

# Contentious Kin: Female Genital Mutilation, International Gender Studies and the University of Oxford

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First, I'd like to thank you, the audience, and the organizers, particularly Liana Borghi and the Società delle Letterate, and my host Antonia Marchesa Lanza d'Ajeta McCartney-Filgate.

I'm thrilled to be here with you on a very special date. Today, May 29<sup>th</sup>, would have been my mother's 95<sup>th</sup> birthday.

Although she lived in NJ and had suffered a stroke, at the opening of the very first exhibition in Europe of Nigerian art against FGM [slides ...] – on February 4, 2000, in Mannheim, Germany – she was visiting for rehabilitation. We drove together from Frankfurt to the venue where pioneers in the new German movement against excision and infibulation appeared on our panel, principal among them for placing us on the nation's radar was Christa Müller, then wife of Oskar Lafontaine, closest rival to Gerhard Schroeder for the Chancellorship of the country. ... Recalling that my mother and I had shared that one resonant occasion comforts me in her loss, and I dedicate this talk to her, Janice Metz Levin.

We all owe a great deal to our mothers – one of the many reasons why FGM is such a stubborn, intractable problem. ...

In the meantime, io sono ora impegnata in una ricerca presso l'università di Oxford, e voglio appunto parlarci delle recenti contestazioni anti **gli** *mutilazioni genitali femminili* e di un importante convegno in quella città. (Thank you, Liana!)

The importante convegno was titled “Contestations around FGM: Activism and the Academy,” convened on March 7, 2015, as the contribution of International Gender Studies at Lady Margaret Hall to Oxford's International Women's Day fortnight. I viewed the gathering as a first step toward recognition of a field of study and acceptance of the legitimacy of research into FGM – as a nascent attempt at realizing “female genital mutilation studies” if you will.

And you are fortunate in Italy to host some of the pioneer scholars and activists whose research furthers abolition – Pia Grassivaro Gallo at the University of Padua, AIDoS founder Daniela Colombo, the Associazione Nosotras co-founded by Laila Abi Ahmed – and your share of controversies.

Because these debates permeate the rocky road to academic recognition for FGM studies, I'd like to examine at least one, that is, yours.

Here for instance, Frank Bruni reports on February 1, 2004, in the *New York Times*:

**FLORENCE, Italy, Jan. 26**— Week after week, scarred women came to Dr. Omar Abdulcadir's gynecology clinic here for help, and while the ways in which they suffered differed, the reason was always the same.

They were immigrants to Italy who had been subjected back in Africa to a brutal girlhood ritual, common throughout much of the continent, in which part or all of their external genitalia had been sliced off.

Dr. Abdulcadir treated their infections or inflammation and then, earlier this month, took an unusual step -- intended, he said, to protect their daughters from the same fate. He publicly proposed that the hospital where he works let him perform a much less severe version of -- or alternative to -- female genital cutting.

His goal, he said, was to ease the physical toll of a tradition that was not going away.

"My proposal isn't ideal," he said. "But is there a better answer for how to save the children?"

INDEED there is! Zero tolerance, especially when the well-meaning doctor's premise is in error. How so? Because even a prick costs money, and those privileged to snip would then become an entrenched interest group, like practitioners who circumcize; though philosophically and ethically more important than the argument from cash is the argument from rights: the rite, that is, is wrong.

As I tell it in the Afterword to *Undoing FGM. Pierre Foldes, the Surgeon Who Restores the Clitoris*: "To substitute for infibulation demanded by Somali residents, Dr. Omar Abdulcadir, an Italian citizen of Somali birth, proposed to use anaesthesia and draw a drop of blood from the clitoris with a diabetes testing scalpel. Abdulcadir claimed that 'mild sunna' would preserve the rite but reduce the harm especially when accompanied by a certificate issued for public display should the girl return to Africa. Now, 'out of "respect" for the multi-cultural agenda, many Italian intellectuals took

the doctor's side', AIDOS activist Cristiana Scoppa told me<sup>1</sup> but African women's organizations rejected the plan *with ferocity*, arguing that medicalization perpetuates male control of female sexuality and if approved in any form would undermine the struggles of women throughout Africa to have FGM recognized as a human rights abuse.<sup>2</sup>

