

**Sexpo Foundation, Genital Autonomy  
and the  
National Organization of Circumcision Information Resource Centers**

*present*

**GENITAL AUTONOMY 2012**

**12<sup>th</sup> INTERNATIONAL SYMPOSIUM  
ON LAW, GENITAL AUTONOMY,  
AND HUMAN RIGHTS**



**PROGRAMME & SYLLABUS OF ABSTRACTS**



Helsinki Harbor

**30 September - 3 October, 2012  
Helsinki, Finland**

### **Symposium Organisers**

The Sexpo Foundation (host organisation)

Genital Autonomy International

Genital Autonomy - Australia

Genital Autonomy - USA

NOCIRC

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# PROGRAMME

## Saturday, 29 September

1900 Meet in the bar for a pre-symposium drink & gathering at the Radisson Blu Royal Hotel, Helsinki

## Sunday, 30 September

0730 - 0830 **Breakfast on Your Own**  
0830 - 0900 **Registration; tea & coffee**  
0900 - 0915 **Welcome** - Eeva Matsuuke  
0915 - 0930 **Sexpo Foundation** - Jussi Nissinen  
0930 - 0945 **Finland and Male Circumcision** - Eeva Matsuuke & Tiina Vilponen  
0945 - 1015 **Children's Sexual Abuse as a Crime in Finland** - Olli Pohjakallio  
1015 - 1040 **One Mother's Sad Story** - Finnish Mother  
1040 - 1130 **Islamic Concept of Law and Its Impact on Physical Integrity: Comparative Study with Judaism and Christianity** - Sami Aldeeb Abu-Sahleih  
1130 - 1230 **Lunch**  
1230 - 1300 **Ka-Priests and the Mastaba of Ankhmahor: Setting the Record Straight About Ancient Egyptian Phallic Rituals** - Frederick Hodges  
1300 - 1330 **Circumcision in the Netherlands: Between Religious Freedom and Physical Integrity** - Gert van Dijk  
1330 - 1400 **Banning Circumcision in Sweden, a film presentation** - Steffan Janson  
1400 - 1415 **The Roma Person as a Health Client** - Malla Laiti  
1415 - 1430 **The Sami People** - Martti Laiti  
1430 - 1500 **Break - tea & coffee**  
1500 - 1530 **Never Argue With An Idiot: A Primer on How to Argue About Circumcision** - Robert Van Howe  
1530 - 1600 **Male Circumcision & Sexual Dysfunction in Men & Women** - Morten Frisch  
1600 - 1630 **NOCIRC and the USA** - Marilyn Milos  
1630 - 1700 **Genital Autonomy and the UK** - David Smith  
**Dinner on Your Own**

## Monday, 1 October

0730 - 0830 **Breakfast on Your Own**  
0830 - 0900 **Registration; tea & coffee**  
0900 - 0915 **Welcome** - Peter Ball  
0915 - 0945 **People on the Move: Migration and Sexual Well-being in Transcultural Families** - Jonna Roos  
0945 - 1015 **Circumcision History in Indonesia** - Xavier Valla  
1015 - 1045 **Anthropological Reflections on Genital Interventions** - Franco Viviani  
1045 - 1130 **Female Genital Mutilation** - Mulki Mölsä  
1130 - 1230 **Lunch**  
1230 - 1300 **Transgender Issues** - Arja Voipio  
1300 - 1330 **Intersex: Ambiguous Genitals or Ambiguous Medicine?** - Mika Venhola  
1330 - 1400 **Intersex: Global South Perspectives** - Julius Kaggwa  
1400 - 1430 **Processing Gender Identity: The Healing Power of Photography** - Mika Venhola  
1430 - 1500 **Break - tea & coffee**  
1500 - 1530 **Captives of Care: The Child's Right to Acceptance Not Tolerance** - Lyn Ramsey  
1530 - 1600 **Children With Disabilities** - Pia Henttonen  
1600 - 1630 **Of Faith and Circumcision: Can the Religious Beliefs of Parents Justify the Nonconsensual Cutting of Their Child's Genitals?** - Brian Earp  
1630 - 1700 **Brit Shalom: A Ten-Year Follow-Up** - Mark Reiss  
1700 - 1830 **Dinner on Your Own**  
1830 - On **Entertainment: Traditional Finnish Music**

## Tuesday, 2 October

0730 - 0830 **Breakfast on Your Own**  
0830 - 0930 **Registration; tea & coffee**  
0900 - 0910 **Introduction** - David Smith  
0910 - 0935 **The Right to Bodily Integrity** - J. Steven Svoboda  
0935 - 1000 **The Capability Approach, Bodily Integrity, and Decision-Making with Children** - Michael Thomson  
1000 - 1030 **Circumcision in Finnish Legislation** - Husein Muhammed  
1030 - 1100 **The Quest for Blankness: Project MK-ULTRA and the CIA's Circumcision Research** - Frederick Hodges

1100 - 1130 **Through the Looking Glass** - John Geisheker  
 1130 - 1230 **Lunch**  
 1230 - 1300 **Getting It on the Table: How UNCROC Adopted In-Home Physical Punishment as an Agenda Item** - Paul Mason  
 1300 - 1330 **Sexual Rights and Psychological Harm** - Jussi Nissinen  
 1330 - 1430 **Broken Ego: A Story of an Abused Person** - Suvi and Eero Pousu  
 1430 - 1500 **Break - tea & coffee**  
 1500 - 1530 **Sex Education in the Metropolia University of Applied Sciences** - Sirkka Pietiläinen  
 1530 - 1600 **Breastfeeding, Intimacy, Togetherness** - Maarit Kuoppala  
 1600 - 1630 **Guardian of the Normal: The Midwife & Circumcision**- Donna Rigney Macris  
 1630 - 1700 **Birth As We Know It - A documentary film** by Elena Tonetti  
**Dinner on Your Own**

**Wednesday, 3 October**

0730 - 0830 **Breakfast on Your Own**  
 0830 - 0900 **Registration; tea & coffee**  
 0900 - 0915 **Introduction to workshops** - Richard Duncker  
 0915 - 1030 **The Cut Tour 2011: Between Art and Activism** - Eliyahu Ungar-Sargon  
 1030 - 1130 **Discussion** - Richard Duncker  
 1130 - 1230 **Lunch**  
 1230 - 1300 **The Harm is Real: Living With the Results of a Botched Circumcision** - Richard Russell  
 1300 - 1330 **Circumcision Sufferers: Men Go Online to Tell Their Stories** - Tim Hammond  
 1330 - 1430 **The Harm of Circumcision & Foreskin Restoration** - Peter Ball  
 1430 - 1500 **Break - tea & coffee**  
 1500 - 1630 **Framing the Message: Changing Culture** - Paul Mason & John Dalton  
 1630 - 1700 **Closing Remarks** - Eeva, Tina, David, and Marilyn

## INTERNATIONAL SYMPOSIA ON LAW, 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 2012, 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. This symposium was organized by members of the Sexpo Foundation (Finland), Genital Autonomy International (UK), and NOCIRC (USA). It is sponsored by these organizations as well as an anonymous donor and Intact America, an organization that envisions a world where children are protected from permanent bodily alteration inflicted upon them, without their consent, in the name of personal preference, culture, religion, or profit.

