during intercourse and during the birth of a child.

Hygenic

- Beliefs that it ensures fertility
- Prevents infant mortality by removing the "poisonous" clitoris*
- Removes the "dirty" female genitalia**
- "Beautifies" female genitalia**

Religious

- NOT REQUIRED by any religious tradition; predates both Christianity and Islam
- Religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others contribute to its elimination.

**The genitalia have a smooth appearance after FGM, and removal of the labia is considered cleaner and better looking, less "dirty"

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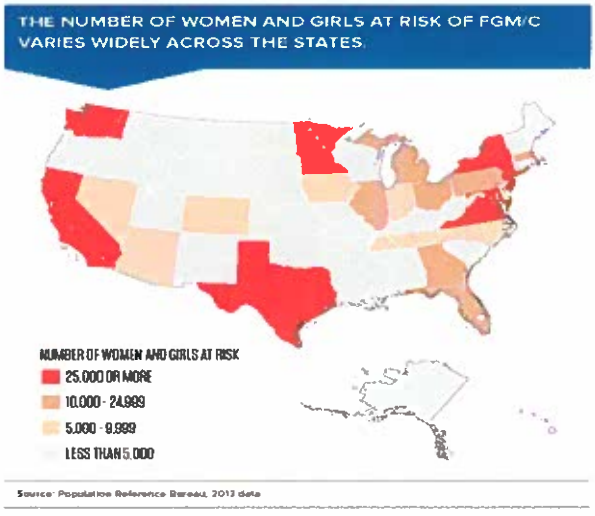
FGM in the USA

- In 2000, CDC estimated ~228,000 girls at risk
  - FGM increased by 35% between 1990 and 2000
- New 2015 report: ~507,000 girls in the US are cut or at risk
- Estimates based on calculating % of certain immigrant populations from FGM-affected countries
- NYC: more at risk girls than anywhere else
  - Vacation cutting
  - Cutting occurs also here in US – moderate frequency African immigrant communities

Who is at risk in the United States?



Highest Risk Cities

1. New York, Newark, Jersey City	65,893
2. Washington, Arlington, Alexandria	51,411
3. Minneapolis, St. Paul, Bloomington	37,417
4. Los Angeles, Long Beach, Anaheim	23,216
5. Seattle, Tacoma, Bellevue	22,923
6. Atlanta, Sandy Springs, Roswell	19,075
7. Columbus	18,154
8. Philadelphia, Camden, Wilmington	16,417
9. Dallas, Fort Worth, Arlington	15,854
10. Boston, Cambridge, Newton	11,347

Population Reference Bureau, 2015.

Who is at Risk by Country of Origin

Table 1

U.S. Women and Girls Potentially at Risk for FGM/C, 2013 Data

Top 10 Countries of Origin

	U.S. Women and Girls at Risk of FGM/C
All Countries of Origin	**506,795**
Egypt	109,205
Ethiopia	91,768
Somalia	75,537
Nigeria	40,932
Liberia	27,289
Sierra Leone	25,372
Sudan	20,455
Kenya	18,475
Eritrea	17,478
Guinea	10,302
Other Countries of Origin	69,981

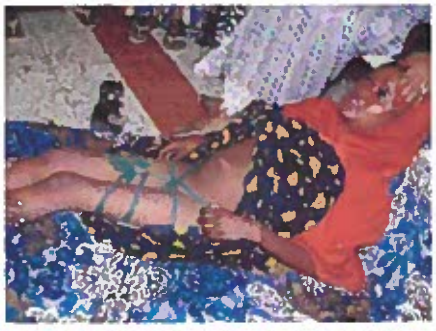
Source: Population Reference Bureau. Estimates are subject to both sampling a nonsampling error.