The *Swiss Medical Weekly*, in contrast, packages the incident as cultural relativists do, by ignoring the positive deviants – that is, the courageous insider opponents -- in the community and outside professionals' masculine bias:

The proposal, as in Seattle [where a similar suggestion had been made and, under energetic public pressure, rejected], came from the immigrant communities and was presented after studies and discussions involving psychologists, anthropologists, sexologists, gynecologists, other medical doctors and immigrants. It was submitted to the Law Faculty of Florence and then to the Bioethics Committee and judged ethical, legal, deontological, efficacious and fair. The ritual was then presented as a symbolic alternative accepted by the communities and at the same time legal in the host country. In Florence, as in Seattle . . . , major polemics and protests defending zero tolerance against every type of genital manipulation, especially from feminist associations and the media, stopped the introduction of pricking.<sup>3</sup>

Now, in contrast to the largely (if not overwhelmingly) male representation on law faculties and ethics boards, those 'feminist associations' were composed primarily of African women. So why not present the happy denouement – pricking forbidden! -- as the great news it is? Is a symbol of subordination – *why* prick at all? --- not a problem in itself? Aiming for neutrality, these academic authors took sides –not with activists whom they erased but with 'the community' whose values continue to be shaped more by men's than women's interests. As Sartre reminds us, however, 'Not to choose is to choose'. Regarding ablation of children's genitalia, impartiality means sabotage of those who endanger themselves to end this scourge.

Yet the dominant attitude in academia has been: don't take sides, the cultural-relativist view.

The issue begins in the terminology debate, worth an entire volume in itself. . . .

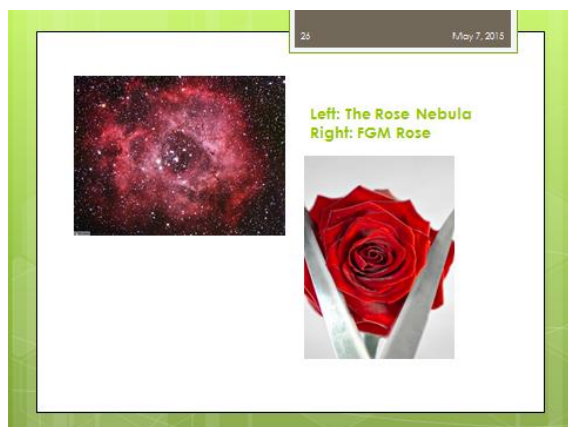
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<sup>1</sup> Personal communication, 2005.

<sup>2</sup> Tobe Levin. "Three More on FGM from France, Italy, and Switzerland." Rev. of Busoni, Mila & Elena Laurenzi. *Il corpo dei simboli. Nodi teorici e politici di un dibattito sulle mutilazioni genitali femminili*. Firenze : Sei Editori, 2004. In *Feminist Europa. Review of Books* 1/'05 & 1/'06, 33-35. P. 34.

<sup>3</sup> Jasmine Abdulcadir, Christiane Margairaz, Michel Boulvain, Olivier Irion. "Care of women with female genital mutilation/cutting." *Swiss Medical Weekly*. 2011 [140:w13137]. 6 January 2011. [doi:10.4414/smw.2011.13137]

The term African women activists officially prefer, FGM becomes comprehensible once we look at the phenomenon of amputating female genitalia through the prism of a multitude of disciplines including, for instance, depth psychology; anthropology; literary criticism, myth, legends, fairy tales; theology and religion; history, sociology and, of course, medical science, communication studies, law, and even the broad field of geology, specifically speleology and spelunking – the study and exploration of caves. (I’m not yet sure how astronomy fits it ... but we do have a Venus and a Mars not to mention an Ethiopian Cassiopeia<sup>4</sup> in the sky, plus a rose – the rose nebula – and the rose is the ubiquitous symbol of anti-FGM campaigns ...)



