

FGM/C as the Basis for Asylum Claims in the US: An Analysis of Recent Cases

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What is an Asylum Evaluation?

- Medico-Legal encounter
- Not clinical care
- Requested by lawyer → Referred by asylum network → 2-3 hour encounter → clinician in 'expert' role → results in medico-legal affidavit
- Some standardized training (FGM/C very small part)

Asylum Medical Evaluations Increase Success Rate



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Asylum Grant Rates Following Medical Evaluations of Maltreatment among Political Asylum Applicants in the United States

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Asylum Reason

Accepted as a basis for asylum since 1996 (Matter of Kassindja)

- ◆ Must show credible fear of being forced to undergo FGM/C
- ◆ Considered as a continuous form of persecution (due to acute and chronic issues)
- ◆ Considered Gender-Based Violence and can be considered a form of torture
- ◆ Violation of human rights of girls and women, including rights to health and bodily integrity
- ◆ Violation of the right to non-discrimination

Asylum Grounds

- ◆ Claims must demonstrate nexus with protected ground (race, religion, nationality, political opinion, membership in a particular social group);
- ◆ Women or girls may be considered as Members of a particular social group
- ◆ Anti-FGM/C activists may be able to claim persecution based on their political views;
- ◆ When required by an ethnic group, women/girls may be considered targeted due to their nationality
- ◆ When imposed due to religious belief

Methodology

- **Inclusion criteria:** affidavits specific to FGM/C claims (de-identified and redacted); Years 1996-present. Gender: women; Legal status: asylum seekers.
- Affidavits came from Physicians for Human Rights (NYC) and private clinician's file (NYC).
- 4th year med student reviewed demographic, epidemiologic data..
- A total of 122 affidavits were reviewed. One was dropped due to duplication (same person seeking asylum had two affidavits → seen by both psychiatrist and medical doctor).

Results

- 119 affidavits
- 22 Countries
- 84% cut
- Type 1: 4.6%, Type 2: 84.6%, Type 3: 16.5%
- Average age at cutting 9 years old.

Country of Origin	N	%
Guinea	23	19.7
Burkina Faso	15	12.8
Mali	12	10.3
Nigeria	10	8.5
Kenya	8	6.8
Sierra Leone	6	5.1
Cote d'Ivoire	5	4.3
Egypt	5	4.3
Gambia	5	4.3
Malawi	5	4.3
Chad	4	3.4
Djibouti	4	3.4
Senegal	4	3.4
Ethiopia	2	1.7
Sudan	2	1.7
Eritria	1	0.9
Gabon	1	0.9
Liberia	1	0.9
Saudi Arabia	1	0.9
Somalia	1	0.9
Uganda	1	0.9
Zambia	1	0.9

Self-Reported Effects

Acute

- Bleeding (76.3%) ;
- infection (27.6%);
- Shock (6.7%);
- Broken bones (2.7%);
- Need for hospitalization (2.7%)

Chronic

- Difficulty with intercourse (81.7%)
- Pregnancy complications (54.2%)
- Chronic pain (42.4%)
- Scarring (37.3%)
- Difficulty with urination (31.8%)

Self-Reported Psychological Effects

- PTSD (72.4%),
- Depression (65.9%)
- Anxiety (51.1%).
- Of those with daughters, 93% expressed fear their daughter would be cut

Reported co-occurring Violations

- Intimate Partner Violence: 52.94%
- Rape 33.3%
- Forced marriage 46%
- Child marriage 31.3%

Limitations

- Unknown asylum grant rates based on FGM/C
- Unknown rate of FGM/C claims vs. all claims
- Unknown trends of # or % FGM/C cases since 1996
- Limited geographic distribution

Limitations

- Great variability in affidavits' narratives and level of detail
- Unknown clinician skill at identifying FGM/C and classifying types
- Unknown if clinicians probed about others forms of violence
- All self-reported (reporting bias & incentive to paint harsh picture)

Conclusion

- FGM/C is a common asylum claim in the NE part of the US
- Women claiming asylum in the U.S. based on FGM/C report high rates of chronic issues both physical and psychological.
- Asylum affidavit narratives suggest FGM/C exists on a continuum of violence, rarely existing in isolation from other forms of assault.

Future Inquiry

- What is the role of FGM/C in asylum claims in other parts of the world?
- What are asylum success rates based on FGM/C?
- What are trends in using FGM/C as an asylum claim?

Questions?

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- Thanks to our entire team.
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- Join our US-clinicians' FGM/C Network
- <https://groups.google.com/forum/#!forum/us-clinician-network-on-fgmc>