# SYLLABUS OF ABSTRACTS

## ISLAMIC CONCEPT OF LAW AND ITS IMPACT ON PHYSICAL INTEGRITY: COMPARATIVE STUDY WITH JUDAISM AND CHRISTIANITY

**Sami Aldeeb**

There are mainly three kinds of law:

1. Democratic law: people decide the law and change it, according to their interests and tastes—as they do with cheese.
2. Dictatorial law: law is created by a dictator—either you obey or it's off with your head.
3. Revealed law: We find this concept of law among Jews and Muslims, but less among Christians, as Jesus, contrary to Moses and Muhammed, never acted as statesman or legislator. Therefore, the Roman way of thinking prevailed among Christians. The Roman jurist Gaius (d. v. 180) defines the law as being “what the people prescribe and establish.” The modern democratic system is based on this concept of the law.

The revealed law, contrary to the democratic one, is reluctant to changes. Maimonides (d. 1204), the major Jewish theologian and philosopher, writes: “It is clearly stated in the Torah that it contains the Law which stands forever, that may not be changed, and nothing may be taken from it or added to it.” According to Maimonides, if one pretends the opposite, “he shall die by hanging.” Al-Sha’rawi (d. 1998), a Muslim cleric, has the same opinion: “If I were the person responsible for this country or the person in charge of applying God’s law, I would give a delay of one year to anyone who rejected Islam, granting him the right to say that he is no longer a Muslim. Then I would apply Islamic law to him by condemning him to death as an apostate.”

Religious law can sleep for a while, but it can also wake up at any time. Thus, the Buddha statues were destroyed in 2001 because of Islamic norms, although they were in Afghanistan since the 6th century. Slavery was progressively abolished in the Arab and Muslim countries since the 19th century. But some Muslim clerics today in Egypt would like to establish it again.

We have the same phenomena with male and female circumcision. In North African countries, female circumcision is more practiced, but recently an Egyptian cleric asked Tunisians to return back to this practice. As Jesus never spoke about circumcision, although he was circumcised, it was easy for his apostles to abolish it, as they abolished other food norms. Thomas Aquinas, the famous Catholic theologian and philosopher (d. 1274), considered even circumcision to be a sin when practiced without a medical reason.

In the Jewish law, male circumcision is mandatory, because of Chapter 17 of Genesis, in which God ordered Abraham, then 99 years old, to circumcise himself and his male sons and slaves. It is considered by all Muslims as the mark of alliance between the Jews and God. Later, this practice passed

to the Muslims, as Abraham is considered by all Muslims the model to follow. But, fortunately, the Koran does not mention either male or female circumcision. This makes it easy to abolish these two practices among Muslims. Nevertheless, we have the resistance among Muslim clerics. Jad al-Haq, the Shaykh of Al-Azhar (d. 1996) declared in a *fatwa* issued in 1994: “If a region, out of a common accord, ceased to practice male and female circumcision, the Head of State should declare war against it because circumcision is part of the rituals of Islam and its specificities. This means that male and female circumcision is obligatory.” A war to oblige people to be circumcised! Jews and Muslims are now united in Germany as well as in other Western countries to oppose any abolition of male circumcision, mainly after the German decision against male circumcision. Legal arguments are important to resolve such a problem, but it is also important to look on religious arguments because people listen more to religious clerics than to lawyers. Even the German Chancellor Merkel is taking a position in favor of circumcision because of the pressure from Jewish and Muslim clerics. Even the Christian churches are sustaining these clerics, which is in absolute contradiction to the Christian doctrine. I will show in my presentation the methods that can be used to answer the religious arguments, either in the Jewish or Muslim societies.

**Sami Aldeeb Abu-Sahlieh**, Christian of Palestinian origin, and Swiss citizen, is a Doctor in Law (Fribourg), graduated in political sciences (Geneva), trained to direct research (HDR, Bordeaux 3), and a Professor of Universities (CNU-France). He was responsible for Arab and Islamic Law at the Swiss Institute of Comparative Law (1980-2009). He is a visiting professor in different French, Italian, and Swiss universities. He is the Director of the Centre of Arab and Islamic Law, author of more than thirty books and many articles on Arab and Islamic Law, including a French translation of the Koran in chronological order, and is now finishing Italian and English translations of the Koran. He is the author of the largest book in Arabic on the male and female circumcision religious, medical, social, and legal debate among Jews, Christians and Muslims, translated into English and French. See his website: [www.sami-aldeeb.com](http://www.sami-aldeeb.com) for an article in English about him in Wikipedia and his CV in English.

## FORESKIN RESTORATION: THE NUTS AND BOLTS **Peter Ball**

This is a beginners’ primer introducing him to the subject. The history of the procedure will be reviewed and the implications of the process and the principals involved will be discussed. The tyro is guided though several stages of do-it-yourself restoration on to a discussion about a number of commercial gadgets. Non-surgical restoration is reviewed. The end results and emotions are documented.

**Peter Ball**, MA, MB, BChair, a retired family practitioner, is Vice Chair of NORM-UK and an Intactivist. He has produced a video, *Restoration in Focus*, to aid men interested in non-surgical restoration and has represented NORM-UK on television and numerous radio stations, including the BBC. Tunbridge Wells, Kent, UK.

## **OF FAITH AND CIRCUMCISION: CAN THE RELIGIOUS BELIEFS OF PARENTS JUSTIFY THE NONCONSENSUAL CUTTING OF THEIR CHILD'S GENITALS?**

**Brian Earp**

In this presentation, I will argue that it should be considered morally impermissible to remove healthy tissue from another person's body without asking (and receiving) that person's permission first. I will then try to show that religious and cultural considerations cannot override this initial premise. Specifically, I will suggest that neither a ritual's having been practiced for a long time (the "tradition" justification) nor its being (allegedly) divinely mandated (the "religion" justification) are sufficient bases upon which to circumcise without consent.