Hence, given the theme of this year’s Oxford International Women’s Festival “Women Crossing Borders,” the idea of a WORKSHOP on FGM evolved from our feeling that these many disciplines should get together to talk. It also sprang from an observation that FGM, worthy of university attention, had been suffering serious neglect, embedded in anthropology departments largely inhospitable to activist research. Fortunate to have a sympathetic ear in Dr. Maria Jaschok, director of IGS at LMH, a six-session series emerged, welcoming guests from the UK and abroad to the IGS Old Library on 7 March 2015.

<sup>2</sup> “The Queen Cassiopeia, wife of king [Cepheus](#) of [Ethiopia](#), was beautiful but also arrogant and vain; these latter two characteristics led to her downfall. In some sources she was the daughter of [Coronus](#) and [Zeuxo](#).” [http://en.wikipedia.org/wiki/Cassiopeia\\_%28mythology%29](http://en.wikipedia.org/wiki/Cassiopeia_%28mythology%29) Retrieved 10 March 2015.

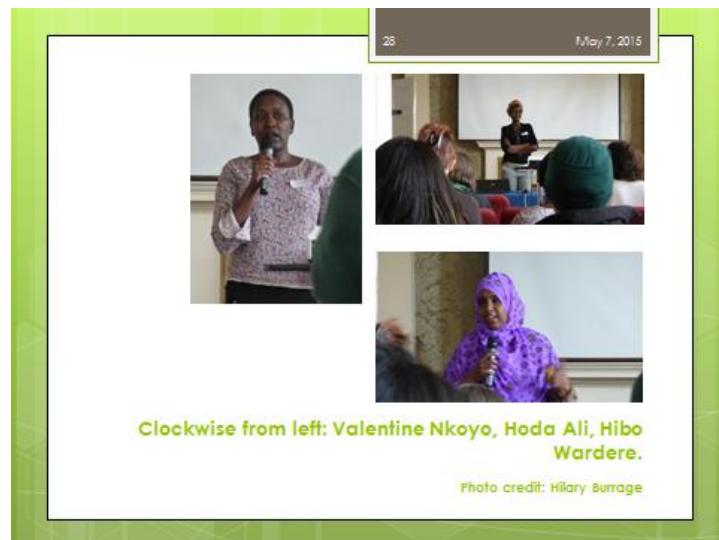
Beginning with survivor testimony, the first session chaired by IGS director Dr. Maria Jaschok featured eloquent, literary, worthy-of-TED-talks by

Hoda Ali [insert link], Hibo Wardere [insert link], and Valentine Nkoyo [insert link], with Hawa Sesay.

All four are professionals and activists whose own carved

flesh is their most moving inspiration; all suffered similar torments albeit in different hells. Hoda, for instance, infibulated in Somalia, told us how, at seven years old, she had been one of the lucky ones to receive anesthetic that worked – it doesn't always – when her labia were cut, but she remembers with intensity the feeling associated with each stitch and the relentless burning that wouldn't let her sleep. When she turned 14, haematocolpos -- accumulation of blood in the abdomen for lack of an exit--, caused pain and worse – infections, internal scarring and sterility. Despite numerous surgeries and hospital stays – five years' worth before her period was regulated--, Hoda learned at age 31 she could never have children, a disappointment possibly worsened by her culture's insistence on maternity as a marker of gender identity. Hoda's plea for understanding did not fall on deaf ears. Asking why such senseless torment had been inflicted on defenseless children, she called on listeners to help end FGM.

A Somali like Hoda, educator Hibo Wardere makes it her mission to bring the abolition message into schools, sensitizing pupils and staff at both primary and secondary level. Breaking the silence, FGM never spoken about at home, Hibo alerts to danger signals coming from classmates. Is that little girl at risk of being removed from the country to undergo FGM in her parents' home? It's getting close to holiday time. Is she particularly nervous, fidgety? "I tell my story in graphic detail," Hibo says. "Three women come to your house and hold you so tight you can't breathe. All you can do is surrender to the pain. I was screaming for my mum but all she said was quiet, be quiet, the neighbors will hear." For Hibo, girls have a right to learn about FGM. Why? In order to refuse. "They have the right to know and a right to refuse," she insists, for "if we DON'T talk about it, twenty-five years from now we'll be having the same discussion." Bringing it out in the open liberates her too, she admits, from



Clockwise from left: Valentine Nkoyo, Hoda Ali, Hibo Wardere.

