

'Female Genital Mutilation/Cutting in Canada: Participatory research towards collective healing'

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Female Genital Mutilation/Cutting: Definition

- 200 million women and girls alive today have undergone FGM/C (UNICEF, 2020a).
- 31 countries across 3 continents; migration makes it an international issue (UNICEF, 2020b).
- Definition: “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, 2020).

- **Type I.** Partial or total removal of the clitoral glans and/or the prepuce/clitoral hood. When it is important to distinguish between the major variations of Type I FGM, the following subdivisions are used:
 - **Type Ia.** Removal of the prepuce/clitoral hood only.
 - **Type Ib.** Removal of the clitoral glans with the prepuce/clitoral hood.
- **Type II.** Partial or total removal of the clitoral glans and the labia minora, with or without removal of the labia majora. When it is important to distinguish between the major variations of Type II FGM, the following subdivisions are used:
 - **Type IIa.** Removal of the labia minora only.
 - **Type IIb.** Partial or total removal of the clitoral glans and the labia minora (prepuce/clitoral hood may be affected).
 - **Type IIc.** Partial or total removal of the clitoral glans, the labia minora and the labia majora (prepuce/clitoral hood may be affected).
- **Type III.** (Often referred to as **infibulation**). Narrowing of the vaginal opening with the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora. The covering of the vaginal opening is done with or without removal of the clitoral prepuce/clitoral hood and glans (Type I FGM). When it is important to distinguish between variations of Type III FGM, the following subdivisions are used:
 - **Type IIIa.** Removal and repositioning of the labia minora.
 - **Type IIIb.** Removal and repositioning of the labia majora.
- **Type IV.** All other harmful procedures to the female genitalia for non-medical purposes, for example pricking, piercing, incising, scraping and cauterization.

World Health Organization FGM classification (WHO, 2007).

Health consequences

Immediate complications:

- severe pain
- excessive bleeding (haemorrhage)
- genital tissue swelling
- fever
- infections e.g., tetanus
- urinary problems
- wound healing problems
- injury to surrounding genital tissue
- shock
- death

Long-term complications:

- urinary problems
- menstrual problems
- Scar tissue and keloid
- Sexual and reproductive issues (childbirth complications; decreased sexual satisfaction)

Current context: Covid-19 global impact on women

- 47 million women no longer have access to birth control.



- 31 million additional cases of GBV, and 15 million additional cases for every 3 month the lockdown continues.





Photo credit: la Presse+, January 4th 2021, https://plus.lapresse.ca/screens/2fb35527-27ad-4da2-b21a-75c0c8ea572c_7C_0.html

FGM/C and Canadian law

Aggravated assault

Article 268 (1) Every one commits an aggravated assault who wounds, maims, disfigures or endangers the life of the complainant.

Punishment

Article 268 (2) Everyone who commits an aggravated assault is guilty of an indictable offence and liable to imprisonment for a term not exceeding fourteen years.

Excision

Article 268 (3) For greater certainty, in this section, “wounds” or “maims” includes to excise, infibulate or mutilate, in whole or in part, the labia majora, labia minora or clitoris of a person, except where

- o **(a)** a surgical procedure is performed, by a person duly qualified by provincial law to practise medicine, for the benefit of the physical health of the person or for the purpose of that person having normal reproductive functions or normal sexual appearance or function; or
- o **(b)** the person is at least eighteen years of age and there is no resulting bodily harm.

Article 268 (4) For the purposes of this section and section 265, no consent to the excision, infibulation or mutilation, in whole or in part, of the labia majora, labia minora or clitoris of a person is valid, except in the cases described in paragraphs (3)(a) and (b).

Canadian Criminal Code as it applies to FGM/C

2018-2019

IT'S TIME:

CANADA'S STRATEGY TO PREVENT AND ADDRESS GENDER-BASED VIOLENCE



Research goals

- Gain insight on how individuals from FGM/C-practicing countries living in Canada perceive FGM/C.
 - shed light on the underlying **motives and perceptions** of FGM/C.
 - shed light on the **risk factors** associated with FGM/C.
 - provide a more refined articulation of the individual and collective factors that contribute to **FGM/C eradication** in Canada.
 - what are young girls and women's **needs** with regards to FGM/C?

African League of Canada



Mrs. Persévérance Mayer

Association des Africains de l'Université de Montréal



Ms. Astou Sembene



Participants wanted

Study on female circumcision

You are:

- Originally from a female circumcision-practicing country?
- Over 18 years of age?
- A woman or a man?
- Living in Quebec or Ontario?

You qualify for this study!

We are seeking for participants for a study on the perception of female circumcision.

As a research participant:

- ✓ You will have to participate in **one** group discussion (3 hours) OR **one** individual interview (1.5 hour maximum) according to your preference.
- ✓ During this meeting we will discuss several aspects related to female circumcision in order to better understand the perspective of individuals who come from a female circumcision-practicing country and who live in Canada.

