

**FEMALE GENITAL MUTILATION - FORENSIC MEDICAL INTERPRETATION
UNDER THE CRIMINAL CODE OF THE REPUBLIC OF BULGARIA.
PRESENTATION OF TWO CASES**

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Abstract

Female genital mutilation (FGM) is the ritual cutting of some or all of the external female genitalia, practiced mainly in countries in Africa, Asia and the Middle East. We present two cases of women, respectively 27 years old and 35 years old, sought asylum in the Republic of Bulgaria as migrants from different African countries, and one of them had two normal pregnancies and, respectively, two births of healthy children. The two women reported that at different periods of their childhood (at the age of 7 and 14, respectively) they had been "circumcised" against their will by "specialists" (elderly women), without anesthesia and prior disinfection of the "operative field", they were immobilized by four or five men, each holding one of their limbs and one sitting on the abdomen. The procedures were performed with a "razor" or model knife, respectively. In both cases there were clinically manifested with bleeding, secretions and subsequent infections from the surgical wounds. To overcome these consequences they used for a long period bandages and performed cleansing the areas with local herbal decoctions (in violation of the basic principles of asepsis and antiseptics). Both patients reported that the healing processes of this "operative" procedure and the subsequent "treatment" lasted an extremely long time (one of them said that such inflammatory changes in the area of the operative scar often occur in the last year). In addition, they confessed that they have never in their lives experienced any sexual pleasure, but on the contrary have experienced pain in most of their sexual intercourse. The forensic examination of both females revealed a complete lack of glans and / or partial or complete absence of the clitoral body. In their proper areas, an old scar was observed, taking into account the presence of pain in both patients that occurred when stretching the labia, as well as during palpation in the area of the established scar. Thanks to governmental and non-governmental national and international organizations, programs have been established since the middle of the last century to stop or reduce the spread of FGM. Clauses prohibiting this practice are included in a large number of international legal instruments and in the legislation of many countries around the world.

Key words: *Female genital mutilation, forensic medicine, forensic medical interpretation, criminal code*

Introduction

Female genital mutilation (FGM), also referred to as female genital cutting (FGC) or female circumcision (FC), applies to any procedure involving complete or partial removal of external female genitalia or any other injury to their genitals for reasons aside from medical indications [1]. Approximately 30 countries in Africa, the Middle East and Asia conduct this practice [2] which is mainly practiced in Nigeria. This is the country with the highest absolute number of cases of FGM in the world [3]. FGM is classified into four distinct categories. Type I, also known as clitoridectomy, includes removing part or all of the clitoris and/or the prepuce. Type II or excision

is partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora. Type III, also referred as infibulation, is the most severe form [4]. It includes the narrowing of the vaginal orifice and creating a covering seal. The seal is formed by cutting and repositioning the labia minora or labia majora, sometimes by stitching with or without removal of the clitoris [5]. This leaves a small opening for the passage of menstrual blood and urine [6]. Type IV is the mildest form and includes any form of other damage done to the female genitalia for instance pricking, piercing, cutting, scraping, or burning [4]. The cultural significance of the female circumcision leads to the idea that it maintains girl's chastity, preserves fertility, improves hygiene and enhances sexual pleasure for men [7]. The procedure is usually executed in a ceremonial manner accompanied by food, music and gifts/offerings [1]. The executors are generally midwives or trained circumcisers performing the cutting with no anesthesia, antibiotics or sterile technique, using knives, razors, scissors or hot objects [4]. Victims of the FGM are very young females under the age of 18 [8]. The consequences are affecting the girls for the rest of their life and result in many health problems [7]. Short-term ramifications include hemorrhages, repetitive infections of the low urinary tract and acute anemia. Pregnancy and childbirth complications, infertility [1], bacterial vaginosis, deformities and adhesions around the amputated area, scarring and genital pain [2] are part of the long-term consequences.

