Intersex Genital Mutilation – A Western Version of FGM

Melinda Jones

Introduction

When the Western world first became aware of the ritual practice of female circumcision in a number of African countries, there were shockwaves about the brutality, the indignity and the violence directed primarily at very young girls. Generally performed without anaesthesia, often with blunt instruments, girls were held down by mothers and grandmothers and their genitals were cut. Whether the cutting was minor or extreme, there were and are serious impositions on the girl’s health. The descriptive term for all genital cutting became Female Genital Mutilation (FGM). Although women were both victims and perpetrators, FGM has been understood as an extreme example of patriarchy and male violence.

Whilst the horrors attendant on FGM have passed into our construction of “primitive” cultures, and laws have been introduced to outlaw its practice, we have remained blissfully unaware of an equivalent experience of some young people within our midst. Intersex children are being subjected not just to genital surgery, but have also been sterilised in Western hospitals. Intersex children are at risk of the same abuses of rights as experienced by those affected by FGM. Both groups of children are denied basic human rights including freedom from violence, freedom from gender and sex-based discrimination, the right to bodily integrity and the right to the highest attainable standard of health. The cultural blindness to the plight of intersex children becomes highly attenuated when we recognise that we cast such a strong and unrelenting gaze on those girls and women in our midst who have been subjected to FGM or are at risk of FGM.

In this article, I will discuss why it is appropriate to consider the “medical” treatment of intersex children as Intersex Genital Mutilation (IGM). The emotional claim of FGM should be equally applied to IGM, and it is my position that special protection should be afforded children at risk of IGM. Whilst the efforts to eradicate the practice of FGM in cultures where female circumcision

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has persisted for hundreds of years are important for the protection of children's rights, it is shocking that a similar effort has not been expended on behalf of intersex children, where IGM is of recent origin and could be eradicated with a relatively slight political effort. This article aims to take a step towards action against IGM, by naming it for the human rights abuse that it is, and by joining the call for those concerned with the rights of the child to take action (see, for example, Ehrenreich and Barr, 2005).

1 A Note on Terminology: Interventions on Children's Genitalia

Circumcision, of one form or another, has been performed as a rite of passage in many cultural and religious communities across time and place. Whilst male circumcision has been considered relatively unproblematic, the cutting of girls’ genitalia is considered to be a gross violation of human rights and a form of extreme violence perpetrated against young girls and women (see also DeLaet, 2012). The term Female Genital Mutilation (FGM) is the collective name given to several different traditional practices that involve disfiguring or removing part, some parts, or the whole of the particularly sensitive area of female genitalia. These include: clitoridectomy (the removal of the clitoris with or without removal of the clitoral hood); excision (cutting the hooded clitoris together with partial or total removal of labia minora or the labia majora); infibulation (excision of part or all of the external genitalia with or without sewing the raw edges together or narrowing of the vaginal opening); and any other procedures such as genital pricking, piercing, scraping or incising. This could include, for example, an incision extending from vaginal opening into surrounding tissue with damage to the urinary/urethral opening or rectum and anus. It may, however, be no more than the drawing of blood. Whilst the impact on the child or woman may be very different depending on the procedure, internationally there is consensus that there should be zero tolerance of FGM (see also Johnsdotter and Essén, 2010; Berer, 2010; Smith, 2011; Wade, 2011).

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1 DeLaet considers and rejects a human rights claim for gender autonomy – in which case all alterations of the genitalia should equally be considered as human rights abuse.

2 Whilst this is not the place to discuss the issue of consenting adult women, a solid case has been made that there is a direct parallel between FGM and Western practices of genital alteration, designer vaginas and cosmetic procedures such as breast implantation. To allow the latter but ban the former can only be understood as a judgment of the inferiority and primitive nature of non-Western cultures.