**Brian Earp** is a Research Associate at the Uehiro Centre for Practical Ethics at the University of Oxford, where he conducts research in psychology, philosophy, and ethics. Brian's undergraduate degree is from Yale University, where he was elected President of the Yale Philosophy Society and served as Editor-in-Chief of both the Yale Philosophy Review and the international Yale Review of Undergraduate Research in Psychology. His empirical research garnered the Robert G. Crowder Prize from the department of Psychology, and received coverage by the BBC, *New Scientist*, and dozens of leading international newspapers, from the *Times of India* to the *Sydney Morning Herald*. Brian's graduate training is from the University of Oxford, where he was a Henry Fellow at New College, and runner-up for the Demuth Prize in Science Writing. Currently, Brian is guest editing a special issue of the *Journal of Medical Ethics* on the topic of religiously motivated circumcision, and with the Chair of Practical Ethics at Oxford, Professor Julian Savulescu, is writing a book on the ethics of neuro-enhancement. Oxford, UK.

## **MALE CIRCUMCISION & SEXUAL DYSFUNCTIONS IN MEN & WOMEN**

**Morten Frisch**

Few large-scale, population-based, epidemiological studies exist to inform us about the possible sexual consequences of male circumcision. The main results from a recent national survey in Denmark, whose controversial findings have intensified the international debate over non-medical circumcision of infant boys, will be presented. Additionally, the speaker will discuss how undeclared, yet strongly held personal views of medical journal reviewers may delay, manipulate, or possibly prevent the dissemination of new research on male circumcision.

**Morten Frisch**, MD, PhD, DSc (Med), is a full-time researcher at Statens Serum Institut in Copenhagen and an adjunct professor of sexual health epidemiology at Aalborg University, Denmark. For more than 20 years, he has studied sexual risk factors for and correlates of chronic diseases, as well as sociodemographic, health-related, and lifestyle-related determinants of sexual health and ill-health. In 2011, Frisch and co-authors published a study in the *International Journal of Epidemiology* showing a statistically significant excess of sexual problems in circumcised men and their spouses. That study has obtained substantial international attention and was the most heavily debated scientific study during the heated circumcision debate in Denmark in the summer of 2012. Copenhagen, Denmark.

## **THROUGH THE LOOKING GLASS: WHEN US AND INTERNATIONAL HUMAN RIGHTS LAWS FAIL THE YOUNG**

**John Geisheker**

In July, 2011, a court in San Francisco, California, quashed a local citizen's initiative restricting male circumcision to election by a consenting adult patient or medical necessity for minors. The case was eventually decided on the narrow grounds that only the State of California may regulate medical practice. More recently, a court in Cologne, Germany, declared the circumcision of a healthy four-year-old Muslim boy to be in violation of his human and international rights to his own religious choice and bodily integrity.

The problem is that male circumcision (MC) is entirely unregulated in the US and everywhere else. MC may be performed in any setting, using any device, for any reason, by any person wishing to do so. Not the slightest medical training is required by law, anywhere. There has never been, in the US, a comprehensive and longitudinal study on the morbidity or mortality of MC. There is no legal requirement to report an injured child and no legal recourse for a sexually crippled young adult, once the statutes of limitation and repose have run in early childhood. This *laissez-faire* legal situation is typical in European states as well.

And now a new state law, proposed in direct response to the failed citizen's initiative in San Francisco, makes any future inquiry or restriction on the practice entirely illegal in California. A similar federal law is proposed in the US Congress. In response to the Cologne case, the German parliament, the Bundestag, is being asked to enshrine the practice in law without the slightest inquiry into child morbidity.

Mr. Geisheker, an attorney who assisted the failed effort in San Francisco, poses some troubling questions with equally troubling answers, which suggest the challenge ahead for those who would regulate or restrict MC on human rights grounds in any country:

- Is a medical practitioner who circumcises a child in a non-clinical setting, without the benefit of resuscitation and backup services, within the 'scope of practice' of medicine?
- Is a ritual circumciser without a medical license or training 'practicing medicine' when performing a circumcision even in a clinical setting?
- What's to discourage a parent from performing a home circumcision, when the only prosecutions have come when the result was catastrophic?
- Is MC, in any setting, by any individual however trained, actually the 'practice of medicine, or for that matter, the appropriate, protected, practice of religion'?

**John Geisheker**, JD, LL.M., a native of New Zealand, is the Executive Director of Doctors Opposing Circumcision (D.O.C.), an international non-profit organization based in Seattle, Washington. As Director of D.O.C., he appears at medical and childbirth conventions, as well as educational institutions, presenting on the medical science, bioethics, and legality of merely cultural, non-therapeutic infant genital surgeries. He is the author of numerous publications on the subject. Mr. Geisheker has been a litigator, law lecturer, arbitrator, and mediator, specializing in medical disputes, for 30 years. He is proud that, in the 1960s, his native New Zealand fully abandoned medicalized infant circumcision as unnecessary-with no detectable loss of child health. Seattle, Washington, USA.

## CIRCUMCISION SUFFERERS: MEN GO ONLINE TO DOCUMENT THE HARM

**Tim Hammond**

What are the long-term adverse physical, sexual, and psychological consequences to men of childhood genital cutting? Who do men talk to about this? What help have they sought? How does it affect their sexual and interpersonal relationships? What do they believe should be done to their circumcisers?

Begun in June 2011 as an online survey, the *Global Survey of Circumcision Harm* has collected survey data from more than 1,000 respondents. The results will be presented, including demographic data, submissions of photographic evidence, and video testimony of harm. The need for future research and support services will be discussed.

**Tim Hammond**, Director, National Organization to Halt the Abuse and Routine Mutilation of Males, and Director, *Whose Body, Whose Rights?* Vancouver, British Columbia, Canada.

## CHILDREN WITH DISABILITIES

**Pia Henttonen**

There are about 200 million children with disabilities in the world. About ten percent of the total population of children

are born with a disability or become disabled during childhood. Most of them live in developing countries. Children with disabilities are rarely treated the same as the non-disabled children. In many countries, they are seen as less valuable than other children. Disabled children and their families often face stigma, negative beliefs, ignorance, and neglect. Children with disabilities have an increased risk of becoming victims of violence or abuse. Disabled children are often victims because they are vulnerable. For example, they are physically unable to protect themselves, dependent from the attackers/abusers, and unable to report what has happened. Sexual abuse in childhood increases the risk of mental health problems throughout life. Children and adults with mental health concerns are at high risk and face more physical and sexual abuse as well as institutionalization.

**Pia Henttonen**, MD, MSW, is a sex educator and sexual health promoter. She is the Project Manager of "Mother does not quite understand," of The Finnish Association for Persons with Intellectual Disabilities, which is funded, 2010-2014, by the Finnish Slot Machine Association. The project is targeted at families having a parent with an intellectual disability or a wide range of learning disabilities. The mission of The Finnish Association for Persons with Intellectual Disabilities is to provide support for its members, to protect and develop the social equality and rights of the intellectually disabled and their families, and to promote its members' quality of life. Tampere, Finland.