Photo credit: Hilary Burrage

the “mental madness over what happened” to her and intolerably high numbers of others.

As for Valentine Nkoyo, a Maasai, she longed for nothing more strongly than an education but a traditional father recognized neither her ambition nor her talent. Valentine was mutilated and, following custom to the letter, then taken out of school to prepare for her wedding. She screwed up her courage, however, to do what is hardly ever done: she approached her father, a remote man with many wives and children. Normally, custom and ceremony would have forbidden the lowly female child, she told us, even to address him. So what Valentine did was a recite a poem. Yes, she had been ‘circumcised’ but begged to postpone marriage and be allowed to return to school. The poetry softened her father’s heart, and not only did he agree but even wept.

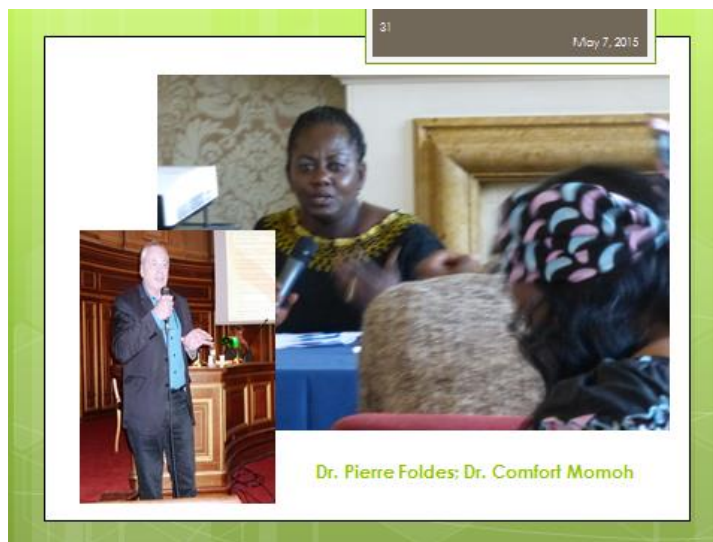
Each session asked presenters one or two specific questions. Hoda, Hibo, Valentine and Hawa were responding to the query, what do you survivors want the rest of us to know? The brief answer is “Stop FGM.”

Session two, chaired by Cambridge law student Charlotte Proudman and populated by attorneys and a journalist, proposed avenues for achieving this, analyzing benefits, hurdles and effects on prevention of committed implementation of the law. Pointing out how international human rights law already makes gender-based violence grounds for asylum, Dr. Barbara Harrell-Bond, OBE, of the Refugee Studies Centre at the University of Oxford, asked us to imagine government response if large numbers of asylum seekers on grounds of genital torture came knocking. That would be a considerable incentive to invest in stopping FGM, she proposed. Lorraine Koonce Farahmand and Linda Weil-Curiel, both from Paris, turned their attention to the trials known as a major deterrent in France where more than 100 have led to suspended sentences and imprisonment —compared to a measly handful in Britain, though this is changing, as Hilary Burrage and Jennifer Obaseki pointed out. Author of a forthcoming book on FGM in the UK, Burrage has been following efforts of Scotland Yard and law enforcement generally, and applauds government’s influence on institutions such as hospitals and schools now adopting mandatory reporting when confronted with girls at risk and taking note of patients, clients or pupils who have already faced the knives.





Two sessions on medicine followed, the first asking how the ‘health approach’ has promoted or hindered medicalization; how the medical profession is responding to the FGM crisis; and how survivors’ needs are being met with specific attention to clitoral restoration. Highlights included interventions by IAC director in Geneva Dr. Adebisi Adebayo, who had flown in from Switzerland, to denounce medicalization in all its forms as perpetuation of FGM; and Dr. Gillian Einstein, a neuroscientist at the University of Toronto who spoke via pre-recorded DVD. Dr. Einstein enlightened us to the neural pathways broken and reconfigured when vulvar nerves are severed, showing how the entire body, from the pudenda to the brain, is affected. Chaired by Surkhab Peerzada, the panel also heard testimony from Dr. Phoebe Abe and Dr. Brenda Kelly regarding their patients from around Oxfordshire presenting with FGM.



