Infant Genital Mutilation: The Trauma of the Surgical Gender Stamp

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Introduction

Circumcision is the ritual and/or cosmetic cutting of the prepuce to satisfy cultural, religious, and/or aesthetic norms. The prepuce is the foreskin of the penis or the clitoris (also known as the clitoral hood). It is a widely practiced religious rite on penises in the Jewish tradition and on both penises and clitorides in the Islamic tradition. Circumcision is the most widely practiced form of infant genital mutilation (IGM). According to Vâlsan (2015), 30% of people with penises (referred to as PWiPs) are circumcised and 4.2% of people with a clitoral, vuvlal, vaginal area (referred to as a CliVVA) are circumcised worldwide. The World Health Organization (WHO) estimates that 69-70% of PWiPs circumcised are infants (2007).

In the United States (US) 15% of people with a CliVVA are at risk for female genital mutilation (FGM), although reliable statistics outlining how many people in the US with CliVVAs have been mutilated is unavailable (Goldberg et al., 2016). Infant genital mutilation of people with penises is also known as male genital mutilation (MGM). In the US MGM prevails at 60-75% (WHO, 2007), but is dropping by 1% each year (Vâlsan, 2015). Female genital mutilation is performed on developing adolescents and children, as well as on infants and adults (Goldberg et al., 2016). FGM is practiced throughout the world to different degrees of severity (Jones, 2017).

Some of the most egregious types of genital mutilation are practiced on infants born with various combinations of genitalia currently called intersex genitals (I/XG). One in 2,000 infants are born with some combination of internal/external genitalia (Fraser, 2016). Global awareness of FGM's harm to the CliVVA has raised a recognition that infant genital mutilation is a violation of a person's right to bodily autonomy (Vonberg, 2018). This has led to new scrutiny placed on the mutilation of infants with intersex genitalia, referred to here as intersex genital

mutilation (I/XGM) (Fraser, 2016). Although 59 children with intersex genitalia were reported to have "genital normalization surgery" without their consent in 2009 alone in the US, this number does not reflect a full reporting, nor are actual numbers available for how many children in the US are experiencing I/XGM (Fraser, 2016).

Trauma Redefined

The American Psychiatric Association (APA) defines trauma in the Diagnostic and Statistical Manual of Mental Disorders (DSM) (5th ed.; DSM-5, American Psychiatric Association, 2013) as: "exposure to actual or threatened death, serious injury or sexual violence" (American Psychiatric Association, 2013). Jones and Cureton (2017) review this latest definition, noting that it includes sexual violence as a static component of the definition of trauma, replacing earlier, less comprehensive definitions in earlier versions of the DSM (Jones & Cureton, 2017). This revised definition lends credence to the assertion that IGM is both serious injury and sexual violence, even if it is performed under the auspices of medical necessity (Fraser, 2016; Jones & Cureton, 2017).

With this expanded definition of trauma, genital cutting reveals hidden dimensions: Infant genital mutilation (IGM) is a damaging act that traumatizes individuals by: (a) seriously injuring their bodies; (b) sexually violating them; (c) violating their human right to bodily autonomy by making permanent changes to their anatomy without their consent, and; (d) physically assigning a societally arbitrary gender stamp on them through surgically imprinting a gender binary-approved physiognomy.

Such a traumatic surgical gendering of infants, children, adolescents, and adults has adverse effects on gender identity, self-esteem, sexual development, and relational experiences for survivors and their loved ones (Boyle & Bensley, 2001). Across many different cultures

globally there is societal anxiety around gender behavior and physiognomy not reflecting and meeting proscribed gender roles (Brod, 1995; Dreger, 1998). This has influenced a variegated culture of cutting genitals to physically frame the definition and identity of the binary gender set.

Traumatic gender stamping

Gender stamping is the proscribing of behaviors, cultural practices, and physical restrictions upon a person according to the gender that their society has assigned to them (Brod, 1995; Dreger, 1998). Preoccupation with genitalia as a marker of gender is at the core of societal obsession to place infants, children, and adults into binary assignments (Brod, 1995; Dreger, 1998). The critical mass of these acts of IGM upon billions of individuals betrays a systemic dedication to the binary (Brod, 1995; Dreger, 1998), felt at an individual level.

Gender stamping is inherently traumatic, as it societally coerces and threatens individuals to conform to the genders which they have been assigned at birth (Jones & Cureton, 2017). But, surgical gender stamping, as enacted through infant genital mutilation is an even more traumatizing practice sexually harming its survivors worldwide. Survivors of IGM-enforced gender stamping experience even greater trauma than individuals whose gender has been assigned to them without the enforcement of a surgical imprint.

DSM symptoms of traumatic gender stamping.

Trauma symptoms experienced for individuals who can remember their genitals being mutilated include, but are not limited to:

> "Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
>
> Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring.
>
> Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred.

> Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred.
>
> The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning." (American Psychiatric Association, 2013, 309.81 [F43.10])

Trauma symptoms experienced for survivors of infant genital mutilation include, but are not limited to:

> "Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred.
>
> The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning." (American Psychiatric Association, 2013, 309.81 [F43.10])

Distinctions Between I/XGM, MGM, And FGM

Female genital mutilation is seen as a gendering rite (Corbet, 2008) that "will stabilize her libido" (Corbet, 2008, p. MM44). By the very nature of the intent of IGM on people with intersex genitalia, it is a gendering act (Jones, 2017). This reasoning extends to male genital mutilation, as circumcision of the foreskin is the most common gender stamp mutilation act in the world (Vâlsan, 2015).

Male Genital Mutilation

For certain cultures, including contemporary North American society, the prescribed male gender norms demand that the foreskin of the penis be cut to resemble the typical appearance of a fully developed, aroused, erect penis whose foreskin would often be retracted during an erection, instead of the flaccid penis whose glans is usually covered by foreskin (Bigelow, 1995). Circumcision both consciously and non-consciously reinforces this type of fetishized coitus-ready penis as the quintessence of masculinity (Bigelow, 1995; Brod, 1995).

In other cultures across time and space, the cutting of the foreskin was not as severe.

Only the tip of the foreskin – called the ridged band – was cut because it is a very sensitive part of the foreskin. The ridged band contains a preponderance of nerve endings that are both complementary and sympathetic to nerve endings on the walls of the vagina and anus and whose "vast majority of the fine-touch receptors are missing from the circumcised penis" (O'Hara, K. & O'Hara, J., 1999, p.82). For Hebrews, the purpose of the cutting was a sacrifice of pleasure to God for both the cut member of the community and their sexual partner (Gollaher, 2000/2001).

But, the American convention of penis cutting was not concerned with sacrificing pleasure for the coital act; it was put into practice to curb pleasure for the penis – any pleasure outside of penile-vaginal coitus – altogether. Its most specific target was to rid PWiPs of the act of self-pleasuring (also known as masturbation) (Bigelow, 1995). But, how the Jewish practice of penis circumcision became more severe has much less to do with stopping self-pleasuring and much more to do with maintaining solidarity within an embattled cultural identity (Gollaher 2000/2001; Pedersen, 1991).

Hebrews and Jews (of the tribe of Judah, the Bible's most traceably extant tribe of Israel) have survived numerous enslavements, occupations, and colonizations. Jewish men who wished to socially assimilate into the cultures that colonized them negotiated a multicultural kvetch: wishing to conform to dominant masculinity aesthetics while needing their Jewish community to embrace them. These men often had to manage social spaces where their circumcised penises were visible for comparison with men of other traditions and cultures (Gollaher, 2000/2001). A number of these Jews would practice *epispasmos* (Gollaher, 2001) – stretching their remaining foreskin to a shape and length resembling the uncircumcised penises they saw in places like gyms (Gollaher, 2001). This tactic of assimilation was seen as a threat to the Jewish way of life. Jewish guardians of the culture decreed that circumcising the *entire* foreskin – not just the ridged

band – would keep PwiPs from stretching their foreskins into a cosmetic semblance of an intact, Goyim (non Jewish) penis (Gollaher, 2001):

> "To discourage men from trying to restore their foreskins, the traditional operation was revised. *Milah,* as the first state of circumcision is called, simply meant cutting off a portion of the infant's foreskin. Still, enough of it usually remained to enable a surgeon to create something resembling an uncircumcised penis. To prevent this, probably around the middle of the second century, rabbis augmented *milah* with *periah,* a radical ablation of the foreskin that bared the glans entirely. Once established, *periah* was deemed essential to circumcision; if the *mohel* failed to cut away enough tissue, the operation was deemed insufficient to comply with God's covenant" (Gollaher, 2000/2001, p 17).

Female Genital Mutilation

There is also evidence to show that some of the most severe forms of FGM became even more severe in the face of colonial state influences similar to the ones that Jews experienced under Roman rule (Pedersen, 1991). In Colonial Kenya, Kikuyu people were having the most intimate aspects of their identities violated. FGM began to include more cutting as a reaction to colonial norms being oppressed upon this population (Pedersen, 1991).

Hence, there is a threefold purpose to female genital mutilation: stamping the gender of the person with a CliVVA as female; a need to preserve cultural rites, and; an anxiety with female sexuality addressed by mutilating the CliVVA to reduce the pleasure felt in the genital area. The critical mass of these mutilations and their intended purposes traumatically reduces women's and girls' identities to sexually denatured roles (Goldberg et al., 2016).