## KA-PRIESTS AND THE MASTABA OF ANKHMATOR: SETTING THE RECORD STRAIGHT ABOUT ANCIENT EGYPTIAN PHALDIC RITUALS

**Frederick M. Hodges**

It is widely believed today that the Ancient Egyptians practiced circumcision. This view is frequently expressed in the literature advocating circumcision and serves to create the illusion of an unbroken historical association between modern medical circumcision and the alleged practices of an ancient prestige culture. Drawing on a wealth of previously unexamined primary historical source material, this paper presents a very different and for the first time a highly accurate description of Ancient Egyptian phallic rituals.

**Frederick M. Hodges**, Dphil (Oxon), is a medical historian, the co-author of *What Your Doctor May Not Tell You About Circumcision: Untold Facts on America's Most Widely Performed-and Most Unnecessary-Surgery* (Warner Books 2002), and co-editor of the proceedings of the International Symposium on Circumcision, including *Sexual Mutilations: A Human Tragedy; Male and Female Circumcision: Medical, Legal and Ethical Considerations in Pediatric Practice; Understanding Circumcision: A MultiDisciplinary Approach to a MultiDimensional Problem; Flesh and Blood: Perspectives on the Problem of Circumcision in Contemporary Society; Bodily Integrity and the Politics of Circumcision, Culture, Controversy, and Change, Circumcision and Human Rights; Genital Autonomy: Protecting Personal Choice, and The Rights of the Child:*

*Ensuring Every Child's Fundamental Right to Body Ownership and Protection from Medical, Cultural, and Religious Infringements* (in press, Springer). Berkeley, California, USA.

## THE QUEST FOR BLANKNESS: PROJECT MK-ULTRA AND THE CIA's CIRCUMCISION RESEARCH

Frederick M. Hodges

Project MK-ULTRA was the code name for a covert CIA mind-control research program run by the Office of Scientific Intelligence. This official US government program began in the early 1950s, continuing at least through the late 1960s. The Deputy Director of the CIA revealed that over thirty universities and institutions were involved in an "extensive testing and experimentation" program, which included covert drug tests on unwitting citizens" at all social levels, high and low, native Americans and foreign." Several of these tests involved the administration of LSD to "unwitting subjects in social situations." As part of Project MK-ULTRA, the CIA carried out covert research on the psychological effects of circumcision. This paper examines the CIA's interest in this subject and reveals the shocking reasons why the CIA investigated the use of mass neonatal circumcision as a method of mind-control.

Frederick M. Hodges (see above)

## TOWARD A FUTURE ERADICATION OF CIRCUMCISIONS OF SMALL BOYS IN SWEDEN?

Staffan Janson

According to present Swedish law (2001) parents have the right to get their small boys circumcised even if it is not medically motivated. The association for Swedish healthcare owners also recommended the hospitals in 2009 perform circumcision, but several hospitals have rejected this appeal for ethical reasons. The current Swedish debate goes along two lines:

1. Circumcision as a custom and tradition, being an expression for cultural and religious identity.
2. Performance of circumcision in the public health sector.

The Swedish Paediatric Association has given its view of this topic, which in short is:

- a) The value of the operation for the future health of the boy, with present knowledge, cannot be thoroughly estimated. Circumcisions of boys on a routine basis, therefore, *cannot* be medically motivated.
- b) It is important in a long-term perspective to work against a custom that is a violation of the child's integrity and right of self-determination over the body as well as the religious custom according to the UNCROC article 24.

The Swedish Paediatric Association, therefore, recommended that all parents who want to have their baby boy circumcised should get thorough information about current Swedish law, the rights of the child, and the risk for complications. They should also be aware that circumcision is a non-reversible intervention. The Swedish state was urged to initiate a discussion with the concerned religious communities about the desirability and possibility for a symbolic form of circumcision without any operation, until the child is old enough to decide this himself.

The statement of the Swedish Paediatric Association gave rise to an outrageous debate in Swedish mass media, mainly accusing us of being religiously and culturally insensitive.

**Staffan Janson** is a Swedish paediatrician, professor of Public Health at Karlstad University and in Social Paediatrics at the University of Örebro, Sweden. He is head of the Committee on Ethics and Children's Rights within the Swedish Paediatric Association. His research has mainly concentrated on child abuse and neglect and to the prevention of child injuries. Örebro, Sweden.

## INTERSEX: GLOBAL SOUTH PERSPECTIVES

Julius Kagawa

Among the most sexual and gender-based marginalized and disadvantaged communities in Uganda and most of sub-Saharan Africa are the LGBT(I) and sex worker communities. The danger still is in aggregating these populations in a single acronym, which does not justifiably highlight the unique sexual and reproductive health challenges-and in some instances, opportunities-with which each population is faced.

This presentation focuses on intersex persons, whose challenges are totally unique compared to the others represented in the acronym. Although often grouped together with gays, lesbians, bisexuals, and transgender people, intersex children and adults in Uganda always face unique issues within society and, in many cases, they face even more serious genital-related medical violations than lesbians or gay men, who are seen by the larger public to at least conform to acceptable sex classification, after which they transgress sexual and gender roles. The first challenge for intersex children is surviving infant killings, and then having to find oneself physiologically and or genitally in that middle ground between male and female and, therefore, a sexuality self-determination dilemma, which often means that one will feel like—and often is also treated as—a misfit among "same-sex oriented" identifying people as well as hetero-normative identifying people.

In terms of organizing and interventions, there is rising interest for "men" who have sex with other "men," "women" who have sex with other "women," "women



who love other women,” and “men who love other men.” The anatomical and often genital-related factors that determine how one is classified as “a man/male” or “a woman/female” are what constitute key issues of concern and fear among intersex people.

Where does one turn for information, support, and intimacy when their sex is indeterminate? Is there even a thing like sexual and reproductive health information for people born with indeterminate sex? And what exactly are the sexuality constraints or possibilities for intersex people? These are the questions that, as an organization, we are trying to explore and educate society, policy makers, and healthcare providers about.

**Julius Kaggwa** is Director of Support Initiative for People with atypical sex Development (SIPD), a project working to promote human rights protection and holistic support for intersex children and adults. He is also a lead player of the civil society coalition on human rights and constitutional law, which is at the forefront of campaigning against the anti-homosexuality bill that was recently tabled before the Ugandan parliament. Born and raised in Uganda, Julius is a human rights advocate who has done extensive independent research in the fields of genders and sexualities, as well as engaged widely in advocating for the human rights of intersex people and other sexual minorities in Uganda and throughout Africa. While SIPD's main offices are located in Kampala, our work is community-based and we are currently working in 25 districts of Uganda scattered across the Central, Eastern, Northern, and Western regions of the country. Julius is commended for his sensitive and professional approach to community engagement and education on matters of sexuality, sexual diversity, sexual health, and gender identities from a human rights perspective. Kampala, Uganda, Africa.