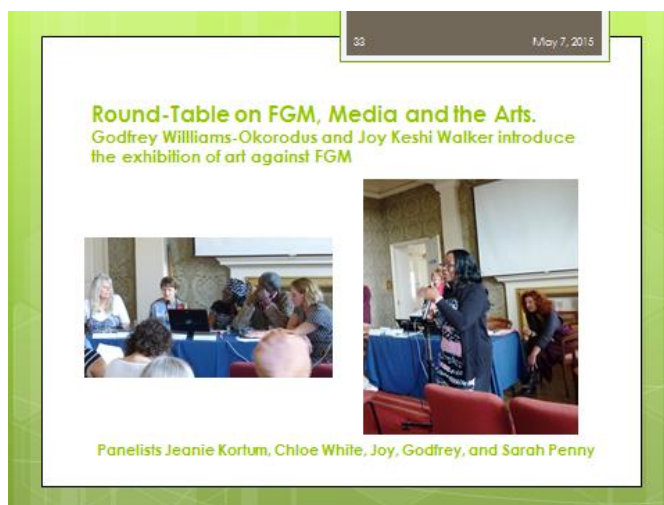
Dr. Comfort Momoh MBE and Dr. Pierre Foldes, in turn, discussed the attention they pay to defibulation and clitoris restoration respectively. “The Surgeon Who Restores the Clitoris,” Dr. Foldes has not (yet) introduced his method in the UK but has operated on more than 3000 cases in France since the late 80s when the procedure was invented. Dr. Momoh asked how a UK resident who wanted her clitoris restored could go about it, as it wouldn’t be covered in France by the national health. I’m happy to report I had an answer ready: a Clitoris Restoration Fund exists. Lorraine Koonce Farahmand, FORWARD-Germany (of which I am vice-president), Sini

Sanuman/Healthy Tomorrow in the USA and the EuroNet-FGM are working with Dr. Foldes and executive director Frédérique Martz of the Institut en Santé Génésique to transform the informal fund which has sponsored its first satisfied beneficiary, operated on September 5, 2014, into an officially registered charity. Dr. Foldes also pointed out, I would add, that one defense of medicalization has been its sparing victims a certain degree of pain. This may be true in the short term, but physicians can perform more serious cuts, carving deeper, stitching longer, and tightening to a degree hard to achieve on a struggling girl. A comatose patient leads to more extensive damage.

By this time, after hearing personal testimony, considering the power and impotence of law, and learning from a medical standpoint what FGM entails, we were ready to ask about the role of the arts – painting, film and literature. How can they best challenge FGM? Chair Godfrey Williams-Okorodus teamed up with Joy Keshi Walker to give one impressive answer. The former a painter and the latter a publicist, they had already worked together in 1998 to produce one of the first displays of oil, water color and sculpture devoted to FGM. Following a vernissage in Lagos,

the travelling exhibition, called “The Suffering, the Sorrow and the Setback” in Nigeria; renamed “Through the Eyes of Nigerian Artists” when it got to Germany and the USA, had a career in the first half of the ‘00s that included Westminster and the celebration by both Houses of Parliament in November 2000 of passage of the Female Genital Mutilation Act that went into effect in 2003. Altogether, mainly in Germany (70 venues) and the USA (8 universities), the exhibition addressed policy-makers, the general public and, from time to time, immigrant communities, the idea behind the aptness of art to mediate about FGM found in its non-judgmental character. True, it expressed disapproval and at times strong condemnation by the artist. But the viewer was granted a greater interpretive range than words permit.

Not that words are unimportant, as documentary filmmaker Chloe White, novelist Jeanie Kortum, and professor of creative writing and therapeutic drama Sarah Penny pointed out. Each promotes the liberating gift of the imagination. Chloe White’s “strong interest in character-led documentaries relating to human rights, social justice, and gender equality” led her to focus on FGM. Jeanie Kortum, who lived for months with an FGM practicing group and witnessed clitoridectomy, had been haunted by the memory until she gave expression to her malaise and the victim’s pain in a





forthcoming novel called *Stones*. Sarah Penny, in turn, shared what she learned teaching story and poetry-writing to girls and young women having suffered trauma in Kenya, often as a result of FGM.



