

Genital Autonomy International

presents

**CHANGING GLOBAL PERCEPTIONS:
CHILD PROTECTION & BODILY INTEGRITY**

14TH International Symposium on
Genital Autonomy and Children's Rights



Programme & Syllabus of Abstracts



KEELE HALL

PHOTO: PAUL MARKHAM

14-16 September 2016

University of Keele, Staffordshire, UK

INTERNATIONAL SYMPOSIA ON GENITAL AUTONOMY AND CHILDREN'S RIGHTS

The International Symposia on Circumcision has been a special project of the National Organization of Circumcision Information Resource Centers (NOCIRC) since 1989. The symposia provide a forum for discussion about the genital alteration of infants and children from historical, anthropological, cultural, religious, social, psychological, medical, ethical, legal and human rights perspectives. The name of the symposia has changed as awareness about the rights of the child has emerged. In 2008, an international organization, Genital Autonomy, was established to acknowledge and uphold the rights of all children—female, male and intersex—to genital integrity and self-determination. In 2016, NOCIRC changed its name to Genital Autonomy - America. This symposium was organized by members of the International Genital Autonomy Symposia Committee.

Conference Organisers

The Partners of Genital Autonomy International
David Smith, Margaret Green, Gaye Blake-Roberts, Genital Autonomy
Paul Mason, Australasian Institute for Genital Autonomy (AIGA)
Marilyn Milos, Genital Autonomy - America (GA-America)
Tiina Vilponen, Genital Autonomy Finland

For Additional Information

GenitalAutonomy.org
aiga.org.au
GAAmerica.org
Facebook.com/GAFinland/



PROGRAMME

Wednesday, 14 September 2016

Child Protection, Law and Ethics
Chair: Professor Michael Thomson

1050 - 1100	Welcome by Keele University President of the College of Fellows – Gaye Blake-Roberts
1100 - 1135	An update from down under – Paul Mason
1140 - 1220	Child protection: Policies and practice – Jackie Kilding
1220 - 1330	Lunch
1330 - 1405	Legal developments and strategies for change – Michael Thomson
1410 - 1445	Genital alteration: Towards more empirical, ethical and effective policies – Rebecca Steinfeld
1450 - 1525	Bodily integrity, embodiment and the regulation of parental choice – Marie Fox
1530 - 1600	Break
1600 - 1635	Not drowning, paddling: the English Court's slow row towards genital autonomy – James Chegwiddden
1640 - 1710	Getting the message out – Rebecca Roberts
1900	Dinner and a Murder Mystery: Who killed the doctor?

Thursday, 15 September 2016

Politics and Activism
Chair: Richard Duncker

0930 - 1005	Activism, media and change in Iceland – Kitty Anderson
1010 - 1050	State responses to intersex embodiment: Challenges and opportunities – Mitchell Travis and Fae Garland
1050 - 1120	Break
1120 - 1155	Cultural v. cosmetic surgery: Challenging the distinction – Clare Chambers
1200 - 1235	Panel discussion – Michael Thomson, Moderator
1240 - 1350	Lunch
1350 - 1425	FGM: Can it ever be acceptable? – Ann-Marie Wilson
1430 - 1510	Developments in Finland and Nordic countries – Tuomas Kurttila
1510 - 1540	Break
1540 - 1615	Council of ex-Muslims and their role in changing minds – Maryam Namazie
1620 - 1705	First do no harm: Variations on a theme – Antony Lempert
1710 - 1730	American Circumcision: Trailer of upcoming feature-length documentary – Brendon Marotta
1900	Raven Mason Suite: Reception, Welcome by Vice Chancellor of Keele University, Prof. Trevor McMillan, followed by Gala Dinner

Friday, 15 September 2016

Psychological harms, sexual dysfunction and pathways to treatment
Chair: Gaye Blake-Roberts

0930 - 0940	Remembering Jonathon Conte – Lloyd Schofield
0940 - 1015	Understanding the pathways to male suicide – Glen Poole, presented by Margaret Green
1020 - 1055	Genital cutting and suicide: Is there a relationship? – John Dalton
1100 - 1130	Break
1130 - 1205	Professional ethics and genital mutilation – Tommi Paalanen
1210 - 1250	Moving towards a psycho-social framework – Holly Greenberry
1250 - 1400	Lunch
1400 - 1435	Consequences of FGM and deinfibulation – Comfort Momoh
1440 - 1520	Pathways to treatment – Speaker TBA
1520 - 1550	Break
1550 - 1625	Considering the psycho-sexual impact of circumcision – Eli Joubert
1630 - 1705	Counselling and psychological damage – Tiina Vilponen
1710 - 1730	Rounding off the symposium: Looking at ways forward – David Smith

SYLLABUS OF ABSTRACTS

Activism, media and change in Iceland

Kitty Anderson



In a world where we are taught to not speak about genitals it has been easy to hide the long-term effects of breaches of bodily autonomy and physical integrity and ignore the fact that these issues fall squarely under the umbrella of human rights.

Within the Icelandic context, awareness that male genital mutilation (MGM) and female genital mutilation (FGM) constitute human rights violations has rapidly been increasing, with FGM being covered by article 218 of the penal code and Icelandic doctors and the Icelandic Ombudsperson for children being party since 2013 to the joint Nordic statement against circumcision. However, until recently intersex genital mutilation (IGM) has remained a very secretive affair. With 2-3 cases of IGM per year, the work of intersex Iceland has proved to be instrumental in creating a public discussion about everyone's right to bodily autonomy. With these discussions repeatedly reaching the parliament floor within the last 18 months and members of parliament engaging with local activists to work towards legislative change, it is likely that Iceland will soon see a future where no child faces these violations.