## **BREASTFEEDING, INTIMACY, AND TOGETHERNESS**

### **Maarit Kuoppala**

The development of us all is influenced by how our human basic needs are satisfied. According to the *Declaration of Sexual Rights*, these needs are the desire for contact, intimacy, emotional expression, pleasure, tenderness, and love.

According to Article 24 of the *United Nations Convention on the Rights of the Child*, parents and children should have the right to be informed of the advantages of breastfeeding and have access to education and support for breastfeeding. Breastfeeding is a child's right.

Foremost, breastfeeding is intimacy and contact. In Finnish, the most common word used is “imetys,” which is very close to the English verb “suckling.” The word communicates the child's activity as part of an important relationship. Intimacy should not be forgotten regardless of which clean and safe milk is the nutrition.

We non-breastfeeding adults create the environment to which a young mother comes. Talk in society-family talk, work talk, talk about health and other services in society, talk about sexuality, and talk about nutrition-directs how an infant can satisfy her needs of closeness and intimacy by shaping the mother's possible roles and choices concerning her child.

**Maarit Kuoppala**, MSc, has been a volunteer breastfeeding-support mother and lactivist since 1997. She is the Executive Director of the Breastfeeding Support Association in Finland. Espoo, Finland.

## **THE ROMA PERSON AS A HEALTH CLIENT**

### **Malla Laiti**

An estimated 10-15 million Roma people live within the European Union borders. In Finland, we have about 10,000 Roma people and another 3,000-4,000 Finnish Romans are living in Sweden. The Finnish Romans are scattered all over Finland. The majority, though, are in the cities of South and West Finland.

In the traditional Roma family, the sick and disabled are cared for by family members. Only when a person is seriously ill, is s/he taken to hospital. Mentally or physically sick people are never left alone and they are surrounded by family members.

In Finnish hospitals, the rules and regulations are causing challenges for the Roma people because treatment procedures for patient care are different from those of the Roma people and general public. By advocating for our Roma customs and beliefs, and with open dialogues, we can assure accepted and respected care for our people.

**Malla Laiti** is the Planning Coordinator in Regional Administration State. She is working at Roma affairs in Southern Finland. This area shelters about half the Roma people in Finland. Vantaa, Finland.

## **THE SAMI PEOPLE**

### **Marrti Laiti**

The Sami people are the indigenous people inhabiting the Arctic area of Sápmi, which today encompasses parts of far northern Sweden, Norway, Finland, and the Kola Peninsula of Russia. The Sami are the only indigenous people of Scandinavia recognized under the international conventions of indigenous peoples, and hence the northernmost indigenous people of Europe. In Finland, the Sami population is about 9,350 from the total of 163,400.

Their traditional languages are the Sami languages and are classified as a branch of the Uralic language family.

Traditionally, the Sami have pursued a variety of livelihoods, including coastal fishing, fur trapping, and sheep herding.

Their best-known means of livelihood is semi-nomadic reindeer herding, with which about 10% of the Sami are connected and 2,800 actively involved on a full-time basis. For traditional, environmental, cultural, and political reasons, reindeer herding is legally reserved only for Sami people in certain regions of the Nordic countries.

**Martti Laiti**, a sales manager in the metal industry, was born near the Norwegian border in North Finland. He is the husband of Malla Laiti. Vantaa, Finland.

## **GUARDIAN OF THE NORMAL: THE MIDWIFE & CIRCUMCISION**

**Donna Rigney Macris**

Midwives worldwide, including American certified nurse-midwives, claim the moral, ethical, and clinical high-ground of being “Guardians of the Normal” with regard to childbirth and the childbearing lifecycle. They extend these philosophical and *real* care protections to both mother and baby. It becomes contradictory, therefore, for the traditional guardian of the normal—the *midwife*—to respect and promote the natural integrity of the woman’s body, including reproductive organs and genital integrity, while simultaneously denying the infant’s/child’s right to intact reproductive organs and genital integrity.

The scientifically documented experiences of the infant or child victim of genital mutilation include terror, excruciating pain, encoding of the brain with violence, emotional and psychological betrayal, and abandonment. Real physiological risks include complete sex-organ destruction and/or death. There is an interruption of normal maternal-infant bond and disruption of breastfeeding. Babies exhibit post-traumatic stress disorder during four- and six-month vaccinations. And, they have the permanent loss of normal functioning sexual and reproductive organs, whether the victim is female or male.

While midwives may seek false comfort under the guise of “informed consent” for circumcision, there exists no informed consent for human rights violations, and destruction of normal human genitals, or portions thereof, in non-consenting minors is a human rights violation.

The complicity of midwives and the sanctioning by midwifery organizations of cutting the normal genitals of infants and children cannot be ethically supported. Midwives who participate in the destruction of the normal genitals of infants and/or children must relinquish their claim to be guardians of the normal.

If midwives are to claim they are “Guardians of the Normal,” they must include, within their sphere of protection, parental education about children’s rights to genital autonomy and safety from circumcision and protect the genital integrity rights of infants and children.

**Donna Rigney Macris**, RN, CNM, is a decades-long human rights activist in issues of genital integrity. She has served

on the Board of Directors of NOCIRC, was a co-founder of the International Symposia on Circumcision, and co-authored the *Declaration of the First International Symposium on Circumcision*. Her writings on the issue of circumcision, the rights of infants and children, and the functions of male genitalia have been published. She has spoken nationally and internationally, promoting conscientious objector status for nurses and midwives in opposition to newborn circumcision. She has been guest faculty in midwifery programs, including Stanford University’s *Women’s Health Care Training Project*. Her Master’s Degree Research at St. Louis University centered upon informed consent for circumcision. Fresno, California, USA.

## **GETTING IT ON THE TABLE: HOW THE UN COMMITTEE ON THE RIGHTS OF THE CHILD ADOPTED IN-HOME PHYSICAL PUNISHMENT AS AN AGENDA ITEM**

**Paul Mason**

*He that spareth his rod hateth his son: but he that loveth him chasteneth him betimes.* - Proverbs 13:24

In 1989, the UN General Assembly adopted the Convention on the Rights of the Child (CROC), the most widely signed and ratified of all UN Conventions. It provides child-specific guidance to all nations in interpreting the rights of each child as a “rights-bearing individual” like her or his parents.