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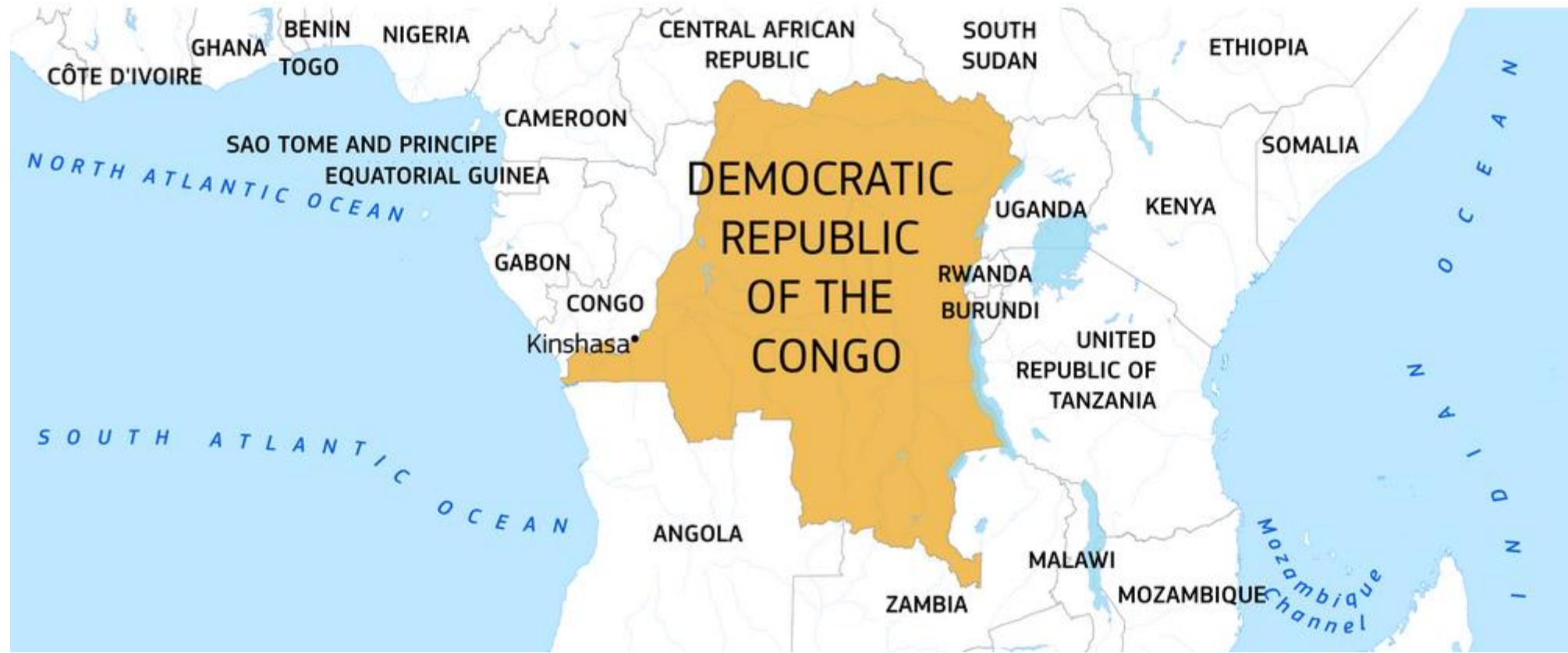
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Data Collection

- Sociodemographic questionnaire.
- Semi-structured interview: 75 women and 45 men; 116 group interviews; one couple; one individual (FGM/C); one student unavailable during group interviews.