Kitty Anderson is an Intersex activist based in Iceland. In 2014, she was one of the founders of Intersex Iceland and has served as the organisation's Chairperson since. She has also served on the board of Samtökin 78 - The National Queer Organisation of Iceland--in 2015 as a board member and from 2016 as the Organisation's International Secretariat. Since the fall of 2015, she has served as the Secretary of OII Europe and has had a place on the board of the Icelandic Human Rights Center since 2015, taking the position of Chairperson in May 2016. She has also served on Iceland's Ministry of Welfare's Queer Committee since 2014. Iceland.78, the National Queer Organisation of Iceland, is involved in activism, the media and change in Iceland.

Gaye Blake-Roberts

Chair, Psychological harms, sexual dysfunction and pathways to treatment



Gaye Blake-Roberts has an honorary doctorate from Keele University and was selected to be their inaugural President of the College of Fellows. The Fellows work as advocates for the University on a regional, national and international level.

Gaye is a Fellow of the Royal Society of Arts and a Fellow of the Museums Association. She is currently a Trustee to the Spode Museum, Chairman of the Raven Mason Trust at Keele University and Deputy Chair of the Trustees and Chair of the Academic and Curatorial Committee of the Ironbridge Gorge Museum, Shropshire. For many years Gaye has been Curator of the Wedgwood Museum at Barlaston. The new Wedgwood Museum reopened to the public in October 2008 and won the prestigious Museum of the Year Award in June 2009.

Gaye has lectured extensively throughout Britain and has undertaken a number of tours in Australia, Japan, Italy and the United States of America. She has appeared on national and local radio and television and has contributed to numerous catalogues for major exhibitions and for a wide range of scholarly publications in England, Europe and America. Published books include *Mason's the First 200 years*, *Wedgwood Jasper* (2011) and *Wedgwood – The Illustrated History of an Iconic Name in Pottery* (2014). Shrewsbury, Shropshire, UK.

Cultural v. cosmetic surgery: Challenging the distinction Clare Chambers

There is a general consensus in liberal theory, practice and law that female genital mutilation (FGM) is a violation of rights and justice that should be banned. However, there is no such consensus about male circumcision or cosmetic surgery, including cosmetic genital surgery. These practices are legal in most liberal states and there is no general critique of them in mainstream liberal theory. This talk will consider and challenge the philosophical reasons in favour of distinguishing FGM from male circumcision and labiaplasty. There is no clear distinction between "cultural" genital surgery and "cosmetic" genital surgery, so that male circumcision and cosmetic surgery should be regulated in the same way as FGM.



Clare Chambers is University Senior Lecturer in Philosophy at the University of Cambridge. She works on contemporary political philosophy, with particular focus on feminism, liberalism and theories of social construction. She is the author of numerous chapters and articles on topics such as autonomy, choice and consent; the body, appearance norms and cosmetic surgery; culture,

religion and social practices; theories of justice. She is the author of two books: *Sex, Culture and Justice: The Limits of Choice* (Penn State University Press, 2008) and, with Phil Parvin, *Teach Yourself Political Philosophy: A Complete Introduction* (Hodder, 2012). Her third book, *Against Marriage: An Egalitarian Defence of the Marriage-Free State*, will be published by Oxford University Press in early 2017.

'Not drowning, paddling': the English Court's slow row towards genital autonomy

James Chegwiddden

Two English High Court cases over the past two years – *Re B & G* [2014] and *Re L and B* [2016] – have specifically dealt with the issue of the genital cutting of boys. Additionally, four successful prosecutions of barbaric amateur circumcisions have taken place in the Crown Court, exposing the unacceptable reality of many contemporary cutting practices to public gaze. The judgments prove that, slowly, progress is being made towards safeguarding all children from genital cutting. But they also reveal how far legal thinking on genital cutting still remains divorced from modern legal frameworks on child protection and human rights. Current legal approaches to FGM further undermine the logic – and the defensibility – of legal permissiveness towards the equivalent cutting of boys. Where has the English court's approach improved? Where is it flawed? And what can supporters of autonomy and human rights do now to help the law develop?



James Chegwiddden is a barrister at Old Square Chambers, London. Old Square is a Band-1 ranked chambers in the fields of employment/equality law and is highly rated in the fields of clinical negligence and personal injury. James frequently acts for governmental agencies, including

the Secretary of State for Health, the Home Office, the Cabinet Office and also for private individuals. In 2010, James worked as a lawyer at the European Court of Human Rights, Strasbourg and prior to call to the Bar was Associate to Mr Justice Michael Kirby of the High Court of Australia. He was appointed Attorney General's Counsel to the Crown in 2013. On issues of genital cutting, James was one of the most cited-participants in the State of Tasmania's consultation on non-therapeutic circumcision of boys (2009); he

acted as legal advisor to a delegation to the United Nations Human Rights Committee on the subject of genital cutting (2013); and most recently in 2015, James was junior counsel for the mother in the recent High Court (England and Wales) case of *Re L & B* on infant circumcision. London, UK.