PERFORMING FGM/C

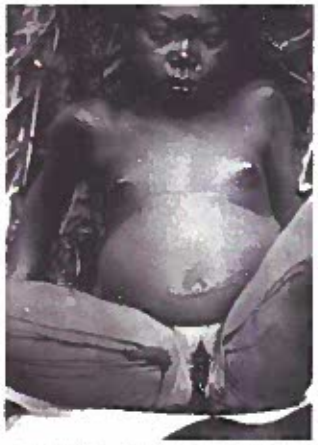
Typical Tools

Performing FGM/C

Performing FGM/C



Post-FGM



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TERMINOLOGY

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FGM Classified into 4 Major Types

Type I: Clitoridectomy - partial or total removal of the clitoris and, in very rare cases, only the prepuce/ clitoral hood

Type II: Excision - partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora

Type III: Infibulation - narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris

Type IV: Other - all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area

AVOID THE USE OF THE TERM "CIRCUMCISION"

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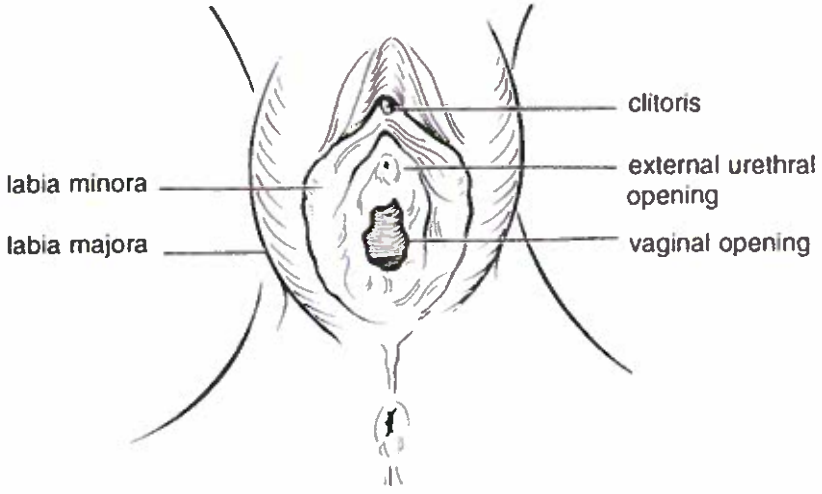
Normal Anatomy



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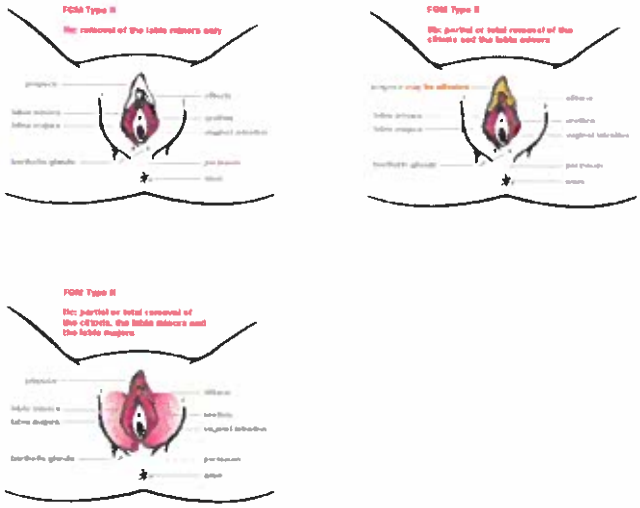
FGM Type I

Type I Partial or total removal of the clitoris (clitoridectomy) and/or the prepuce

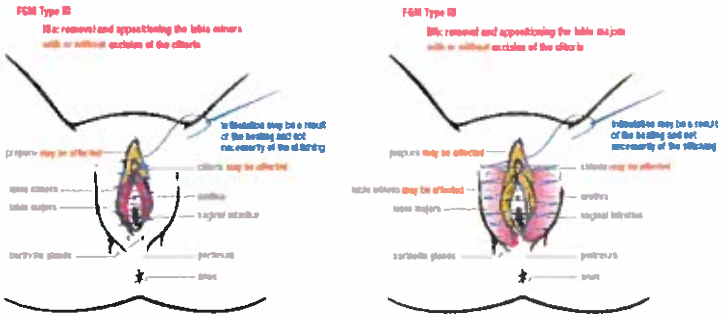
* Abdulcadir J, Catania L, Hindin MJ, Say L, Petignat P, Abdulcadir O. Female Genital Mutilation: A visual reference and learning tool for healthcare professionals. 2016 (under review).