The final panel on Activism and Research aptly drew it all together. Chaired by Dr. Phyllis Ferguson of Oxford Transitional Justice Research, the round table described the EU-DAPHNE Project REPLACE II (Dr. Hazel Barrett) which gave the reins to social change ‘agents’ recruited within affected immigrant communities, the idea being to counter FGM from within, similar in concept to PEER (Participatory Ethnographic Evaluation Research). Dr. Anja Stuckert of Plan International Germany detailed a similar project of activist research in Hamburg which recruited interviewers from all affected African groups present in the city (with the exception of Egypt as no Egyptian applied), and canvassed for their views on FGM.<sup>5</sup> [My detailed account of the report is included in *Feminist Europa. Review of Books. Special on FGM* [[http://www.ddv-verlag.de/issn\\_1570\\_0038\\_FE%2009\\_2010.pdf](http://www.ddv-verlag.de/issn_1570_0038_FE%2009_2010.pdf)] Dr. Ann-Marie Wilson toured the many African nations her charity 28TooMany has studied to create

<sup>5</sup> “Recognising the influential role of ambassadors in the diaspora in Europe, FORWARD has shaped programmes in Africa on [Participatory Ethnographic Evaluation Research \[PEER\]](#)—projects that encourage intergenerational community engagement at a local level. In Otoo-Oyortey’s experience, investing in research undertaken by individuals in practising communities is strategically beneficial.” Jules Morgan. “Working towards an End to FGM” *The Lancet* - <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2815%2960471-8/fulltext> <http://www.global-sisterhood-network.org/content/view/2968/59/>

national reports for policy-makers, diplomats, and funders. And finally, educator Grace Mbungu, supported by her social-worker mother, planned and carried out FGM awareness campaigns in her community in Kenya, funded by Save the Children Canada. Embarking now on her Ph.D. in education in Germany, she will engage in activist research designed to further the state of our knowledge and contribute to stopping FGM.

Our final two presenters, keynote speaker Maggie O’Kane who heads the present *Guardian* campaign against FGM in the UK, USA, Australia and Kenya; and co-founder of Daughters of Eve, Hawa’s Haven, and Dahlia’s Project, Leyla Hussein left us with indelible impressions and resolve. Maggie O’Kane showed three video clips illustrating “how a new generation of campaigners and journalists are harnessing the media”; Leyla Hussein projected “The Cruel Cut,” a TV documentary in which she teaches about FGM with highly original props: a vagina tent, clitoris cupcakes, model vaginas and, most unforgettably, an audience of six Somali youth transformed from defenders of the practice into committed opponents when they observe Leyla’s garden shears trim the labia fashioned out of clay. They display their malaise as she stitches up the lips. Seemingly, education without euphemism, showing it as it is, (may be the only thing that) works.



***To conclude:*** Public Policy, Private Parts, and Prurient Pudenda...

The sad dictum “If it bleeds, it leads” suggests one regrettable source of public interest in FGM though our aim is not to amplify but rather attenuate the sensationalism with which such a topic is inexorably linked. This caveat notwithstanding, the workshop ensured an understanding of FGM as ritual brutality teaching girls about

powerlessness and, although this is often explicitly denied, linking sexuality to punishment.

Now, taking my cue from Comic Relief which has featured FGM and our very own Leyla and Hoda ... I'll turn to a less visceral, more cerebral approach, a softer pathway to insight through humour. For instance

Two women walk into one of the few remaining men's clubs in the country, take their seats at a table to await the waiter who comes over and says, "I'm sorry ladies, but we only serve men here."

One of the women says, "That's OK, we'll take two."

In fact, we'll take many more than that, because men hold the key to stopping FGM even though it persists because gender segregation does. Only once this joke no longer makes sense will girls be free of danger. For FGM is no exotic practice; it has a history here, too, and wherever masculine privilege prevails.

An integrated women's movement and interdisciplinary gender studies hold out the best hope for ending FGM.