Genital cutting and suicide: Is there a relationship? **John Dalton**

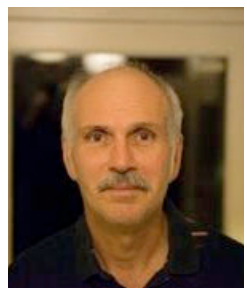
Child genital cutting practices are invasive, painful and bring permanent alterations to the body. The potential exists for such practices to bring psychological trauma and damage. They may cause feelings of grief and loss. Having a traumatic experience during childhood, a history of sexual or physical abuse, or a history of parental neglect is a known precursor to suicide and during our work at 15 Square and Genital Autonomy several anecdotal cases of suicide have come to our attention. This presentation reviews the anecdotal cases known to the author, the literature on traumatic aspects of genital cutting and on suicide and looks at potential connections.



John Dalton is the lead researcher and archivist for Genital Autonomy and 15 Square. He lives in Cumbria where he was born and was educated at Dundee and St Andrews Universities. He is a semi-retired nuclear safety consultant and a lay member of an NHS research ethics committee. He has a long-standing interest in the subject of genital cutting and has amassed an archive

of over 6000 documents related to the issue. Cumbria, UK.

Richard Duncker **Chair, Politics and Activism**



Richard Duncker was born in Jamaica, educated in the UK attaining a degree in Fine Art and has spent most of his working life in editing documentaries and current affairs programmes for TV in the UK. In recent years, he has worked as a snowboard instructor and Yoga teacher, specialising in classes for older people.

In 2004, Richard came across the NORM-UK web site and realised that his negative feelings regarding genital cutting were in fact a normal reaction to a very definite insult. As a victim turned activist, he has used his knowledge of the media to try and raise the profile of an assault on children that should not be tolerated by a society that purports to respect children's rights. London, UK.

Bodily integrity, embodiment and the regulation of parental choice

Marie Fox

This paper seeks to engage critically with the concept of bodily integrity. Bodily integrity is a key underpinning principle of many areas of legal doctrine; and Margot Brazier has suggested that it may constitute the core legal value underpinning contemporary health law. In this paper I seek to examine how bodily integrity discourse has been mobilised in legal contexts involving the cutting of children. I argue—based on an ongoing project with Michael Thomson—that conventional legal understandings of bodily integrity need to be supplemented by a richer and more nuanced conception that we label ‘embodied integrity’. In this paper I focus on law’s differential responses to different forms of genital cutting to think about how our vision of embodied integrity might be mobilised in these debates.



Marie Fox is Professor of Law in the School of Law and Social Justice at the University of Liverpool. Her research focuses on legal governance of human and animal bodies and legal theories of embodiment. She is currently working on projects which explore the policing of the human/non-human boundary and the role

of technologies in mediating this relation and (with Michael Thomson) examining the ethics and legality of genital cutting. She is a co-ordinating editor of *Social and Legal Studies*. Liverpool, UK.

State responses to intersex embodiment: Challenges and opportunities

Fae Garland and Mitchell Travis

Whilst there have been a number of qualitative studies examining the experiences of intersex embodied persons in relation to medicine, this study is the first to examine the practical impact that law has had on the lives and experiences of intersex embodied people. The study also allowed for consideration of the future directions that law could or should take and, as a result, seeks to place the voices of the intersex community at the heart of any recommendations for legislative reform.

Over the last 20 years, there has been an increase in legal recognition of intersex throughout the West. This trend indicates a global shift from the historic medical management of intersex bodies towards a more juridical response. The underlying aim behind these reforms has been consistent, seeking to increase the resilience of intersex embodied people. However, there are a range of legal approaches and differing frameworks that have each offered alternate legal constructions of intersex thereby shaping the material experiences and political possibilities open to these individuals.

At present, the majority of western states do not recognise intersex at all and continue to rely on a medical account that traditionally uses surgical intervention to force intersex bodies into the sex binary, rendering individuals invisible at the institutional and discursive levels. In contrast, some legal systems such as Germany and Australia have introduced provisions that focus on status and identity using, for example, third gender markers on official documents and anti-discrimination law in an attempt to level the social playing field. Comparatively, other states, such as Malta, have adopted a more holistic approach to legal reform that concentrates on protecting the bodily integrity of intersex children by prohibiting unnecessary surgeries.

This study therefore comes at an important juncture in this jurisdictional shift. While the legal trend towards recognising intersex embodied people is still in its infancy, this movement is gaining significant momentum and a growing number of states are debating the possibility of reform. Such discussions inevitably draw upon the experiences of other legal systems. However, these legal frameworks have yet to be critically evaluated in the academic literature and consequently it is unclear how far, if at all, these different approaches have actually responded to the needs and claims of the intersex community. Enacting the changes recommended by the intersex community would involve a radical upheaval of jurisdiction, the public/private divide, state competence and medical power/knowledge but are central to the requirements of the persons who were interviewed. By considering the material experiences of intersex embodied people, new political possibilities can be imagined which necessitate a redistribution of jurisdictional competence and state responsibility.



Fae Garland is a lecturer of law at the University of Manchester. She has been published in *Edinburgh Law Review*, *New Zealand Law Review* and *The Journal of Social Welfare and Family Law*. She and Mitchell Travis were awarded funding from the Socio-Legal Studies Association’s Small Grant Scheme. The grant

enabled interviews to take place with a number of Intersex Organisations from around the world. Participants were asked to reflect on their experiences of law and the future directions that it could take. University of Manchester, UK.