FGM Type II



FGM Type III

Type III Narrowing of the vaginal orifice with the creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)



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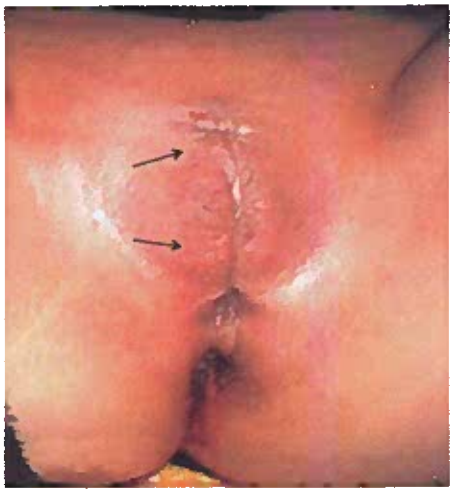
FGM Type III



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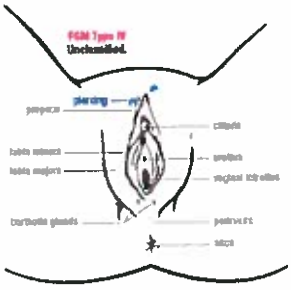
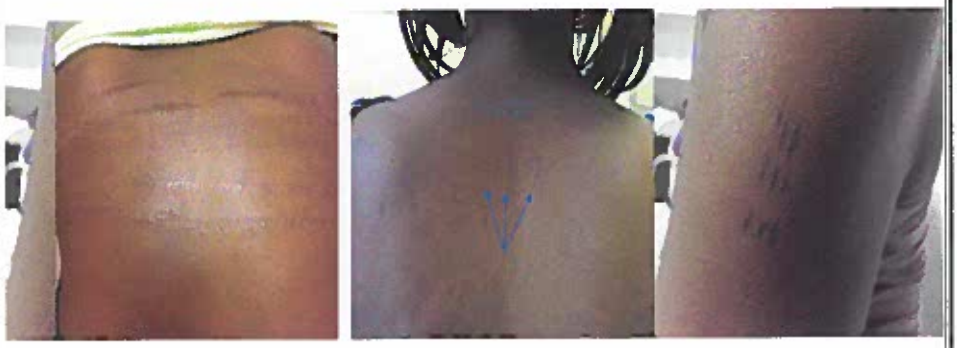
FGM Type III

FGM Type IV

Type IV All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, pulling, piercing, incising, scraping and cauterization



Ritual Scarification After FGM



COMPLICATIONS FROM FGM

FGM HAS NO HEALTH BENEFITS

FGM Is Not A One Time Event

- Many short-term and long-term physical sequelae
  - Some vary directly with severity of FGM
- Frequent psychological sequelae
- Some women require opening before first intercourse
- Some traditions demand re-closure after childbirth

Short Term Medical Sequellae

IMMEDIATE RISKS (6, 8)	
Haemorrhage	
Pain	
Shock	Haemorrhagic, neurogenic or septic
Genital tissue swelling	Due to inflammatory response or local infection
Infections	Acute local infections; abscess formation; septicaemia; genital and reproductive tract infections; urinary tract infections The direct association between FGM and HIV remains unclear, although the disruption of genital tissues may increase the risk of HIV transmission.
Urination problems	Acute urine retention; pain passing urine; injury to the urethra
Wound healing problems	
Death	Due to severe bleeding or septicaemia

Female Genital Mutilation Cutting: A Global Concern. UNICEF; 2016

Long Term Medical Sequellae

LONG-TERM-RISKS (6, 8)	
Genital tissue damage	With consequent chronic vulvar and clitoral pain
Vaginal discharge	Due to chronic genital tract infections
Vaginal itching	
Menstrual problems	Dysmenorrhea, irregular menses and difficulty in passing menstrual blood
Reproductive tract infections	Can cause chronic pelvic pain
Chronic genital infections	Including increased risk of bacterial vaginosis
Urinary tract infections	Often recurrent
Painful urination	Due to obstruction and recurrent urinary tract infections

Female Genital Mutilation Cutting: A Global Concern. Geneva: UNICEF; 2016

Obstetric Complications

OBSTETRIC RISKS (9, 10)	
Caesarean section	
Postpartum haemorrhage	Postpartum blood loss of 500 ml or more
Episiotomy	
Prolonged labour	
Obstetric tears/lacerations	
Instrumental delivery	
Difficult labour/dystocia	
Extended maternal hospital stay	
Stillbirth and early neonatal death	
Infant resuscitation at delivery	