Case presentation

In connection with the big wave of migrants to and through the territory of the Republic of Bulgaria in 2018 and 2019, at the Department of Forensic medicine and deontology, Medical university – Sofia, Bulgaria numerous forensic examinations have been conducted of various groups of migrants caught by the police during attempts to illegally cross the state border of the country, respectively the EU. These migrants were mainly from the territories of the Middle East and Africa, seeking asylum in the countries in the European Union (EU). Two of the cases involved women from different African countries, aged 27 years and 35 years, who reported that during their childhood they were "circumcised" against their will (at the request of their parents) by "specialists" (elderly women), without any preoperative preparation and anesthesia as well as with almost non postoperative treatment of the operative wounds. During the circumcisions four to five strong men, each holding one of their limbs and/or one sitting on their abdomen immobilized them. The instruments used to perform the procedures were razor blade and model knife respectively. The women stated that this is a common practice in their countries in order to prevent future cheating on their future husbands as well as not to experience sexual pleasure.

Both cases were clinically manifested with prolonged bleeding, secretions and subsequent wound infections, treated with wound dressing and irrigated with local herbal decoctions/potions, in violation of the general principles of asepsis and antiseptics. Both patients reported that the healing processes of this "operative procedure" and the subsequent/following "treatment" lasted extremely long time. One of them claimed that inflammatory changes in the area of the postoperative scar often occurred in the last year. Even though, one of the women reported to have had two normal pregnancies and two births of healthy children. The two women have never in their life experienced sexual pleasure, but on the contrary, they have experienced pain in most of their sexual intercourses. Both women underwent full forensic examination.

In the case of the 27-year-old woman who was "circumcised" at the age of 14, it was found a complete lack of the clitoral glans and a significant part of the clitoral body was missing, as well as part of the labia minora, all this causing a permanent change in this anatomical area. Palpatory

pain was reported in and around the scar area, as well as pain while stretching the labia majora and the available part of the labia minora.

In the case of the 35-year-old woman, the "circumcision" took place when she was 7 years old, and her forensic examination revealed that the clitoral glans and the upper part of the clitoral body were missing, as well as part of the right labia minora, causing a permanent change in this anatomical area as well. Also, palpitory pain was reported in and around the scar area, as well as pain while stretching the labia.

Discussion and conclusion

This case report refers to a ritual "circumcision" of the clitoris in girls from the African continent where it has become a "normal" custom. This type of "manipulations" cannot be found in women who are living or who had lived in our country meaning Bulgarian doctors do not have practical experience in the treatment of such injuries, respectively the forensic doctors in Bulgaria have not performed forensic examinations concerning such bodily injuries. It is highly suggested to prevent such practices on the territory of our country by people/migrants coming from these parts of the world (where these customs are accepted as something normal and mandatory) who may have acquired Bulgarian citizenship. As an interpretation of bodily injury in the Bulgarian forensic practice such cases arouse special interest due to the fact that different analysis and interpretation can be applied. Due to the lack of sufficient cases and established interpretive practice of the courts in the Republic of Bulgaria, these injuries should usually be classified within the meaning of Art. 129 of the Criminal Code. On the other hand, on the basis of a more liberal reading of the bodily injuries and proceeding from the fact that in this specific case it concerns anatomical damage to an organ with aesthetic impact, which is also highly innervated and is a sensitive area, it is possible to be included in Art. 128 of the Criminal Code.

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Fig. 1 – 27 years old female

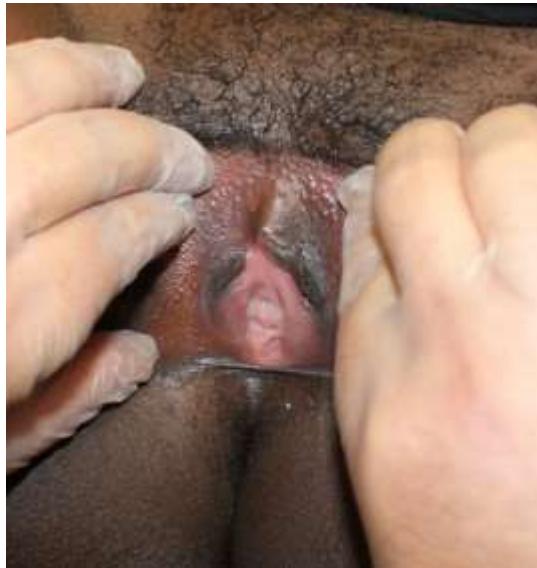


Fig. 2 – 35 years old female