Mitchell Travis is a lecturer in the Centre for Law and Social Justice at the University of Leeds. Along with other members of the Centre and Intersex UK he recently co-authored a response to the Women and Equalities Committee inquiry into Transgender Equality. He has been published in the *European Law Journal* and *Medical Law Review* Leeds University, UK.

Understanding the pathways to male suicide Margaret Green presenting for Glen Poole

See Glen Poole's abstract, photo and bio below.



Margaret Green is a founder Trustee and the Honorary Treasurer of Genital Autonomy. Following a music degree, she had a long career as a librarian and manager which culminated in the post of Assistant Director: Libraries, Information & Archives in Stoke-on-Trent and a PhD in Management Studies. On

taking early retirement some years ago, she re-trained in speech-reading, audiology and developmental psychology and began work as a College Lecturer in Lip-reading Skills and Deaf Awareness. For the last six years she has worked exclusively in the charity sector in a variety of roles. She has been organising conferences, workshops and the Symposia since 2008 in tandem with the International Committee. Margaret is hoping that further research might be undertaken on the human rights issues highlighted by GA, on the psychological damage suffered by survivors and how we might influence and train psychologists to put in place some counselling or treatment to help. Stone, Staffordshire, UK.

Moving towards a psycho-sexual framework Holly Greenberry

My focus is to develop the growth of Intersex UK as a charity, focusing on intersex education and consultancy. To support UK cross party development; and to continue unifying on international policy. Educate for bodily autonomy, peer support, and equality for intersex-bodied children and others. Bridge-building is essential to ensure appropriate educational and parliamentary, cross-party development. Terms such as abuse and torture are synonymous with 'treatments' performed on intersex-bodied children; as recognised by 12 UN agencies, and certain countries. The work of Intersex UK is cross cultural/religious/political/geographical.

Stopping irreversible, aesthetically normalising non-essential medical treatments is essential. "Scalpels do not sculpt gender, they sever futures." Full human and civil rights equality is mandatory and globally sorted. The International Statement of Demands: intersex-bodied children and their families need the correct guidance and full peer support.



Holly Greenberry, Co-Founder and Director of intersex UK, is a defender of human rights and an educator. She works to develop the growth of intersex UK as a charity, focusing on intersex education and consultancy. She also supports UK cross-party development, continues work to unify international policy, educates

for bodily autonomy, peer support and equality for intersex-bodied children and others.

Considering the psycho-sexual impact of circumcision H Eli Joubert

Sexual pleasure is derived not only from physical sensation but also from the psychological processes and experiences during a sexual encounter. The role of a partner(s) during sex is important to facilitate some of these psychological processes (Fonagy, 2008) and might help us understand the difference in quality of experiences between masturbation and sex with a partner(s) and why either might be preferred. Such consideration might also be helpful in understanding the possible difficulties in establishing and/or maintaining sexual attachments. Physical trauma of any kind is likely to have a psychological impact. Circumcision during infancy, childhood or as part of obliged cultural tradition, is more likely to be experienced by a man as traumatic compared to adult males with capacity who've consented to elective circumcision. Traumatic circumcision might either highlight previous psychological difficulties or might cause such difficulties which might then contribute to sexual dysfunction. The meaning ascribed to being circumcised when one didn't or was not able to consent to it, is likely to be of importance for those circumcised men who experience sexual difficulties. The meaning an individual man makes about being circumcised would, at least in part, be informed by larger psychological systems. The experience of being circumcised has to be considered also within larger contextual factors. Understanding such meaning is likely to be useful in addressing sexual dysfunction for circumcised men.



H Eli Joubert completed his clinical training following a career in media where he produced radio and television documentaries in his native South Africa mainly focusing on HIV/Aids education with some of his work mentioned in a report to the United Nations. His first clinical post was in an NHS Sexual Health setting

working with men who have male sexual partners before taking on posts in forensic settings, mainly working with sex offenders, both in South Africa and the UK. In 2010, he was appointed a Senior Clinical Psychologist at the Maudsley Hospital Psychosexual Service. In this post he developed placements for trainee clinical psychologists and offered seminars and workshops to trainees from both Kings College and Oxford University as well as qualified psychologists and other mental health professionals. It was whilst working in this post that he gained a professional qualification as EFS/ESSM Certified Psycho-Sexologist in addition to being a Chartered Clinical Psychologist. He also holds several other professional registrations, including Associate Fellow and Registered Supervisor of the British Psychological Society, Practitioner Psychologist registered with the Health and Care Professions Council of the UK,

Full Member of the College of Sex and Relationship Therapists, Member of both the British (BSSM) and European Societies of Sexual Medicine (ESSM) and list of specialist in Gender Dysphoria, UK Ministry of Justice – Gender Recognition Panel. In May 2015, he was appointed as Teaching Fellow (Clinical) at the University of Surrey where he now teaches doctoral trainee clinical psychologists. He has been in private practice, based at London Bridge, since 2012 and continues to do so. Clinically, he works with all psycho-sexual presentations and has a particular interest in gender dysphoria (including medico-legal consultations and reports), paraphilic disorders and adjustment disorder following physical changes to the sexual body, such as circumcision, radical prostatectomy and mastectomy as treatment for cancer and Peyronie's disease. His research interests include ChemSex, premature ejaculation and sexual consent. Guilford, Surrey, UK.