Female Genital Mutilation Cutting: A Global Concern. Geneva: UNICEF; 2016

Disorders of Sexual Function

SEXUAL FUNCTIONING RISKS *(6, 11)*	
Dyspareunia (pain during sexual intercourse)	There is a higher risk of dyspareunia with type III FGM relative to types I and II (6).
Decreased sexual satisfaction	
Reduced sexual desire and arousal	
Decreased lubrication during sexual intercourse	
Reduced frequency of orgasm or anorgasmia	

Female Genital Mutilation Cutting: A Global Concern. Geneva: UNICEF; 2016

Psychological Sequelae

- Immediate:
  - Feelings of betrayal, social isolation
  - Mistrust of family/community
  - Shame for crying or resisting
- Long term:
  - Sexual dysfunction/fear of intercourse
  - PTSD
  - Anxiety
  - Depression/hopelessness/powerlessness
  - Fear for daughters

Female Genital Mutilation in the United States. Sanctuary for Families 2014 report

PROGRESS IS BEING MADE TOWARDS ELIMINATION

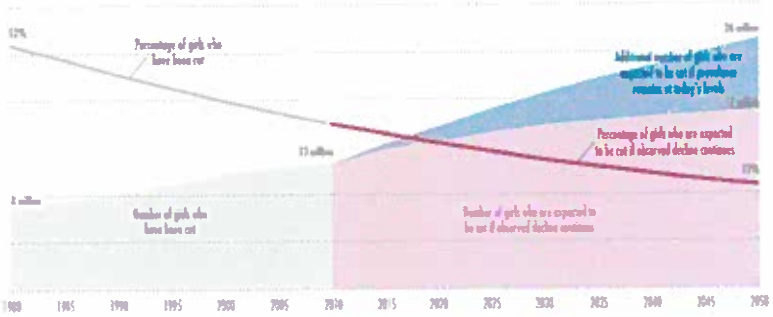
Support for FGM is Decreasing

Two out of three people living in the 29 countries think the practice should stop

Female Genital Mutilation / Cutting: A Statistical Overview and Exploration of the Dynamics of Change. UNICEF July 2013

Rates are Dropping But....Incidence is Increasing

While the proportion of girls aged 15 to 19 who undergo FGM/C may continue to decline, their absolute numbers will increase



Female Genital Mutilation/ Cutting: A Statistical Overivew and Exploration of the Dynamics of Change UNICEF July 2013

WHAT IS OUR ROLE?

FGM Should NEVER be Performed by Medical Professionals

- Trained health professionals who perform female genital mutilation *are violating* girls' and women's right to life, right to physical integrity, and right to health
  - violating the fundamental medical ethic to '*Do no harm*'
- Some consider medicalization as a harm-reduction strategy and support the notion that when the procedure is performed by a trained health professional, some of the immediate risks may be reduced (Shell-Duncan, 2001; Christoffersen-Deb, 2005).
  - not necessarily less severe, or conditions sanitary
  - no evidence that medicalization reduces the documented obstetric or other long-term complications
  - there is no documented evidence that this leads to abandonment of the practice

Eliminating Female Genital Mutilation. An Interagency Statement 2008
OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO

CHANGING TRADITIONS

America's Underground Female Genital Mutilation Crisis

FGM is illegal in the U.S.—yet activists estimate that hundreds of thousands of girls are at risk of being cut each year.

The New York Times http://nyti.ms/1uh99q0

U.S.

Effects of Ancient Custom Present New Challenge to U.S. Doctors

Genital Cutting Cases Seen More as Immigration Rises

By JULIE TURKEWITZ FEB. 5, 2015

DENVER — One immigrant woman told of visiting five gynecologists in recent months, each of whom gasped audibly at her anatomy.

Another went to see a doctor, only to become the subject of a gawking crew of medical residents.

And a third said she had never visited a gynecologist, despite experiencing abdominal pain since age 10, when her genitals were cut in her native Gambia. "I feel ashamed," said the woman, Mariama Bojang, 25. "The doctor has probably never seen anything like this. How am I supposed to explain it?"

