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The Trauma Resource Institute was invited to present an introduction to Trauma Resiliency Model™ (TRM). I presented at the 5th Annual Meeting of the Fund for Grassroots Activism to end Female Genital Mutilation (FGM) in Nairobi, Kenya on January 29, 2007. There were representatives at the conference from 17 African nations.

The issue of Female Genital Mutilation is a tragic and continued problem for African female children and women. In some countries in Africa like Somalia, 98% of female children are mutilated. The age that FGM is performed upon female children can be from the newborn period up to the adolescent period. Tragically, many African children die yearly from FGM and the high infant mortality rate is associated with this practice. Children and women suffer throughout their life with many chronic problems as a result of FGM, including fistulas, painful pelvic pain and traumatic stress responses.

Many countries in Africa have created and passed legislation, outlawing FGM. Legislation is critically important but FGM is deeply rooted culturally and religiously within African society. Legislation has been implemented in some countries for perfunctory reasons to meet requirements from various non-government agencies (NGOS) and the laws are often not upheld. Some countries are beginning to prosecute circumcisers. The representatives from the African countries told stories of immense despair but also of the beginnings of hope that attitudes and practices are beginning to slowly change.

As the impassioned work to prevent FGM is proceeding, the activists encounter children and adult women who are struggling with the physical and psychological aftermath of FGM. It was clear that strategies to support the girls who have suffered mutilation must be incorporated within the scope of prevention strategies. One of the African activist explained that often when girls are mutilated, there is no knowledge of what is going to be done. The girls are told they are going to be purified in order to become women of their community. They are given gifts and new clothing. Elder female members of the community spend time with the girls guiding them to the customs of womanhood of their tribe. FGM has been a secret practice in the past so the girls had no idea what was ahead of them. Imagine the horror that, without anesthesia, the girl is held down by female circumcisers who cut out her clitoris or more, maiming her for life. This is a complex experience for a multitude of reasons: the physical trauma, the betrayal of trusted family and members of your community and the physical and emotional aftermath.

Would the Trauma Resiliency Model be applicable to the women of Africa was my haunting question. Would it be culturally appropriate? My belief was that the human body would react the same way when faced with threat, whether one lives in Kenya or California. However, would it be appropriate to sense the body? Would it be taboo to turn awareness inward? The African activists are primarily women who have chosen to challenge the cultural and religious practices that have existed for a thousand years. They are extraordinary and were willing to try TRM because they are passionate about finding ways to help the girls and women of their respective countries.

One of the activists at the conference shared her FGM experience with me. Her parents told her that she was being prepared to become a woman and that what she was about to experience would be like heaven. They did not tell her about the cutting that was ahead of her. It was horrifying for her and one of the big challenges she encountered was forgiving her parents. She knows that they did not do this to harm her but were acting according to their traditional customs and beliefs. She is now one of the leading activists in Africa and her daughters have not had FGM. She is very proud of this and when I asked her what is the most difficult thing for her now, she said, "that I have never had nor ever will have a clitoral orgasm." She also has had multiple reconstructive surgeries to repair the aftermath of her mutilation.

She asked me about my work and I was able to introduce TRM to her. She was very receptive to the ideas and concepts. She had a profound experience and requested afterwards to Wendy Click, the Executive Director of the Pond Foundation, one of the organizers of the conference, if she could introduce me to the other activists when I presented the Introduction to TRM. I was humbled by her request and also excited as her nod to my work would give my presentation greater standing. She introduced me to the conference and it became clear from the enthusiasm of the participants that they were fascinated by the information about traumatic symptoms and the neurobiology of the body and brain. The psycho education that has been so important to the patients I have worked with in the United States was equally important in Africa. I leave Africa today, knowing I have made new friends and that I must, with the help of our donors in the United States, return to Africa, to do a more expanded training. Hawa Aden Mohamed who received Amnesty International's 11th Annual Ginetta Sagan Award, awarded for outstanding contributions to the human rights of women and children, at Amnesty International's General Meeting in 2005, embraced me as I was leaving and said, "You must return to train us. It is needed here."

The issues of female sexuality and patriarchy are critical components of this discussion. If these grass roots efforts were well funded, FGM could be significantly eradicated from Africa within the next generation. As women gain more power over their bodies and their minds, patriarchy has to shift. The African Activists have challenged the patriarchal practices and their work has the potential to change all of Africa. If methods like TRM are also incorporated into their prevention strategies, girls who are now stuck in physiological and psychological trauma could move out of those states and participate more fully in their present and in the future.

I am physically weary from the trip but spiritually renewed and am once again amazed by the resilience of the human spirit. I have learned the answer to my questions and that is TRM is as relevant in Africa as in the West. The tragedies of African women activists' mutilations have charged their work with such passion that they took my breath away. Their work is important for all of humanity. I will always keep their memories in my heart and in my body, mind and spirit.