Child Protection: Policies and practice **Jackie Kilding**



Jackie Kilding, an Associate Specialist, is a member of the community paediatric team, who assesses and manages children with developmental delay and neuro-developmental conditions. She works closely with schools, school nurses, health visitors and therapists. The team provides 24-hour

cover for child protection and advice to the local authority on safeguarding and looked-after children matters. Dr Kilding is also the named doctor for child protection for University Hospital of North Midlands, providing support and advice to colleagues and working with the Local Safeguarding Children Boards through their subcommittees. Child Development Centre, University Hospital of North Midlands. UK.

Developments in Finland and Nordic countries **Tuomas Kurttila**

The Ombudsman for Children in Finland reports annually to the government on the welfare of children and youth and the implementation of their rights. The annual report covers the activities of the Ombudsman, the implementation of children's rights, the development of child welfare and shortcomings in legislation. As the Ombudsman for Children, I have proposed a legislative initiative to the Ministry of Social Affairs and Health that forbids the circumcision of boys for non-medical reasons. Currently, the circumcision of underage boys is regulated by a ministerial guideline but not by legislation. The current ministerial guidelines are not sufficient regulatory means since parents are not obliged to ask the children their opinion about circumcision. The guidelines do not require the explicit consent of the child regarding the measure even though the child is unable to understand the significance of circumcision. In Finland, every child's right to physical integrity has to be safeguarded.



Tuomas Kurttila is the Ombudsman for Children in Finland. Kurttila holds a Master's Degree in Administrative Sciences and Theology. Tuomas, born in 1978, has earlier worked at the Ministry of Education as the General Secretary of the Finland's Advisory Council for Youth Affairs and before starting in his current position as the Executive

Director of Finnish Parents' League. He is a long-time member of the Advisory Council for Children's Affairs, which supports the Ombudspersons for Children in his or her work. As Ombudsperson for Children, Tuomas has proposed a legislation that forbids the circumcision of boys for non-medical reasons. The Ombudsperson has proposed the initiative to the Ministry of Social Affairs and Health. Currently, the circumcision of underage boys is regulated by a ministerial guideline but not by legislation. According to Kurttila, ministerial guidelines are not sufficient regulatory means since parents are not obliged to ask the children their opinion about circumcision in the current guidelines: the guidelines do not require the explicit consent of the child regarding the measure even though the child is unable to understand the significance of circumcision. According to Kurttila, every child's right to physical integrity in the country has to be safeguarded. The Ombudsperson for Children in Finland reports annually to the government on the welfare of children and youth and the implementation of their rights. The annual report covers the activities of the Ombudsperson, the implementation of children's rights, the development of child welfare, and shortcomings in legislation.

First do no harm: Variations on a theme **Antony Lempert**

Drummed into every medical student is the fact that any treatment, however effective, may also cause iatrogenic harm. Starting from this premise together with the primary medical ethic of patient autonomy, Antony explores some of the initiatives he has been involved in with regard to forced genital cutting. He discusses his work in engaging UK and international medical and professional bodies, patterns of resistance and useful strategies.



Antony Lempert, a GP partner in a rural Welsh border practice, has coordinated and chaired the UK Secular Medical Forum (SMF) since 2008. The SMF campaigns to protect patients from the imposition of other people's personal beliefs in many areas of medicine, including forced genital cutting. Antony was the GP member of the Powys Local Safe-

guarding Children's Board until it reconfigured in 2014. Since 2009, he has attended and spoken regularly at the BMA's Annual Representatives Meeting and was elected chair of the Shropshire division of the BMA in January 2016. In 2012, Antony was invited to Geneva where he met with

the chair and deputy chair of the UN Committee on the Rights of the Child (UNCROC) to discuss ritual male circumcision. He has spoken in Brussels at the European Parliament Platform for Secularism in Politics about women's sexual health rights, has acted as an expert witness in a High Court right to die case and has participated in regular debates, including on radio and television. Powys, Wales.

American Circumcision Brendon Marotta

Teaser trailer premiere and sneak peak of the upcoming feature-length documentary, *American Circumcision*. Shot over a five-year period, *American Circumcision* aims to be the most comprehensive look at the circumcision debate ever assembled on film.

The film weaves together interviews with the most prominent voices on both sides of the controversy, personal stories of those affected and original footage of the historic San Francisco ballot initiative, Genital Integrity protests in DC and new footage of the procedure itself to show the full impact of circumcision in America.



Brendon Marotta is an award-winning filmmaker from Austin, TX, and a graduate of the University of the North Carolina School of the Arts Film School. The last feature he edited premiered at the Austin Film Festival where it won the Audience Award. For the latest on his current project *American Circumcision*, visit CircumcisionMovie.com. Austin, Texas, USA.

An Update from Down Under Paul Mason

This presentation is a report to the Symposium on the GA activities in the Antipodes since 2014 and the continued development of the Australasian Institute for Genital Autonomy. Paul will also examine the most promising future directions in the cultural context of Australia and New Zealand.



Paul Mason is the current and foundation Chair of Australasian Institute for Genital Autonomy (AIGA). He is a family law barrister with over three decades' experience and a member of Australian Lawyers for Human Rights. From 2007-2010 he was the Commissioner for

Children for the Australian State of Tasmania. In 2008, with Dr Comfort Momoh of FGM support service FORWARD, he became inaugural joint Patron of UK-based global charity Genital Autonomy. Since then he has presented local and international papers on the law and universal human right of genital autonomy of girls, boys and intersex children. Brisbane, Queensland, Australia.