As the number of African immigrants in the United States has grown, so has the number of women living in this country who have undergone genital cutting. About half a million women in the United States have experienced the procedure or are likely to be subjected to it by their families, according to a preliminary report from the Centers for Disease Control and Prevention. That figure is about three times the last government estimate, made in 1997.

A study to be released Friday by the Population Reference Bureau is expected to show similar numbers.

Public health officials, however, are warning that some doctors and nurses are not prepared to deal with the physical and emotional complications associated with the procedure — sometimes called female genital mutilation or F.G.M./C — and in

In Your Practice

- Provide respectful and non-judgmental care to women with FGM/C who you see in the clinics
- Be cognizant of reconstructive surgery, as an option for women who express distress
- Assist undocumented women to seek asylum
- Educate your colleagues, majority not trained
- Support anti-FGM advocacy

Provide Sensitive Care

- Don't look shocked or make a face
- Discuss openly with patient, *she knows she has been cut*
- Don't judge:
  - discuss what you need to do and how to do it given the scaring and tissue integrity
- Be sensitive to possibility of re-traumatization during your exam
- Refer to therapy (PTSD, depression, etc.)
- Advise patients that FGM and vacation cutting are illegal in the US.

Coding for FGM is Crucial

- N90.81 FGM STATUS

- N90.811 - FGM TYPE I
- N90.812 - FGM TYPE II
- N90.813 - FGM TYPE III
- N90.818 - FGM TYPE IV

- N90.810 – STATUS UNSPECIFIED

Federal Law

Jan 2013, "Transport for Female Genital Mutilation Act"

- Criminalizes the transportation of girls abroad to undergo FGM
- Mandatory Reporting of suspected or completed FGM or anticipated illegal transport of minors for FGM -considered child abuse
  - Federal Law mandates 5 year prison sentence
    - Perpetrators can be deported.
  - 23 states now have laws, with penalties of imprisonment*, fines or both specifically addressing FGM (Ranges from 180 days in Texas to up to life imprisonment in Minnesota)

Equality Now Fact Sheet

Mandatory Reporting

- Falls under the rubric of child abuse.
  - Mandatory reporters: school personnel, health care workers, child care providers, law enforcement officers
- Very few investigations at the state or federal level, even fewer prosecutions
- Should report as for child abuse to local child protection services
  - State laws vary
- No designated federal tip line for reporting
  - National Center for Missing or Exploited Children
  - FBI tip line / email
  - ICE tip line /email

NJ/NY Laws

State	Applicable Law	Only applies to minors (under 18 unless otherwise specified)	Parent/ guardian and circumciser subject to prosecution	"Vacation Provision" banning travel outside the state for FGM	Cultural/ ritual reasons, and/or consent not a defense	Provisions for community education & outreach	Sentence (imprisonment &/or fine)
New Jersey	N.J. Stat. § 2C:24-10 Effective 1/17/2014	x	x	x	x		Imprisonment 3-4 years
New York	N.Y. Penal Law § 130.85 Passed 9/29/1997, Effective 45 days later N.Y. Public Health Law § 207(k) Effective 11/20/2015	x	x		x	x	Imprisonment up to 4 years

Equality Now Fact Sheet: Female Genital Mutilation in the United States

Assist Women to Seek Asylum

The basis for asylum in cases of FGM is asylum based on "membership in a particular social group" and "political opinion."

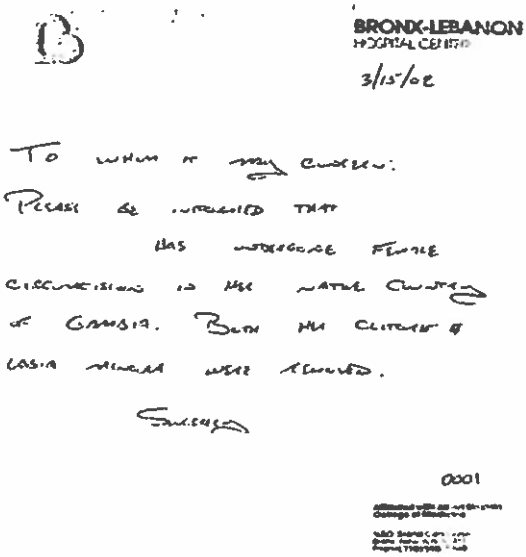
Who qualifies?