Article 19(1) reads:

States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

Created under Article 43, the Committee on the Rights of the Child (CRC) interprets children’s human rights by theme in the form of General Comments. In its periodic examination of States parties’ reports to it, the CRC refers to these General Comments in making Concluding Observations which provide specific recommendations to each State.

In General Comment 8 (2006), the CRC declared all corporal punishment in schools, institutions, and even in the home a breach of Article 19:

There is no ambiguity: “all forms of physical or mental violence” does not leave room for any level of legalized violence against children.

With Proverbs 13:24 in mind, the CRC said:

Some raise faith-based justifications for corporal punishment, suggesting that certain interpretations of religious texts not only justify its use, but provide a duty to use it. Freedom of religious belief is upheld for everyone in the [ICCPR] but practice of a religion or belief must be consistent with respect for others' human dignity and physical integrity. Freedom to practise one's religion or belief may be legitimately limited in order to protect the fundamental rights and freedoms of others.

This paper examines how the CRC arrived at this interpretation, examples of how it has dealt with religious justifications and how the Genital Autonomy movement might persuade the CRC to adopt a similar strong stand for the right of every child to protection from unnecessary genital cutting.

**Paul Mason** has worked for more than three decades as a family law solicitor and barrister. He was Commissioner for Children for the Australian State of Tasmania 2007-2010. The Commissioner is an appointment notionally independent of the elected Government, responsible for advising it about all matters concerning children and raising public awareness about them. He is deeply committed to the human rights of children and a strong believer in their capacity to make intelligent contributions to all decisions affecting themselves. In 2009, he became, with Dr. Comfort Momoh, MBE, inaugural co-Patron of the international charity Genital Autonomy. Hobart, Tasmania, Australia

## FRAMING THE MESSAGE - CHANGING CULTURE

**Paul Mason and John D Dalton**

The contest between the rights of children and the wishes of parents is emerging as a core cultural battleground of values.

The policy debate (but not the practice) about girls is more or less won. The debate about intersex kids still turns on individual variation of externalities and medical risks while doctors position themselves as judges to decide "what is best." The debate about boys remains a touch paper because of the "normality" in many cultures of unnecessary surgery.

Psychologist/Linguist George Lakoff explored "frames" of thinking used to market cultural ideas. What comprises a "frame"? What "frame" gives the "60%" mantra of mass circumcision advocates such power? What "frames" drive FGM/C and unnecessary intersex surgery?

What "frame" can promote one Right of Genital Autonomy for all infants? This will be a workshop to brainstorm messages the Children's Genital Rights Movement can use to "frame" the thinking of parents and policymakers, while undermining "frames" of proponents. Outcomes need not be in

English only and the more languages represented the better.

**Paul Mason** (see above)

**John Dalton**, BSc, MSc, CRadP is a Safety and Environment consultant working in the nuclear sector. He is a member of one of the UK Health Research Agency's Research Ethics Committees and a founder Trustee of NORM-UK. Recently he has become a Trustee of Genital Autonomy, and he has had an active role in planning the symposium. Cumbria, UK.

## FINLAND AND MALE CIRCUMCISION

**Eeva Matsuuke & Tiina Vilponen**

In Finland, the boys' non-therapeutic circumcision is mainly done in our Jewish, Islam, and Tatar communities due to their religious demands. These communities are rather small in numbers, Muslims being the largest, with 140,000 representatives.

Our constitutional law denies any harm-doing to minorities and under-aged, and Finland has ratified the Children's Right Declaration. Yet, our High Court doesn't condemn circumcision because it is seen as an act of freedom of religion and hence not a punishable procedure. At the present time, parents can have their son circumcised without medical indication in one of our University Hospitals in the North.

While polemics on the matter are many, pros and cons, the underlined practise is not yet established and the interpretations of executing the procedure are confusing. Yet, the topic seems to be somewhat hidden because it doesn't touch the general Finnish public.

From these circumstances, and from the aspects of violation of children's right, violation of sexual rights, and to gain equal bodily integrity rights for boys and girls, Sexpo Foundation started a pilot project on prevention and the diminishing of boys' non-therapeutic circumcision in Finland. Sexpo Foundation, with over forty years in Finland, is a very solid foundation that drives for the sexual rights and the rights of marginal groups in Finland. Sexpo is a respected trainer in supervision, sex-couple, and psychotherapy as well as in sexual counseling, and gives counseling (face-to-face, phone, or Internet counseling) and therapy sessions.

The prevention of male circumcision project is funded by Finland's Slot Machine Association (RAY) until the end of the current year, and application for its continuation has been submitted. I began my work on the project in May 2011. As the Project Coordinator, I now am working sixty percent of my time on this project, but our application is for this position to become a full-time post next year. I have an advisory group, with whom I can consult any time, to support me in the work.

Our vision is to raise awareness of male circumcision among the whole Finnish population and advocate on the human rights aspect, in the concept of child's rights, sexual rights and bodily integrity rights.

To date, we have contacted various institutions, organisations, and communities engaged in this matter and we are raising dialogues and discussions to share opinions and to look for mutual strategies to tackle the issue without offending anyone. We organised a seminar where we introduced our project and started our networking expansions.

In this presentation, I will discuss more deeply what, to date, we have executed and how, and I will highlight "the Finnish" response to our project. In addition, I will describe what we have managed to do at the international level. I will also explain our vision for the future of the project and how we see possible changes in general acceptance of the project and its goals.

**Eeva Matsuuke**, SRN, Midwife, MIH, is the Project Coordinator for the Sexpo Foundation. Helsinki, Finland.

**Tiina Vilponen** earned her MS in theology, is a sex therapist, and works as a Communications Manager at the Sexpo Foundation. She is a board member of The Finnish Association for Sexology. Helsinki, Finland.

## **ONE MOTHER'S STORY ABOUT THE CIRCUMCISION OF HER SON**

### **Finnish Mother**

My baby boy and I have experienced the intolerable breach of law and children's human rights here in Finland—circumcision. I have always been against this barbaric rite. I was pressured by my son's Nigerian, Catholic father to allow the operation. Because I didn't agree, he had the circumcision of our son done at our home in my absence, without anesthesia, proper documentation, or my consent. There was no excuse for what happened to my son—no medical, religious, or cultural reason. My baby was subjected to this cruelty because of his ethnic background and gender. My son's penis was mutilated by a respected physician, who is the senior physician and a national authority on sexual health. This wrong still hasn't been made right, as the doctor has not yet faced any sanctions.

**Finnish Mother** is a strong supporter of human rights and sexual integrity. Most of all, she is the mother of a little boy who was circumcised illegally by his father and a senior physician. Helsinki, Finland.

