2012

She's a Survivor: Post-Operative Counseling and Its Importance to the Recovery of a Woman Victimized by Female Genital Mutilation

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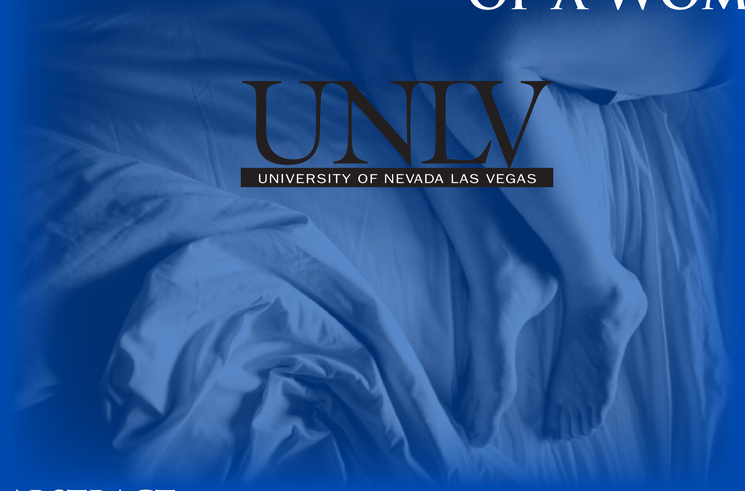

ABSTRACT

The prevalence of Female Genital Mutilation and the difficulty in preventing its practice call for a fresh way of resolving the problem. As the availability of medical professionals equipped with the ability to correct clitoral mutilation grows, there is also an increasing need for professionals that can help the victims after the reconstructive surgery. Post-operative therapy for victims that have opted to receive reconstructive surgery is necessary in order to fully recover. Furthermore, more research in this area is needed to support the findings of this review and will fill the physical and emotional gap exhibited in prior studies related to Female Genital Mutilation.

INTRODUCTION

Most commonly practiced in Africa, Asia and the Middle East those most at risk are girls from infancy to 15 years old with approximately 140 million girls and women around the world coping with the effects (WHO, 2012). There is a rise in awareness of Female Genital Mutilation (FGM) and initiative is being taken to prevent its occurrence as well as penalize those who perpetuate its practice. For example, according to the Foreign and Commonwealth Office, the Female Genital Mutilation Act was put into effect in March of 2004 which prohibits the practice of FGM in the UK, assisting or supporting the procedure, and penalties including prison time and fines for any involvement in such acts. In the miraculous event that Female Genital Mutilation was to cease spontaneously, there are still millions of women already affected. More measures need to be taken to follow up with these women after they have undergone reconstructive surgery. Therefore more emphasis needs to be placed on life after the surgery and developing the victims coping mechanisms for issues such as self-esteem and relationships with family and partners. Currently, in order to undergo reconstructive clitoral surgery through an organization called Clitoraid, victims must go through multiple preliminary counseling sessions to ensure they are fully prepared. It is beneficial for these women to have just as much care post-surgery.

METHODOLOGY

The reconstructive surgery devised to recreate the clitoris, forged by Pierre Foldès MD, is a medical feat. During countless cases of FGM only part of the clitoris is cut off, leaving a stump covered by scar tissue. Only a handful of doctors around the world have the knowledge and ability to remove scar tissue, expose the clitoris, and make sure it is in the correct position. According to "Female Genital Mutilation/Cutting and Orgasm Before and After surgical Repair," reconstructive surgery has four outcomes: it creates a new clitoris, makes the clitoris more appealing visually, increases clitoral pleasure, and, "resolves pain at the site of excision." This article also states that having an intact clitoris helps the victims regain their female identity, which was supported by 100% of the people sampled. The thought that it heals sexual dysfunction was supported by 90%, and 50% of that sample supported the idea that it reduces pain during intercourse (Paterson, 2011). While there have been a small percentage of cases that reported pain after their surgery, the majority of those who have been fortunate enough to receive the reconstructive surgery have shown great potential for normal sexual functioning. Also, some women prefer not to have the reconstructive surgery. These women often undergo the circumcision at the age of 6 or 7 and are raised in a culture that conditions them to believe this practice is legitimate and necessary. These customs and beliefs exacerbate the issue and further deteriorate efforts to end this cruel practice.

LITERATURE REVIEW

Despite social pressures and systematic oppression, there are many reasons victims of Female Genital Mutilation may or may not choose to receive reconstructive surgery. Societal oppression can cause depression, anxiety and strife in relationships without the added physical damage of FGM. According to Dr. Larry Ashley, Ed.S, LCADC, and CPGC, a leading expert in sexual trauma, age, acculturation, and how a woman felt about her body prior to reconstructive surgery are of great importance in assessing the mental health of victims. He also stated that women may be opting for surgery due to other motivating factors. There may be pressure from a partner to get the reconstructive surgery which can lead to discord in the relationship. It affects a victim's ability to marry, increases the chances of infertility and can affect the quality and stability of a marriage according to Female "Circumcision" in Africa (Shell- Duncan & Herlund, 2000). In most instances women are still ignorant about their own bodies and need proper guidance after surgery to become educated about their anatomy and how that relates to their relationships.

CONCLUSIONS

In conclusion, important aspects affecting a victim's complete recovery is the presence of preexisting problems such as depression, trust issues and/ or sexual dysfunction. Despite doctor's best efforts and surgical feats, these internal battles will still continue to take their toll on victims and their families. While it is important to address the physical trauma caused by FGM, these internal battles highlight the significance of the psychological components of Female Genital Mutilation. Providing post-surgical counseling is not only paramount to a victim's full recovery, but is important to addressing the root of societal problems that allow this practice to continue.

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FUTURE RESEARCH

Simple sex education and composition of the female body are among the lessons that a victim of FGM must learn. How to touch one's self and understand that is alright to have certain desires also encompasses the need for post therapy sessions. In addition a victim will need to communicate these new found skills and concepts to their partners who may need to readjust to the change. It is confusing for victims to interpret all the new sensations and changes in their body and comprehend what these sensations entail. Another very scary thought for these women after surgery is how their family may react and treat them. For those that get the surgery in a foreign country, some must inevitably go home and face their antagonists. They face the risk of being attacked and mutilated further for their actions. Other penalties include being disowned and/or ostracized from their church. This can have lasting affects emotionally. The victim must decide to keep this secret to themselves, cease communication or endure whatever ridicule awaits them.

The area of study for post-operative therapy for victims of Female Genital Mutilation is new territory. There are many avenues of research to be done in this field. Primarily, a study on the effect of counseling for victims that have undergone reconstructive surgery needs to be done. It is imperative to have empirical evidence that supports the claim that counseling would be helpful. Sessions from this proposed study would be mandatory when a patient decided to go through with the surgery, which is comparative to a follow up exam. Sessions would be conducted one on one with a therapist and in small groups in the hope that a woman would have a better understanding of her sexual functioning and assistance with personal concerns like, guilt, shame, and self-image.

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