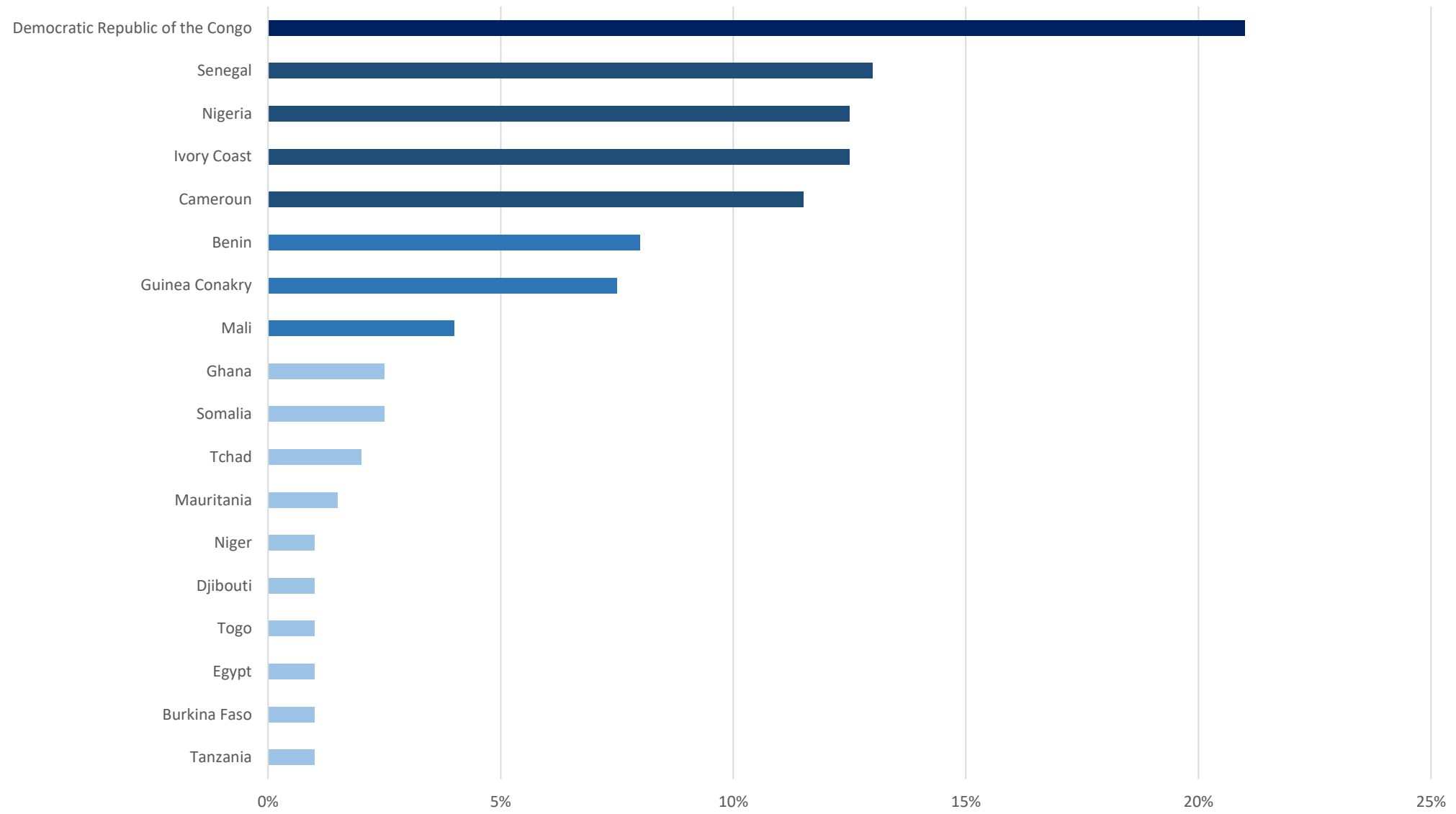


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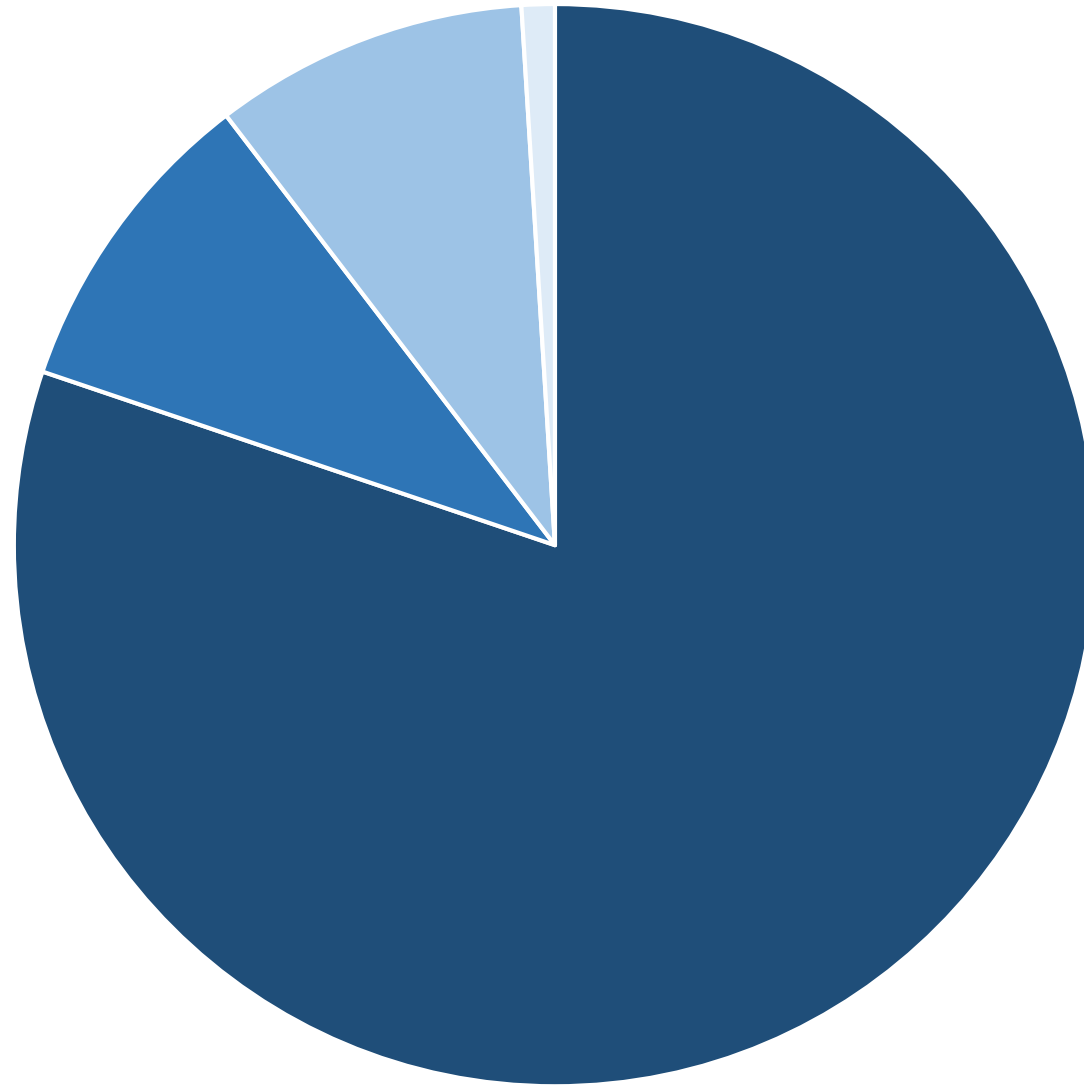
Kinshasa