The clitoral, vulval, vaginal area has been mutilated in many different ways, across cultural time and place. These begin on a range from the most benign of staining the genitals

with turmeric to the more benign – but still damaging – pin prick scarring on the clitorus to the circumcision of the clitoral hood. From there, female genital mutilation enters the macabre with the partial or complete removal of the visibly protruding clitoris to the most barbaric practice of infibulation: the removal of any visible clitoral and vulval body parts, with remaining tissue sewn up only allowing two small openings for urine and menses to pass through. The purpose of all of these practices is to mark the mutilated person as an "approved" female in the community (Goldberg et al., 2016). *Her* identity is that of a controlled vessel whose sole purpose is to bear children exclusively for one man whose property she is, as branded during the ritual of FGM.

Intersex Genital Mutilation

Understanding the societal compulsion to perpetrate I/XGM is important. It underscores the vast anxiety a culture feels to have to surgically conform a child to the gender which they have been assigned. These influences both reflect and drive the traumatic gendering act of I/XGM. Additionally, they reinforce a silence about the trauma by normalizing it and placing the survivor in the position of having to look to themselves as the problem when experiencing sexual dysfunction and/or symptoms of post traumatic stress disorder (PTSD) (Goldberg et al., 2016). Furthermore, I/XGM is arbitrarily seen as either normal and medically/hygienically necessary or an abominable practice of mutilation according to where it is performed and upon which type of genitals it is perpetrated.

It is ironic that the Western world sees genital cutting of the CliVVA accurately as mutilation, but does not apply the same rubric to the mutilation of people with intersex genitalia (Fraser, 2016). This is especially ironic when the cutting of the clitoris is done to both people with intersex genitalia (intersex people) and CliVVAs (females) with the same intent: an attempt to reduce the size of a "big" clitoris because it is perceived of as a physical feature that is too

penis-like and therefore too male (Fraser, 2016). It is further ironic that some Western cultures do not see penis circumcision as mutilation, using the argument that it is ostensibly a medical necessity and/or a hygienic prophylactic to sexually transmitted infections (STIs) and/or other diseases (Earp, 2013).

Awareness Of Genital Cutting As Mutilating Sexual Trauma

Infant genital mutilation is a trauma for the person experiencing it. In addition to the pain inflicted on the person, often a child or infant, the traumatic act is being perpetrated on the minor without their consent. IGM therefore violates the person's human right to bodily autonomy (Earp, 2013). This trauma is a surgical extension of the gender assignment act upon children at birth, which can be traumatic for many people whose gender identities don't conform to the ones assigned to them (Fraser, 2016). Additionally, IGM has long-lasting effects on the sexual health of survivors and their sexual partners (Boyle and Bensley, 2001).

There is a change of consciousness trending worldwide about infant circumcision as the actual mutilation of a baby's genitals without their consent (Earp, 2013; Vâlsan, 2015). Additionally, awareness grows that this practice is immoral and unethical across the board, regardless of cultural and/or religious proscriptions mandating the practice. Iceland is the first country to press legislation to outlaw circumcision of *any* child, regardless of the religious and/or cultural affiliation into which they are born (Vonberg, 2018). This is a view shared by progressive Muslims and Jews (Earp, 2013).

There is a current movement in Reform and Secular Humanist Jewish circles to make the eighth day after birth not a bris ceremony that mutilates the baby, but instead a ritual inviting the infant to join the community, regardless of genitalia or assigned gender (Earp, 2013). The alternative ceremony is “the non-violent, non sexist welcoming ceremony known as brit shalom

officiated by a growing number of Jewish rabbis" (Earp, 2013, p. 419).

Indeed, Brit shalom means "covenant of peace." It welcomes every Jewish child into the faith community, unlike brit milah, the "covenant of cutting (circumcision)" only reserved for male-gendered babies (Earp, 2013). Ironically, Islam is less sexist, albeit anathema to Western sensibilities, when recommending circumcision as a rite that is non-mandatory for the prepuce of the penis foreskin and for the clitoral hood (Earp, 2013). As progressive Muslim communities consider the effects of circumcision on children, the practice is diminishing worldwide (Vâlsan, 2015).

Concomitant with an awareness that infant circumcision is mutilation, there will come a realization that survivors of IGM have been traumatized and need to heal (Fraser, 2016). Such awareness may bring society to countenance that we have been complicit in perpetrating the additional trauma of body modification without consent upon a large fraction of the world population. But, will this awareness lead to considering other implications of IGM? Will society recognize that IGM is a surgical expression of the preponderance of gender stamping on the survivor? Will society begin to see gender stamping, beginning with the – now in utero – assignment of gender, as a traumatizing agent only reinforced by the physical trauma of IGM?

Hypotheses

1. Individuals who have survived infant genital mutilation (IGM) will experience higher rates of traumatic gender stamping compared to individuals whose genitals have not been mutilated.
2. Adult survivors of IGM will seek psychotherapy to treat the trauma of gender stamping at higher rates than individuals whose genitals have not been mutilated.

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