Mental health and ending female genital mutilation

Arthur F. Silbergeld is a partner in Norton Rose Fulbright's Los Angeles office.

In 2006, an Ethiopian immigrant father was sentenced to 10 years in a Georgia prison for performing female genital mutilation (FGM) on his 2-year-old daughter with a scissors. His conviction for aggravated battery and cruelty to children is the only one in the United States despite discussion, existing criminal laws, and a horrified public reaction to the practice.

But that is changing. Britain is about to prosecute its first criminal case of genital mutilation and is educating physicians to report observations of FGM. Prime Minister David Cameron addressed a summit in July about the subject in London, about the subject in London, which brought a promise from the U.S. to address the issue domestically and internationally. This includes financing an effort in Guinea, a West African country with high levels of female genital mutilation that could help up to 65,000 girls who have been cut or are at risk. The U.S. recently announced a multi-agency effort to prevent the practice and the Department of Justice has established a hotline for reporting the practice.

World Mental Health Day is Friday, and so here we take the opportunity to discuss some of the realities of FGM today.

FGM is the partial or total removal of the external female genitalia or other modifications or injuries to the female genitals for non-medical reasons. It is performed on girls and women of all ages, but those under 15 are most vulnerable. The damage to mental health is devastating and permanent. The procedure has no known health benefits. On the contrary, complications include severe bleeding, painful urination and menstruation, immediate and long-lasting pain, recurrent urinary tract infections, cysts, infertility, mental health issues, and complications in childbirth, including increased risk of newborn deaths. The procedure itself can result in death.

The 5,000-year-old practice is embedded in some African, Middle Eastern and Southeast Asian cultures, often motivated by beliefs that, by depriving women of sexual pleasure, it will prevent promiscuity and prepare women for marriage. But, as with denying women the right to education, this practice cannot be justified on cultural relativity grounds. In 2012, the United Nations unanimously adopted a resolution...
banning it.

According to the 2000 census, about 228,000 women and girls in the U.S. had been cut or were at risk of it. While this is the most recent estimate available, the Census Bureau reports that the number of immigrants from African countries alone has more than quadrupled in the past two decades, to almost 1.7 million.

Since 1996, it is a federal criminal offense in the U.S. to perform FGM on minors. The federal statute was amended in 2013 to also criminalize "vacation cutting," transporting minors to other countries under the guise of a "vacation" to undergo FGM. Federal law also mandates the Citizenship and Immigration Services to provide information about the physical harm and legal consequences related to FGM to people from specific FGM-practicing countries who receive immigrant or nonimmigrant visas.

Eighteen states have laws criminalizing FGM, including California and New York, the two states with the highest number of women at risk for FGM. In states that do not have FGM-specific statutes, prosecutors can bring FGM charges under child abuse or assault and battery laws.

Reps. Joseph Crowley and Sheila Jackson Lee of Texas have initiated a campaign that would require the Obama administration to create a national plan to study and address the cutting of American girls and update and improve statistical evidence data about women and girls in the U.S. who have been subjected to the practice or are at risk. Crowley and Lee also want law enforcement officers, medical professionals, social workers, teachers and others in contact with girls at risk for FGM educated about legal protections and supported in efforts to intervene on behalf of victims.

These proposals parallel some measures taken by the U.K. and France. The U.K. outlawed the practice in 1985, and in 2003, criminalized performing FGM on all women, not just minors, and transporting women for the purpose of obtaining FGM.

The U.K. secured funding from the European Union for an awareness-raising campaign, a hotline, and an airport monitoring effort to spot girls possibly being taken for "vacation" cutting and interrupt their foreign travel.

France has recognized FGM as a crime since 1982 after a 3-month-old girl bled to death after undergoing FGM. Although France has not enacted FGM-specific legislation, at least two practitioners and 100 parents have been convicted of FGM, the largest number of convictions in Europe.

France also has mother and infant protection services to help women who have undergone the practice in former French colonies in Africa and to explain to parents why it is important not to cut their daughters. French advocates have pushed to require doctors to check female patients to aid in prosecution efforts.

As the U.S. seeks to expand its efforts against FGM, it needs a better understanding of its scale and severity to implement effective changes. Efforts to stop this abhorrent practice need the attention and support of legal and medical professionals at all levels. We could benefit from looking to the UK and France for guidance in strengthening our efforts and aggressively prosecuting criminal offenders under existing laws.

Arthur F. Silbergeld is a partner in Norton Rose Fullbright’s Los Angeles office. Christine Robles is a third-year law student at University of California, Irvine School of Law.