A woman who has experienced FGM

A woman who wants to protect her daughters from FGM

A woman or girl who is being directly threatened with FGM, either in the US or in her home country

Don't Do This:



BRONX-LEBANON
HOSPITAL CENTER

3/15/02

To whom it may concern:

Please be informed that

has undergone female

circumcision in her native country

of Gambia. Both her clitoris &

labia minora were removed.

0001

The US Campaign to End FGM has Just Begun

- DOJ round tables
- First summit to end FGM in the US
  - Equality Now and the Wallace Foundation
- NY Working Group on FGM
- Education and advocacy are crucial

Case Studies

Case 1: FD

- 19 year old from Chad, came to the US age 12
- Paternal grandmother was a traditional cutter
  - FD had been made to watch many FGM ceremonies
  - Had promised herself that she would never undergo FGM
  - Tremendous family pressure to have her cut
- After 4 years in the US, her family returned to Chad
  - She ran away from home to avoid being forced to undergo FGM
  - Her sister had undergone FGM and forced marriage
- FD is depressed and anxious
  - Misses her mother terribly

Case 2: HJ

31yo from the Gambia, underwent FGM age 12

- Brought to the US at age 15 to be the second wife of a much older man.
  - Twin girls born at age 16, third daughter born age 19
  - Severe domestic violence
- Determined to protect her daughters from FGM/ forced marriage
  - Escaped her abuser after 10 years
  - Got an education, currently in nursing school
- Now with symptoms of PTSD
  - Poor concentration, poor memory, doing poorly in school
  - Easily angered, nightmares, poor sleeping, flash backs

Referral Resources

- Sanctuary for Families – legal/ counseling / social services
- Catholic Charities – legal / social services
- African Services – legal services
- Weil Cornell Clinic for Human Rights – asylum exams/ medical services / social service referrals
- Mount Sinai Human Rights Clinic – asylum exams/ medical services / social service referrals
- Columbia Human Rights Initiative -- asylum exams/ medical services / social service referrals
- Physicians for Human Rights - coordinates legal and medical
- Health Right International - coordinates legal and medical

DHS Reporting Resources

Assistance/Resources

- To report someone who is performing FGM/C or to report to law enforcement that you or someone else is in danger of undergoing FGM/C, contact the ICE tip line (**1-866-347-2423** or **www.ICE.gov/tips**) or the Department of Justice (**1-800-813-5863** or **HRSTIPS@USDOJ.gov**).
- To speak with someone immediately about a child at risk of FGM/C or find a crisis counselor who can assist you, call the Childhelp National Child Abuse Hotline at **1.800.4.A.CHILD** (**1-800-422-4453**).
- To obtain more information about FGM/C or to locate potential support resources, call the HHS Office on Women's Health Help Line at **1-800-994-9662**.

From DHS Federal Outreach Plan 2016

Further Reading

Policy / Healthcare

- Female Genital Mutilation/Cutting: A Global Concern. Geneva: UNICEF; 2016
- Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change. New York: United Nations Children'sFund; 2013
- WHO Global Strategy to stop Health Care Providers from Performing Female Genital Mutilation, 2010
- Female Genital Mutilation and Obstetric Outcome: WHO Collaborative Prospective Study in Six African Countries. Lancet. 2006;367(9525):1835–41. doi:10.1016/S0140-6736(06)68805-3.
- Female Genital Mutilation in the United States: Protecting Girls and Women in the United States from FGM. Sanctuary for Families Report 2014
- WHO Guidelines on the Management of Health Complications from Female Genital Mutilation 2016
- Female Genital Mutilation/ Cutting: Existing Federal Efforts to Increase Awareness should be Improved, GAO report 2016

First Person Accounts

- This American Life Episode #586 May 6, 2016 with Mariya Karimjee
- Cut, by Hibo Wardere

I am only one
But still I am one.
I cannot do everything,
But still I can do something.
And because I cannot do everything,
I will not refuse to do the something that I can do.

-Edward Everett Hale, 1822-1909