“Africa is one. With all the interethnic marriages we have, I don’t see why you would exclude people because they are not on the WHO list. This concerns us all.”

DRC Participant

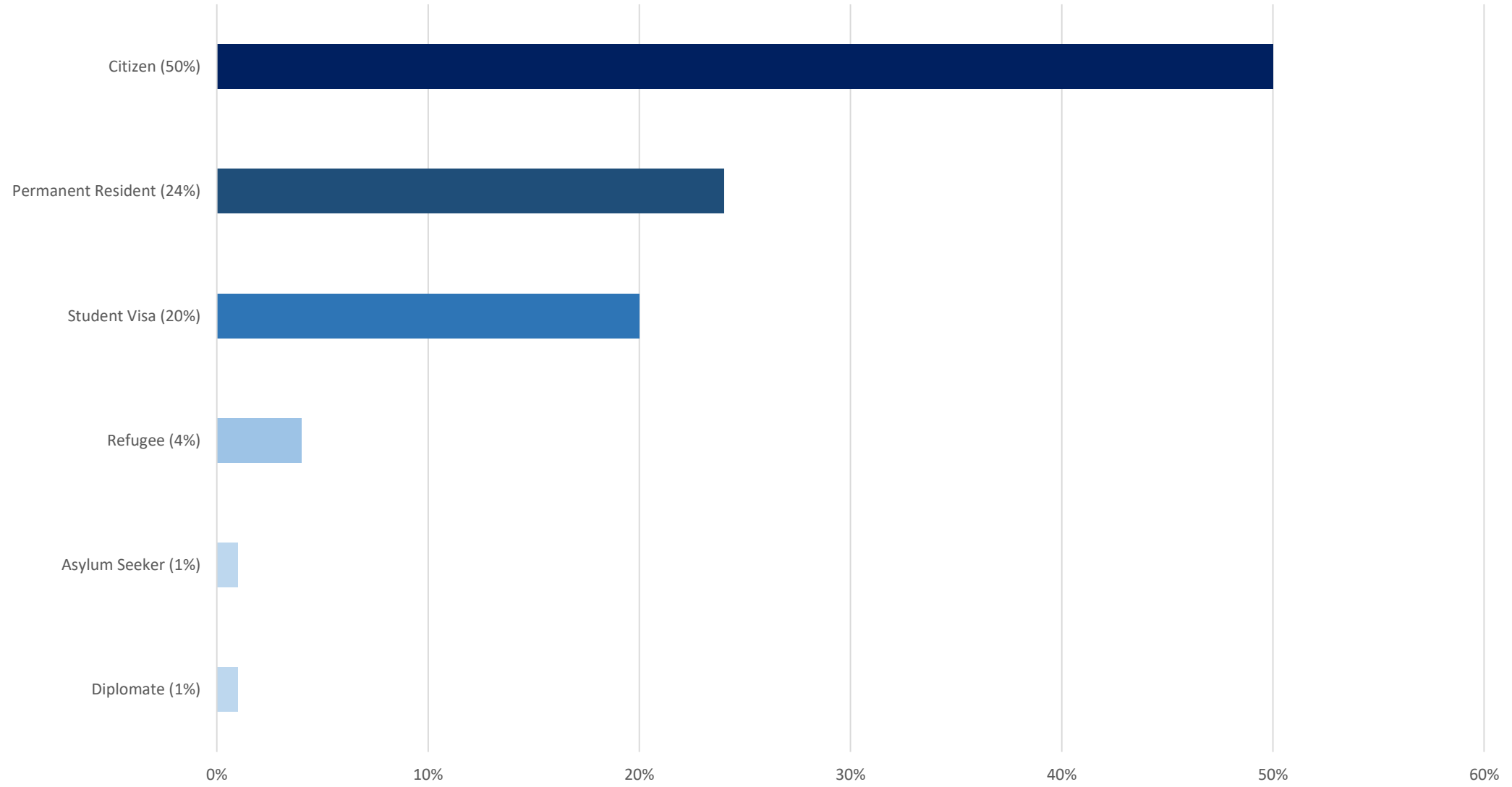


Participants' country of origin

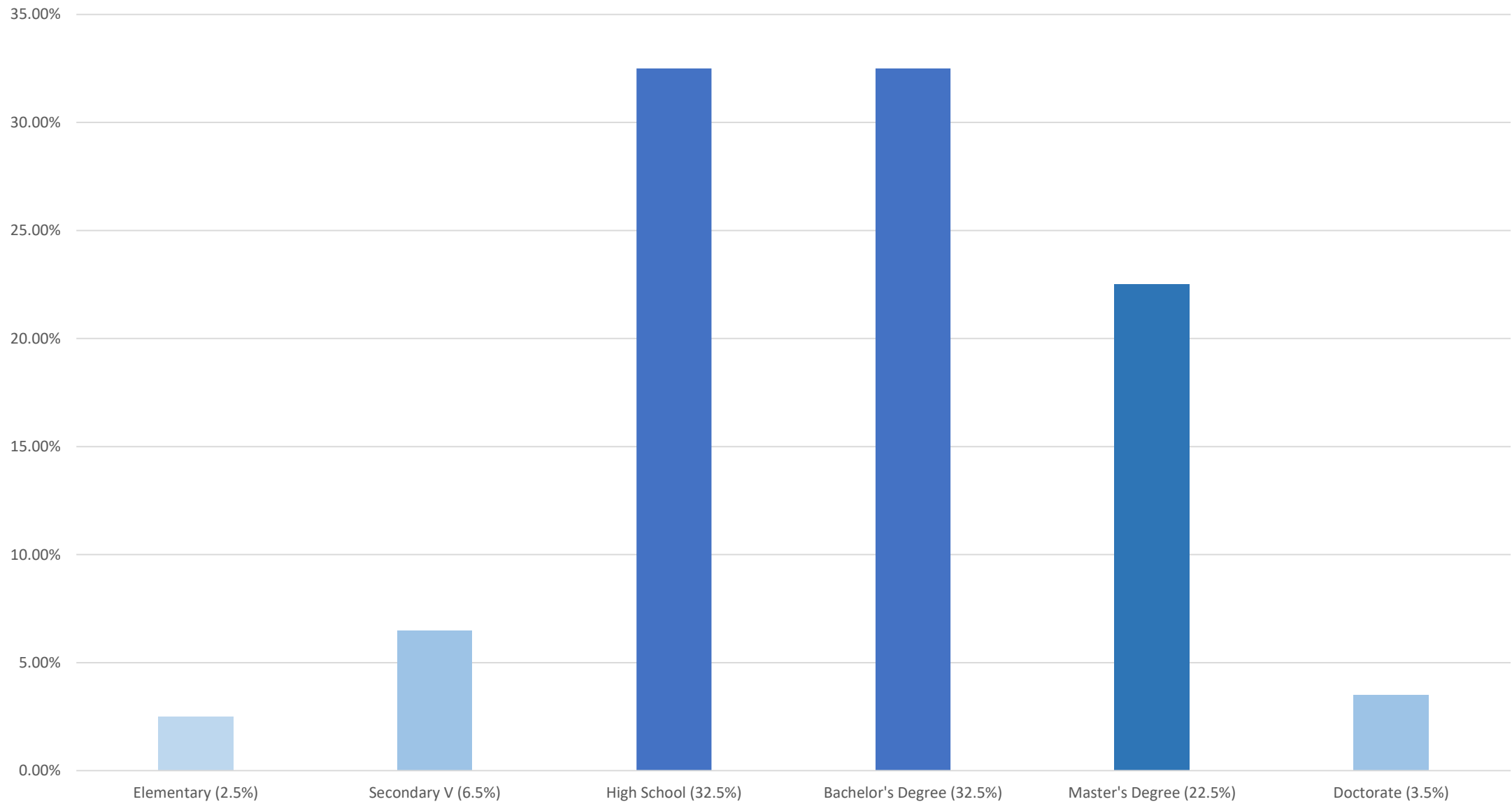


■ Africa (81%) ■ Canada (9%) ■ Europe (9%) ■ United States of America (1%)