Consequences of FGM and deinfibulation Comfort Momoh



Comfort Momoh earned her Masters degree from King's College London (University of London) in Women's Health and Health Promotion, is a Fellow of Royal College of Midwives (FRCM) and an FGM Consultant/Public Health Specialist with extensive experience of holistic women-centred care. She is a

researcher of women's health and a strong campaigner/supporter against domestic violence and for the eradication of FGM. Comfort established the African Well Woman's Clinic at Guy's and St Thomas Foundation Trust in 1997.

Comfort acted as an expert witness for the All Party Parliamentary Hearing on Female Genital Mutilation for England and Wales in 2000 and for Scotland in 2005 and represented the World Health Organisation in the World Congress of Gynaecology and Obstetrics in October 2009 in South Africa (XIX FIGO). In 2008, she received an award from Queen Elizabeth II of England as a Member of British Empire (MBE) for services for women's Health and an Honorary Doctorate Degree from Middlesex University.

Comfort provides training and conferences at local, national and international levels. She was invited by the Australian Health Minister to present on FGM at their FGM Summit in Canberra in April 2013. She is a visiting lecturer at Kings College London and the London Tropical School of Hygiene and Tropical Medicine and Middlesex University.

In November 2013, Comfort was awarded a scholarship by The Florence Nightingale Foundation Trust in UK to undertake a research study in America. She was included in the 2013 Health Service Journal BME Pioneers list that celebrates the influential leaders working within health care in UK, recognising and celebrating 100 outstanding Nigerians in the UK in the last 100 years, was recognised by HSJ on 9th July 2014 as one of fifty Inspirational Women in Health-care, was included in The 1000 most influential Londoners 2014 and 2015 by the London Evening Standard and in February 2016 was awarded 2nd prize by the British Journal of Midwifery. She is the editor of *Female Genital Mutilation* (2005). London, UK.

Council of ex-Muslims and their role in changing minds Maryam Namazie

This presentation will address religion/culture versus children's rights and autonomy. I will discuss how, via activism, we must change the way children are viewed as the property of parents/religions, how their parent's religion is imputed on them and how we need to see child veiling, child marriage, child mutilation and so on as forms of child abuse and not the religious rights of parents.



Maryam Namazie is a political

activist, Spokesperson for Fitnah-Movement for Women's Liberation, Equal Rights Now, One Law for All and the Council of Ex-Muslims of Britain. She hosts a weekly television programme in Persian and English, *Bread and Roses*, broadcast in Iran and the Middle East. She is on the International Advisory Board of the Raif Badawi Foundation for Freedom; Humanist Laureate at the International Academy of Humanism; Committee member of the Worker-communist Party of Iran; Honorary Associate of the National Secular Society and the Rationalist International; Emeritus Member of the Secular Humanist League of Brazil; a Patron of London Black Atheists and Pink Triangle Trust and a member of the International Advisory Board of Feminist Dissent. She has received many honours and awards. She has spoken and written numerous articles on women's rights issues, free expression, Islamism and secularism. She has devoted much of her time working for refugees and human rights organizations. London, UK.

Professional ethics and genital mutilation Tommi Paalanen

Professional ethics in health care and the medical profession strongly build on the maxim of "do not harm." In this lecture the concept of harm will be analysed thoroughly and consequently the results of the analysis will be applied to ethical guidelines on health care, medicine and helping professions. To define harm, it is crucial to take a look into concepts of interests, wrongness and consent, which construct the field of ethical enquiry.

Professional ethics are not only about avoiding harm, but also about fulfilling the intrinsic aims of the practice. In health care, medicine and helping professions, one of the essential aims is to improve quality of life and solve problems and conditions that hamper reaching the best possible state of health and wellbeing. Thus, to achieve high level of professionalism and virtue in practice, these ethical conditions must be fulfilled to the best of one's ability.

When a professional meets clients suffering from conditions caused by genital mutilation, the same ethical standards apply without any mitigation on account of professional, cultural, or religious considerations. The intrinsic aim of the practice always comes first even if there might be some cultural, political, religious, or professional debates that create pressure to adopt a different stance on the matter.



Tommi Paalanen is a Finnish Philosopher and Ethicist, whose major interests are philosophical sexual ethics, professional ethics, philosophy of law, human and sexual rights and sexual politics. He works as the Executive Director in the Sexpo Foundation, which specialises in training sexologists, providing counselling and therapy and engaging in sexual politics in order to advance sexual wellbeing.

Tommi's other notable positions are Chair of the Sexual Rights Committee of The World Association for Sexual Health, Chair of the Ethical Committee of the Nordic Association for Clinical Sexology and Chair of the Committee on Sexual Ethics of the Finnish Association for Sexology among other positions of trust. Tommi is very fond of political activism to advance a positive, open and liberal culture towards sexuality and diversity in society. Helsinki, Finland.

Understanding the pathways to male suicide Glen Poole

There are many different theories and models that attempt to explain why people take their own lives. The Integral Model of Male Suicide, developed by the Stop Male Suicide project, integrates these theories into a single model that makes this complex issue easier to understand. This talk uses the Integral Model of Male Suicide to consider why circumcision may increase some men's risk of suicide. Crucially, it also highlights some of the warning signs that men at risk of suicide may display and discusses some actions we can take to prevent male suicide.



