

**REPORTS AND COURT RULINGS ON THE
LONG-TERM EFFECTS OF FGM**

“In addition, adjudicators fail to analyze the nonphysical harm that results from practices such as FGM and involuntary insertion of an IUD, including psychological suffering, gender discrimination, deprivation of self-determination, and profound invasions of privacy. Even where the physical procedure is short and does not result in medical complications, this type of nonphysical harm is discriminatory in nature and has serious, long-term effects that should not be forgotten.” Fatma E. Maroufa, *The Rising Bar for Persecution in Asylum Cases Involving Sexual And Reproductive Harm*, 22 Colum. J. Gender & L. 81, 85-86 (2011).
<http://cjgl.cdrs.columbia.edu/articles/the-rising-bar-for-persecution-in-asylum-cases-involving-sexual-and-reproductive-harm/>

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In *Benyamin v. Holder*, 579 F.3d 970 (9th Cir. 2009), the Ninth Circuit explained that it “ha[s] no doubt that the range of procedures collectively known as female genital mutilation rises to the level of persecution within the meaning of our asylum law.” *Id.* at 976 (emphasis omitted) (quoting *Mohammed v. Gonzales*, 400 F.3d 785, 795 (9th Cir. 2005)). The court noted that it “ha[s] recognized that the mutilation of women and girls is a horrifically brutal procedure, often performed without anesthesia that causes both short- and long-term physical and psychological consequences.” *Id.* (internal quotation marks omitted). The court explained that the “BIA’s attempt to parse the distinction between differing forms of female genital mutilation is not only a threat to the rights of women in a civilized society, but also runs counter to our circuit precedent.” *Id.*

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In *Mohammed v. Gonzales*, 400 F.3d 785 (9th Cir. 2005), the Ninth Circuit held that “female genital mutilation is a particularly severe form of past persecution because of its many continuing effects.” *Id.* at 801. The court wrote extensively on the long-term effects of FGM:

Like forced sterilization, genital mutilation permanently disfigures a woman, causes long term health problems, and deprives her of a normal and fulfilling sexual life. The World Health Organization reports that even the least drastic form of female genital mutilation can cause a wide range of complications such as infection, hemorrhaging from the clitoral artery during childbirth, formation of abscesses, development of cysts and tumors, repeated urinary tract infections, and psuedo infibulation. See World Health Organization, *Female Genital Mutilation: An Overview* at 14–15 (1998). Many women subjected to genital mutilation suffer psychological trauma. *Id.* at 15–17. In addition, it “can result in permanent loss of genital sensation and can adversely affect sexual and erotic functions.” [*In re*] *Kasinga*, 21 I. & N. Dec. [375,] 361 [(BIA 1996)]; see also *Abay [v. Ashcroft]*, 368 F.3d [634], 638 [(6th Cir. 2004)]. Thus, “[i]n addition to the physical and psychological trauma that is common to many forms of persecution [female genital mutilation] involves drastic and emotionally painful consequences that are unending.” See *Qu v. Gonzales*, 399 F.3d [1195], 1202 [(9th Cir. 2005)]. Therefore, our precedent compels the conclusion that genital mutilation, like forced sterilization, is a “permanent and continuing” act of persecution, which cannot constitute a change in circumstances sufficient to rebut the presumption of a well-founded fear.

Id. at 799-800 (footnote omitted).

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“FGM, which is often performed under unsanitary conditions with highly rudimentary instruments, is ‘extremely painful,’ ‘permanently disfigures the female genitalia, [and] exposes the girl or woman to the risk of serious, potentially life-threatening complications,’ including ‘bleeding, infection, urine retention, stress, shock, psychological trauma, and damage to the urethra and anus.’ FGM can result in the permanent loss of genital sensation in the victim and the consequent elimination of sexual pleasure.” *Abankwah v. I.N.S.*, 185 F.3d 18, 23 (2d Cir.1999) (quoting *In re Fauziya Kasinga*, Int. Dec. 3278, 1996 WL 379826 (BIA June 13, 1996)) (citing Fran P. Hosken, *The Hosken Report: Genital and Sexual Mutilation of Females* 37 (4th ed. 1994)).