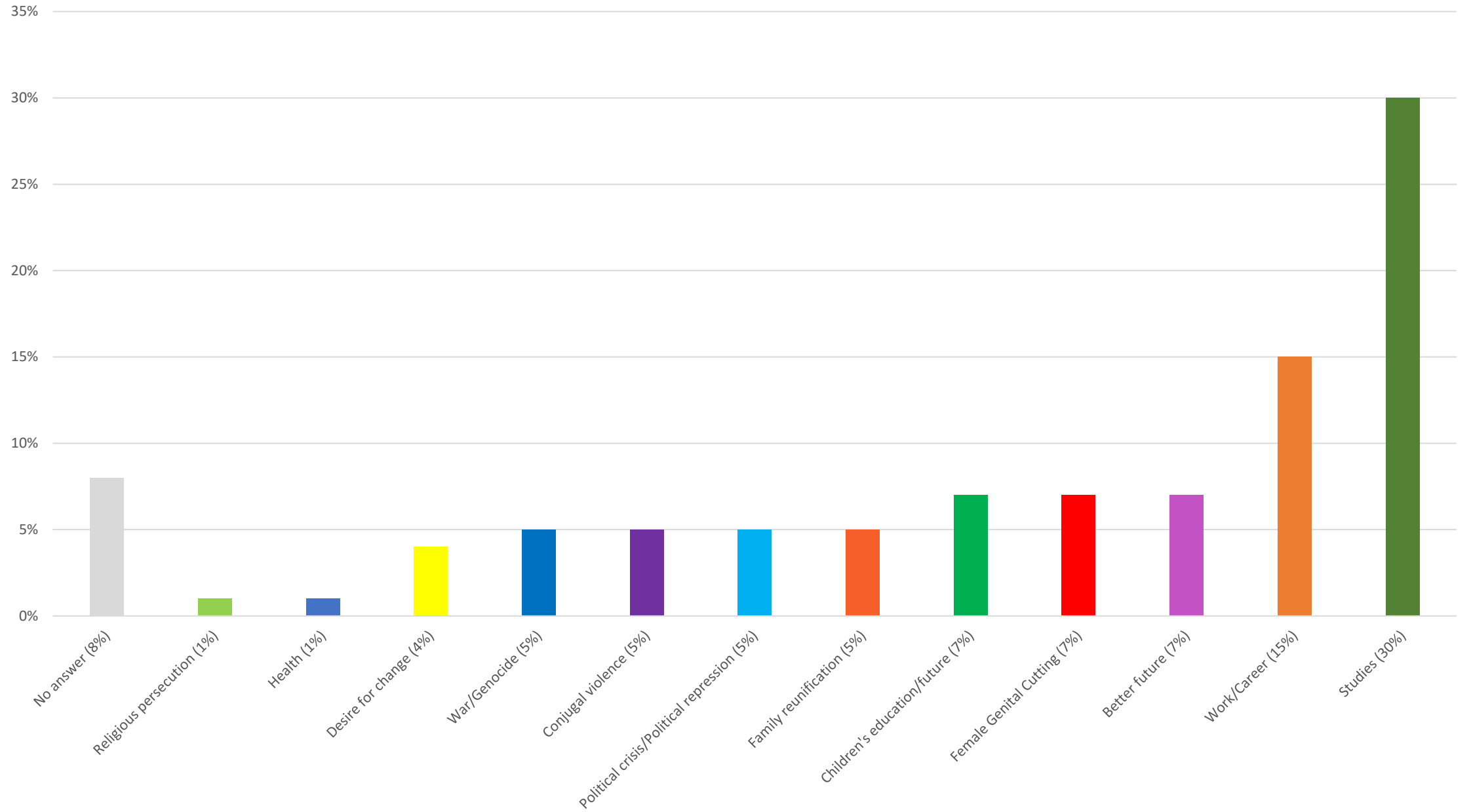
Participants' place of birth



Participants' immigration status



Participants' level of formal education



Results

- Knowledge and perception of FGM/C
- Motives for FGM/C
- FGM/C risk for Afro-Canadian girls
- Factors contributing to FGM/C eradication (protection)
- Barriers to FGM/C eradication (risk)
- Women's needs regarding FGM/C

Opinion and perception about FGM/C

- All (but one) participants were against FGM/C.
- No correlation between gender, education, religion, the number of years in Canada or immigration status and FGM/C endorsement (in our sample).

“My own pain that I went through, I feel that it’s disastrous. I’m really against that practice, because the only thing you get from it is the pain you can never forget [crying].

For me the hardest was watching them do that to my younger sister. That is when I really, really feel like this is too much. I saw the knife and it was really hot and they cut her with the knife. And my younger sister she was even more bullied than I was. Because after she had that she bled for another 7 days! She kept bleeding. I think the woman cut her excess. I cried because I cannot do anything to save her. I was only a kid [sobbing]. I hate it!”

Woman, 37, Nigeria.

“I was in a relationship with a woman who was circumcised (...). I think circumcision is like a perpetual rape. The impact it has on her body, on her life. Sharing intimacy was difficult. She was very reserved and through her behaviour it seemed like she was somewhat ashamed of exposing her body.”

Man, 28, Cameroun.

“This kind of circumcision is what break my relationship with my wife back home. When my father pressurised to do all sorts of things. I had two boys and a girl (...) my father say that we must do the circumcision to the baby, which leads to make my marriage broke.”

Man, 47, Nigeria.

Underlying motives to FGM/C



- Participants identified 21 reasons for which FGM/C is carried out.
 - tradition
 - cultural practice that grants young girls legitimacy, status and respect
 - rite of passage: pain and adulthood

Dialogue between two participants

“Becoming a woman is a painful process because you become an adult (...) In my tradition back home, pain isn't necessarily something negative. Sometimes things hurt because they're taking you to another level in your own evolution.”

Woman, 32, Cameroun.