Glen Poole is a writer, campaigner and practitioner whose work focuses on a broad range of issues. He has written and spoken about the issue of male circumcision in the UK for several years, notably in the *Daily Telegraph* and on *BBC Men's Hour*. Glen relocated to Australia in 2015 and founded the Stop Male Suicide project, an initiative that aims to

enhance our capacity to prevent male suicide by improving levels of male suicide literacy at an individual, cultural and systemic level. As an international speaker, Glen has previously presented at a broad range of conferences, including the National Male Psychology Conference in the UK; TEDx LSE in London; the Gulf Comparative Education Society Conference in Dubai; the National Boys Education Conference in Sydney; the National Men's Health Gatherings in Brisbane and Central Coast and the National Suicide Prevention Conference in Canberra. Sydney, Australia.

Getting the message out Rebecca Roberts



Rebecca Roberts is the Deputy Director, Marketing and Recruitment, at Keele University. She is passionate about developing effective marketing and communications strategies, integrating engaging content and bringing teams together. She enjoys exploring new platforms, ways of doing things and making

sure ideas transform into imaginative, impactful and exciting work. Rebecca is experienced in high performance

sport, working across media, marketing and PR, and more recently moved into Higher Education. She believes in bringing the best out of the toughest challenges and people. Keele University. UK.

Remembering Jonathon Lloyd Schofield

A tribute to Jonathon Conte—a human genital mutilation survivor and Intactivist hero. This presentation will highlight in Jonathon's own words and reflect on Jonathon's life and his impact.



Lloyd Schofield was a proponent for the San Francisco Male Genital Mutilation Initiative, which received nearly double the amount of signatures required for the 2012 ballot in the City and County of San Francisco. The initiative was removed from the ballot on a technicality as the result of a concerted lobbying effort conducted

by the Jewish Community Relations Council and the American Civil Liberties Union. He is the current President of the Bay Area Intactivists, a grassroots 501(c)(3) charitable organization, which works to protect and defend the genital autonomy of all individuals, male, female and intersex, from forced genital mutilation through education, expanding visibility, creating forums and working with other human rights organizations. San Francisco, California, USA.

Rounding off the symposium: Looking at ways forward David Smith



David Smith is the Chief Officer of Genital Autonomy. He qualified in business studies and worked for a number of international companies before joining the charity sector in 2002. David was one of the founders of Genital Autonomy in 2008. As well as working for Genital Autonomy, he is also the General Manager of 15 Square, a charity helping men

who have been damaged by circumcision. Previously he worked for Re-Solv, a charity dealing with problems caused by solvent abuse. He is a lay representative at the Keele University School of Medicine. Stone, Staffordshire, UK.

Genital alteration: Towards more empirical, ethical and effective policies Rebecca Steinfeld

Global and Western states' policies toward genital alteration tend to focus on eliminating female genital mutilation, or FGM, while tolerating or even encouraging male circumcision. On the surface, this seems unproblematic: Within

global health and human rights circles, FGM is almost universally regarded as bad and barbaric – as a savage and severely harmful manifestation of the patriarchal drive to control female sexuality – whereas male circumcision is seen as benign or even beneficial. Yet mounting empirical evidence and ethical critique calls into question these contrasting perceptions and, in turn, the divergent policies they underpin. In this paper, I argue that maintaining policies premised on sex-based distinctions seems unsustainable, as well as incompatible with gender equality. Instead, I suggest that meaningful age-based distinctions between those unable (children) and able (adults) to give informed consent could constitute more empirical, ethical and effective policies. I evaluate the merits and demerits of both permissive and restrictive approaches to female and male genital alteration and assess the advantages and disadvantages of some specific alternative policies.



Rebecca Steinfeld, a political scientist researching the politics of reproduction and genital alteration, is a Visiting Research Fellow at the Centre of the Body at Goldsmiths, University of London. She is writing her first book, entitled *Wars of the Wombs: Struggles over Reproduction in Israel*, for publication with Stanford University Press. Rebecca

has written and broadcast widely on male circumcision, including in *The Guardian*, *Haaretz* and on BBC Radio 3. Most recently, she has been working with bioethicist Brian Earp at the Brocher Foundation in Geneva, where they have been critiquing the contrasting global policies towards female and male genital alteration. Rebecca is also co-founder, with her partner Charles Keidan, of the Campaign for Equal Civil Partnerships in the UK, as well as co-litigants in a Judicial Review challenge to the Government's ban on different-sex couples' access to civil partnerships. These experiences have given her insights into the power and problems of using litigation to generate political change. London, UK.

Legal developments and strategies for change Michael Thomson

Recent years have seen a number of popular and legal responses to the genital cutting of male, female and intersex children. In the case of children born intersex, international developments have seen positive and concrete interventions which are likely to protect bodily integrity and genital autonomy. In the UK the story is quite different. The UK is yet to make similar moves to protect intersex children and whilst in the case of male and female genital cutting there have been high profile interventions and moments of promise in the courts, we approach the end of 2016 with little real change. This presentation provides an overview of recent legal responses and considers how these might be built upon to affect positive change.



Michael Thomson is a Professor of Law at the University of Leeds. He is

a health lawyer with particular interests in children's rights, the regulation of reproduction and the medical profession and theories and practices of embodiment. He is the author of a number of books on the body and gender as well as numerous articles that explore the shaping of children's bodies and when and how we should limit parental choices and actions. He is Chair of Genital Autonomy. Leeds, UK.