## **GENITAL INTEGRITY MOVEMENT IN THE USA**

### **Marilyn Milos**

Following England's lead in the mid-1800s, the US and other English-speaking countries, Canada, Australia, and

New Zealand, adopted circumcision. Each of the other countries has since realized that circumcision did not curb masturbation, make the penis cleaner, or prevent penile or cervical cancer, sexually transmitted infections, urinary tract infections, or HIV/AIDS, and, for the most part, has brought the unnecessary, harmful practice to an end.

In the USA, a grassroots movement to end circumcision began in the 1970s and has become progressively stronger. In the 1970s, the circumcision rate in the USA was 85-95%, today this has dramatically decreased to almost 50%. Still, our medical associations continue to find excuses to promote this billion-dollar-a-year industry. The American Academy of Pediatrics (AAP) has delivered the 2012 *Technical Report*, which is nothing more than a controversial and inaccurate sales pitch for circumcision. The AAP missed a perfect opportunity to educate its members and all parents about the structures, functions, development, and care of the normal penis. It failed completely to discuss the physical and emotional harm of genital cutting or, more importantly, the rights of the child to genital autonomy and self-determination. Instead, the AAP made an unnecessary amputation of a normal body part of a non-consenting minor safe for physicians to perform rather than protecting the infants and children it purports to serve.

The backlash from young parents, intact and circumcised males, and concerned individuals has been incredible. The grassroots movement is alive and well in the USA. We are hoping the AAP, with all the dissent, will rescind its irresponsible report. Even if the AAP does not withdraw its statement, which is out of step with the rest of the developed world concerned with ethics and human rights, the Genital Integrity Movement will continue to grow and, one day, American boys, too, will be protected.

**Marilyn Milos, RN**, is the co-founder and Executive Director of the National Organization of Circumcision Information Resource Centers (NOCIRC) and the co-founder and coordinator of the International Symposia on Circumcision, now known as the International Symposia on Law, Genital Autonomy, and Children's Rights. She is the co-editor of *The Truth Seeker* (July/August 1989 "Crimes of Genital Mutilation" issue), the core proceedings of the First International Symposium on Circumcision, and co-editor of eight symposia books (see Hodges bio, page 3). San Anselmo, California, USA.

## **FEMALE GENITAL CUTTING AMONG IMMIGRANTS IN FINLAND**

### **Mulki Mölsä**

Female genital cutting is an ancient traditional practice. According to the WHO definition, FGM/C is any procedure including partial or total removal of the female external genitalia or other injuries to the genitalia due to cultural or other nonmedical reasons.

FGM/FGC is a traditional cultural, religious, or economic belief, mainly practiced in Africa, Asia, and Middle Eastern countries. WHO estimates that 100-140 million women are circumcised. After 1990, migration increased worldwide. Nowadays, the practice is prevalent on almost every continent.

In Finland, FGM became a subject of public interest in the 1990s, when migrants and refugees started to migrate to Finland from countries where circumcisions are performed. Today, there are about 14,045 persons of Somali origin in Finland, of whom 6,673 are female. In addition, there are thousands more females from countries where FGM is a prevalent practice.

In my presentation, I will discuss how Finland has managed the issue of FGM/C and succeeded. So far, Finland is the only Nordic country where there has not been a single case related to the circumcision of girls.

**Mulki Mölsä**, MD, is a researcher at the National Institute for Health and Welfare. Helsinki, Finland

## CIRCUMCISION IN FINNISH LEGISLATION

### Husein Muhammed

Jews and Muslims (Tatars) in Finland have practiced male circumcision since the early 19<sup>th</sup> century. Circumcisions have been done by private physicians belonging to the same religious communities.

Previously, the communities have neither asked nor needed public-care services for circumcisions. Therefore, the government did not take any position in favor or against the practice. However, since the 1990's, the Muslim population in Finland has multiplied.

The majority of newcomers are refugees. They do not have their own officially recognized physicians who could carry out circumcisions. And, the majority cannot afford circumcising their sons by private physicians. In addition, physicians are usually reluctant to circumcise or have no experience in circumcision. Many immigrants either use circumcisers who are not professional physicians or many take their children to their country of origin to be circumcised.

It is unclear to both parents and physicians whether or not it is legal to circumcise boys. According to a Supreme Court ruling of 2008, circumcision is not criminalized in those cases it is done properly by physicians. On the other hand, prosecutors have not stopped bringing cases against parents whose children suffer complications as a consequence of improper circumcision.

The Ministry of Health and Social Affairs had planned to introduce new legislation on circumcision, ensuring that circumcisions are done by physicians and can be carried out within the public healthcare. This is how Sweden solved the problem. However, due to obvious political reasons, the ministry has apparently abandoned the plan.

Currently, both parents and physicians are unaware of the situation: they are not sure whether circumcision is criminalized or not. This is particularly dangerous because physicians are reluctant to circumcise when there is legal uncertainty and parents have to seek help from non-professionals, which creates danger for the circumcised. Because of the legal uncertainty, parents are unwilling to take their child to hospital in case complications appear for the fear of getting prosecuted.

**Husein Muhammed**, born in 1980 in Iraqi Kurdistan, is a Finnish lawyer, Green politician, and author of *Yhtä erilaiset* (Equally Different), a book introducing Finnish Muslims. He has previously worked as a lawyer for the Finnish Refugee Advice Center, especially assisting asylum seekers. Currently he is a senior officer at the Office of the Ombudsman for Minorities. Helsinki, Finland.

## THE SEXPO FOUNDATION

### Jussi Nissinen

Introduction of the co-sponsors and hosts of this 2012 International Symposium on Law, Genital Autonomy, and Children's Rights, the Sexpo Foundation.

**Jussi Nissinen** is a psychotherapist and the Executive Director of the Sexpo Foundation. Helsinki, Finland.

## SEXUAL RIGHTS AND PSYCHOLOGICAL HARM

### Jussi Nissinen

In my presentation, I look at two declarations of sexual rights: the *Declaration of Sexual Rights*, adopted in Hong Kong at the 14th World Congress of Sexology, August 26, 1999, and *Sexual Rights: An IPPF Declaration* that was presented and approved in Governing Council of the International Planned Parenthood Federation in May 2008. I look at the background and contents of these declarations and how they take account and protect children's rights to integrity. I also reflect how seriously and worldwide sexual rights are taken as human rights.

**Jussi Nissinen** (see above)

## SEXUAL HEALTH EDUCATION IN METROPOLIA UNIVERSITY OF APPLIED SCIENCES

### Sirkka Pietiläinen

The Action Programme for Sexual and Reproductive Health Promotion 2007-2011 was published by the Ministry of Social Affairs and Health, and the institutes of higher education have an essential role in the implementation of the national programs

Sexual health promotion in the Nursing and Emergency Nursing education is implemented in the Maternity Care and Sexual Health promotion course (3 credits). In the Midwife curriculum, sexual health promotion goes through the whole

education. The Innovation Project (10 credits) and the Sexual and Reproductive Health Promotion Project (5 credits) contain Sexual and Reproductive Health Promotion theory and practice.