“I disagree. Some pain is necessary, like the pain of childbirth for instance. Because you give birth, you have a child, and that's positive. So it's necessary pain. But if I suffer and then it becomes negative for me, I suffer twice. I'll suffer my entire life!”

Woman, 33, Tchad.

Underlying motives to FGM/C



- Participants identified 21 reasons why FGM/C is carried out.
 - Patriarchy: all groups (women, men, mixed) declared that FGM/C was carried out for the sole benefit of men.
 - Sexual modesty and temperance: upholding of virginity until marriage.
 - Respectability: parents had successfully raised their daughters by transmitting a cultural ethos of sexual modesty.
 - Social cohesion.

“I ask my mom one time 'why is this still happening?!'. You know the answer she gave to me? 'Because they fight for their home'. Look, in their time, there are less divorce. But now a lot of people have 2.5 year marriage and already divorce. She say because they are not circumcised so much more divorce.”

Man, 47, Nigeria.

“If it’s negative for the person, it doesn’t mean it’s negative for the community. It’s for young girls to be well behaved. It’s a social interest, not an individual interest.”

Woman, 32, Cameroun.

Reasons for FGM/C in the DRC



- Several participants from the DRC arrived through UNHCR due to political instability and war.
- FGM/C as a weapon of war: FGM/C and the “complete destruction” of women’s genital organs is akin to a mass extermination of the population.

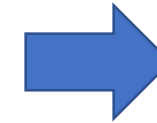
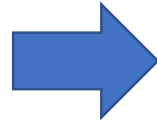
“In our country, a woman is the mother of the land. She’s the one who unites everyone. So, if you want to kill the country, you kill a woman. You remove all her genital area and that’s how you take away the country’s power (...). That is how one kills people, make it such that there is no more procreation in mining regions. Make sure that there are no more children.”

Healthcare professional

Reasons for FGM/C in the DRC war context and for cultural reasons

FGM for cultural reasons

- Brings honour to the family
- Allows parents and daughters to be part of the community



FGM as a weapon of war

- Brings tremendous grief and shame to the family
- Is associated with stigma

Main similarity: **women's bodies as locus of tension and violence; being maimed for cultural or political reasons.**

Purity

- Physical purity (hygiene)
- Symbolic purity (virgin upon marriage)

Honour

- To honour the parents (ritual undergone willingly to honor the parents)
- To preserve family honour (ritual imposed by the parents or extended family)
- To avoid social judgment

Sexuality

- Decreasing women's libido to ascertain virginity upon marriage/bleeding on wedding night
- Decreasing women's libido to ascertain faithfulness in marriage
- To perpetuate polygamy
- In the interest of men (sexual satisfaction and reassurance about wife's faithfulness)
- To control women's body and libido

Family/Social cohesion

- To focus on motherhood
- Superstition about ability to marry/happy marriage
- Social Pressure
- Avoiding family ostracism
- To preserve a sense of collective identity (individual good vs. collective good)

Symbol of cultural identity

- Culture/Tradition/Religion
- Ritual (akin to male circumcision)
- Transition to another social ranking/education
- To prevent stigmatization
- To maintain cultural identity
- Historical reasons related to war

FGM/C risk for Afro-Canadian girls

Parents' experience (66):

- Canadian law as a deterrent, concrete and welcome support to fend off family pressure.
- Refugees and asylum seekers fleeing FGM/C (and many citizens and permanent residents) expressed relief that they could raise their daughters in a protective environment.



FGM/C risk for Afro-Canadian girls

- No one (except two participants) believed young girls are at risk of FGM/C in Canada.
- “Vacation cutting” (Definite risk: 73%; moderate risk: 18%; low risk: 6%; Do not know: 3%).



Factors contributing to FGM/C eradication

- Extraterritorial protection and geographical insulation : the collective social matrix.

“I managed to escape with my children (...) If there are parents who come with their children that say they [the community] wanted to circumcise back home, for the sake of their children Canada should save their lives. To save the life of the children because you don't want your own enemy to go through that pain!”

Woman, 37, Nigeria.

Factors contributing to FGM/C eradication

- Legal sanctions: strong deterrent to FGM/C perpetration.
- Knowledge: law (educational approach), health consequences, abandonment by other immigrant parents.
- Empowered women/maternal lineage and fathers taking a firm stance against FGM/C.

“I’m really lucky because my great-grandmother was illiterate, but at least she knew that circumcision is bad. So my grandmother, my mother and my sisters and I, we didn’t have to go through it.”

Woman, 20, Senegal.

“When I was born, my father wrote a letter and sent it to the whole family and my mother’s family to tell them not to touch me, and nothing happened.”

Woman, 21, Mali.

Factors contributing to FGM/C eradication (continued)

- Dialogue: positive impact on parent-child relationship.
- Change agents: community leaders; religious leaders; healthcare and psychosocial professionals; younger participants (as future parents and to protect at-risk Afro-Canadian girls).

“A lot of men shame women if they aren’t circumcised or if they’re not a virgin. So I’ll teach my son that it’s not because she wasn’t circumcised that she’s less worthy or anything. It will be my responsibility to raise him to value women based on who they are, not what they do or don’t do with their body.”