Counselling and psychological damage

Tiina Vilponen

In my presentation I will explore ways of promoting genital autonomy and introduce the most relevant declarations, resolutions, statements and conventions that protect – or should protect – genital autonomy for all. I will continue by outlining the harm that genital mutilation causes and reflect on how to support and strengthen the sexual well-being of those whose rights have been violated.



Tiina Vilponen is a sexuality therapist and secular theologian. She works as a Communications Manager in Sexpo Foundation which specialises in training, counselling, therapy

and politics in the field of sexuality and relationships. She is also the vice president of the Finnish Humanist Association. Helsinki, Finland.

FGM: Can it ever be acceptable?

Ann-Marie Wilson

Ann-Marie Wilson, PsyD in Psychology from American Pacific University (2006), graduated with a UK 1st Class Hons Degree in Cross Cultural Studies (Islamics, Gender, Anthropology & Gender) in 2009 and prior to that graduated in Business Studies. She has published papers on FGM in Journal of Gender Studies; Ekklesia Foundation, Kenya; Sexual Violence Research Initiative; and the Institute of Psychosexual Medicine. With more than 30-years' experience, Ann-Marie founded in 2010 and runs an anti-FGM charity, 28 Too Many (www.28toomany.org), focussed on research, networks, capacity development and advocacy. 28 Too Many works closely with governments, NGOs and UN bodies and is an Associate Member of the UN Inter-African Committee, which has published FGM research reports on ten countries in East and West Africa. London, UK.

Declaration of the First International Symposium on Circumcision

We recognize the inherent right of all human beings to an intact body. Without religious or racial prejudice, we affirm this basic human right.

We recognize that the foreskin, clitoris, and labia are normal, functional parts of the human body.

Parents and/or guardians do not have the right to consent to the surgical removal or modification of their children's normal genitalia.

Physicians and other health-care providers have a responsibility to refuse to remove or mutilate normal parts of the body.

The only persons who may consent to medically unnecessary procedures upon themselves are individuals who have reached the age of consent (adulthood) and then only after being fully informed about the risks and benefits of the procedure.

We categorically state that circumcision has unrecognized victims.

In view of the serious physical and psychological consequences that we have witnessed in victims of circumcision, we hereby oppose the performance of a single additional unnecessary foreskin, clitoral, or labial amputation procedure.

We oppose any further studies that involve the performance of the circumcision procedure upon unconsenting minors. We support any further studies that involve identification of the effects of circumcision.

Physicians and other health-care providers do have a responsibility to teach hygiene and the care of normal parts of the body and to explain their normal anatomical and physiological development and function throughout life.

We place the medical community on notice that it is being held accountable for misconstruing the scientific database available on human circumcision in the world today.

Physicians who practice routine circumcision are violating the first maxim of medical practice, "Primum Non Nocere" ("First, Do No Harm"), and anyone practicing genital mutilation is violating Article V of the United Nations Universal Declaration of Human Rights: "No one shall be subjected to torture or to cruel, inhuman or degrading treatment ..."

Adopted by the General Assembly

March 3, 1989

Anaheim, California, USA

THE 2012 HELSINKI DECLARATION OF THE RIGHT TO GENITAL AUTONOMY
12th International Symposium on Law, Genital Autonomy & Children's Rights
Helsinki, Finland
29 September to 3 October 2012

Whereas it is the fundamental and inherent right of each human being to security of the person without regard to age, sex, gender, ethnicity or religion as articulated in the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights and the Convention on the Rights of the Child.

Now we declare the existence of a fundamental right of each human being a Right of Genital Autonomy, that is the right to:

- personal control of their own genital and reproductive organs; and
- protection from medically unnecessary genital modification and other irreversible reproductive interventions.

We declare that consistent with the Right of Genital Autonomy the only person who may consent to medically unnecessary genital modification and other irreversible reproductive interventions is:

- in the case of a person who is competent to give free and informed consent, being fully informed about the nature, the risks and benefits of the intervention – the person undergoing the intervention; and
- in the case of an incompetent person including a young child – only a properly constituted public authority or tribunal appointed to balance the human rights and the best interests of the person after considering the views of family members, professionals and an independent advocate for the person.

We recognise the fundamental right of parents and guardians to freedom of thought, conscience and religion. Those rights of parents and guardians are not absolute, they are limited by the same fundamental human rights of others, in particular their children.

We declare that healthy genital and reproductive organs are natural, normal, functional parts of the human body. Governments and healthcare providers have a duty to educate parents and children about non-invasive hygiene, care of genital and reproductive organs, and to explain their anatomical and physiological development and function.

We encourage and support further research into the adverse consequences of such interventions.

We oppose research and experimentation that involves the performance of medically unnecessary modification and other irreversible medical interventions affecting genital and reproductive organs upon non-consenting children and adults.

We call on all governments to acknowledge the Right of Genital Autonomy for every child and adult, that is the right to:

- personal control of their own genital and reproductive organs; and
- protection from medically unnecessary genital modification and other irreversible reproductive interventions.

We call on all States members to the Convention on the Rights of the Child to honour their commitments under that instrument in particular Articles 2, 12, 14, 19 and 24.

Done at Helsinki, Finland, 3 October 2012