Woman, 21, Guinea Conakry.

“Our little sisters who went through it and are suffering alone in school, they have no one to talk to. We have to find a way to talk about it with them.”

Woman, 25, Ivory Coast.

Barriers to FGM/C eradication

- Taboo and respect for elders: a culture of silence around FGM/C (too closely related to sexuality/bordering on disrespect). Difficult to eradicate something that is not talked about!
- Men's silence:
 - FGM/C driven by patriarchy and gender inequality.
 - Both women and men felt that men were not sufficiently involved.
 - Women often described men as passive in the fight against FGM/C.
 - Men mentioned tremendous pressure to conform; refusal to have daughters 'cut' as desecration of traditional values and a defiance towards elders.
 - Uncomfortable talking about FGM/C with female relatives.

Barriers to FGM/C eradication

- Cultural divergence in the notion of consent and parental authority:
 - Notion of “consent” is imbued in culture.
 - Authority is conferred by age (no matter how old, one is always younger than their parents...).

“I think in Africa, the concept of coming of age doesn't really exist.”

Woman, 22, Cameroun.

- Transcontinental pressure and loyalty : relationship to the Motherland. FGM/C as marker that one did not renege their roots post-migration.
- Accounts of positive FGM/C experience.

Barriers to FGM/C eradication

- Misinformation about Islam.
- Racism, islamophobia and conflation of issues: wedge between Afro-Canadians and members of Canadian society. Afro-Canadians who are against FGM/C feeling that they should defend a practice they do not even endorse.

“I tried to stay objective, but the way they spoke about it, it felt like an attack on Muslims. So I became defensive even if I find it [FGM/C] horrible. I felt like I had to defend it, even if I’m against it (...). Sometimes in a xenophobic, islamophobic climate, people revert to their culture for better or worse. Sometimes, even to the detriment of human rights. So I think it can fuel this kind of practice that violates women’s rights.”

Woman, 23, Mauritania.

Summary of risk and protective factors for FGM/C

Risk factors

- Taboo around FGM/C and sexuality/ Respect for elders
- Family and community pressure (local and international)
- Men's silence/lack of involvement despite disapproval of FGM/C
- Cultural differences in the notion of consent
- Cultural differences in the notion of parental authority
- Loyalty bind (between two cultures, pre- post-migration)
- Identity issues
- Social isolation of newcomers
- Communalism
- Dialogue with women who had a positive FGM/C experience
- Misinformation (FGM/C as mandated by religion)
- Racism, islamophobia and ethnocentrism

Protective factors

- Painful FGM/C experience
- Education on health consequences
- Legal sanctions
- Extraterritorial protection (migration to Canada)
- Active parental protection/ Capacity to withstand community pressure
- Family and community dialogue about FGM/C
- Determination of the younger generation to eradicate FGM/C

Women's needs regarding FGM/C

- Psychological support to heal from trauma

“Talking about it allows the soul to heal.”


Woman, 37, Cameroun.

- Talking Circles: congruent with African philosophy and dialogical approach to healing; breaking isolation and silence; “a second family that we can rely on”.



Women's needs

- Information about FGM/C health consequences
- Specialized healthcare
- Reconstructive surgery

KNOWledge
is POWER 

Women's needs: empowering mothers

- Breaking the silence: “mother-daughter talks”.

“I haven't tried to talk about it with my daughters because I don't like this practice. Maybe one day I'll talk about it. Me too, I went through it. That's why I don't like talking about it. I was a victim of it. Maybe you have resources or if you do follow-ups, then maybe one day I'll have the courage to talk about it with my daughters.”

Woman, 34, Mali.

- Training workshops to empower women to address FGM/C with their daughters.

Women's needs: empowering mothers

- Psychological care for girls (FGM/C pre-migration or “vacation cutting”): specialized care
 - taking into account culture(s)
 - child's developmental stage
 - taking into account systemic barriers
 - family-centered care
 - psycho-education

Conclusion

- Contemporary landscape of the perception of FGM/C in the Afro-Canadian community: immersion in novel sociocultural environment, offering protection.
- Protective factors, gradual shift in perception of FGM/C, BUT young girls are still at risk and women and girls have crucial needs.
- What does it mean to “successfully” raise a child in a new land?
- Culturally-sensitive approach to undergird any FGM/C eradication initiative.

Key considerations

- Specialized psychological care: culturally-sensitive, trauma-informed.
- Specialized healthcare for women and girls: reproductive health; regular check-ups; health promotion and education (informative pamphlet).
- Empowering mothers (and parents) in raising 'uncut' girls.

Key considerations

- Support community-based initiatives aimed at awareness-raising and prevention on FGM/C, as well as for women affected by FGM/C.
- Strategic education, prevention and intervention plan articulated to the realities of living in different contexts and to the role and mandates of different key players at the micro, meso and macro levels.
- Creation of a multidisciplinary FGM/C clinic.
- Specialized FGM/C training for healthcare professionals at the national level.