The aim of these projects is to improve the evidence based sexual health promotion competences of midwife students.

The graduating midwife student will be able to act on the first two levels of the PLISSIT model with different clients.

Advanced education modules in sexological counselling and sexual health promotion (30 credits) are planned and conducted in cooperation with clinical professionals.

These graduating professionals will be able to act on the three levels of the PLISSIT model with different clients. They are able to respond to the population's needs for sexual health counselling and education as well as take into account the effects that different diseases have on human sexuality and a person's ability to function sexually.

**Sirkka Pietiläinen**, RN, RM, MSc (Health care), is a midwife at the Metropolia University of Applied Sciences, Senior Lecturer, MSC, and Specialist on Sexological Counselling. Helsinki, Finland.

**Sirkka Pietiläinen**, RN, RM, Msc (Health care), is a midwife at the Metropolia University of Applied Sciences, Helsinki, Finland.

## **CHILDREN'S SEXUAL ABUSE AS A CRIME IN FINLAND**

**Olli Pohjakallio**

While the number of sex crimes against children may not have increased as tremendously as the statistics would indicate, recent regulation against sexual abuse in Finland has increased significantly. This stipulation of the Finnish Criminal Code has followed the outlines of EU directives. Some provisions of the Finnish Criminal Code may be applied only in relation to children, as sexual abuse of children. Some statutes cover both adults and children as rape. The third category is crimes against public order as child prostitution. The concept of criminalized sexual acts has been modified in the Criminal Code after a controversial Supreme Court decision in 2005. Additionally, provisions of "minor rape" and grooming, for example, have been widely discussed in public debate in Finland.

**Olli Pohjakallio** earned his law degree in 1987 and then worked in law offices and as a judge in the City Court of Helsinki. Since 1995, he has practiced civil law in his own office, Advise, in Helsinki, Finland. That same year, he finished his post graduate diploma of International Master of Laws. In his practice, he has represented several clients in relation to sex crimes and child custody matters. Attorney Olli Pohjakallio

has been lecturing about sex crimes in Sexpo Foundation since 2004. He has been a member of the board since 2007. This year, he was elected Vice Chairman of the Board. Helsinki, Finland.

## **BROKEN EGO: A STORY OF AN ABUSED PERSON** **Suvi and Eero Poussu**

Eero, 56, and Suvi, 50, have been together for 22 years, the second marriage for each. They each come from a background of abuse and rejection. They have six children, and have had to grow in the middle of their brokenness. The direction of their lives began to change when their daughter died in infancy, followed by two miscarriages, an ectopic pregnancy, the oldest daughter's illness, bankruptcy, and a serious relationship crisis. The pain of these experiences forced them to examine their lives. In 1999, after the birth of their youngest daughter, they established an organization to help people in different crisis situations. They began working with parents mourning the loss of children, but soon their activities expanded to youth work and helping people with problems in their intimate relationships or with substance abuse. Ten years of substance abuse rehabilitation work with clients who had multiple problems with body-image, self-image, and sexuality: abuse, prostitution, violence, etc., made them realize that, to be able to help their clients, they first had to understand themselves. They realized they had grown in a distorted world of abuse and violence, and only they were able to find their way out. This was a long and painful process but helped them to use creative methods in their work with clients.

Because substance abuse is primarily an emotional disorder, it was vital for them to find the means for a person to get in contact with his or her own feelings. In the spring of 2010, their own personal pain called for a solution and the processing of emotions, and they photographed the process. They used the photo series in their work and also photographed clients, using the same method. Clients were encouraged to talk about things that had been long kept silent. They found it is possible to recover and to free oneself from guilt and shame.

Their drug rehabilitation work is over; they will graduate in 2013 as sex advisers and continue with their therapy studies. They have set up a company focusing on sexual well-being, wanting to help people find themselves, their sexuality, and the elements of a good relationship.

**Suvi and Eero Poussu** are an entrepreneurial couple living in Hämeenlinna, Finland.

## **CAPTIVES OF CARE: THE CHILD'S RIGHT TO ACCEPTANCE NOT TOLERANCE**

**Lyn Ramsay**

This presentation explores and discusses contemporary and historical approaches to the sexual wellbeing of children with disability within a holistic framework.

Children with disability can be handicapped by the attitudes of the people, the families, and the societies who care for them.

Disability is distinguished from handicap, which is defined as the social and emotional consequences of a disability. This includes the sexual wellbeing of an individual and their acceptance in the wider community.

The phenomenon of “The Eternal Child” promotes a model of asexuality for people with disability that results in toleration rather than acceptance.

Education regarding their rights and responsibilities, combined with a holistic approach by care providers, can reduce handicap and enhance well being.

**Lyn Ramsay**, RN, BHSc (Nursing), MHSc (Primary Health Care) is an Australian human services consultant. She has been a passionate advocate for the rights of children with disability since she registered as a nurse specialising in the area in 1972. She was a lecturer at Southern Cross University in disabilities, natural therapies, holistic health, and spiritual wellbeing. She has worked in cities and rural areas with people with all forms of disability, as well as indigenous people, other social minorities, and people across the life span from babyhood to death. She consciously detoured off the information highway and does not register on Google, Facebook, Twitter, or LinkedIn! Hobart, Tasmania, Australia.

#### **BRIT SHALOM: A TEN-YEAR FOLLOW-UP**

**Mark Reiss**

In 2002, my paper “My Painful Journey” was delivered at the 7<sup>th</sup> International Symposium in Washington, DC. At that time, I had recently founded a web-based project, “Celebrants of Brit Shalom,” listing rabbis and lay leaders who will officiate at non-cutting alternative covenantal naming ceremonies for newborn Jewish boys to replace the *bris* or Brit Milah (ritual circumcision), traditionally performed on the 8<sup>th</sup> day of life. This list has grown considerably, now covering 30 states and many foreign countries, with more than 90 celebrants at last count. For many confounding reasons, the precise numbers and incidence of Brit Shalom ceremonies performed cannot be defined. There are many reasons to be optimistic that Brit Shalom is increasing in frequency and these reasons will be reviewed. With increasing medical understanding of the harms of circumcision, there are more and more enlightened Jewish families who are rejecting circumcision as a tradition of Judaism. As the numbers of newborn infant circumcisions in the United States are decreasing, the numbers of Jewish baby boys who are being kept intact are likewise increasing. Many of these boys have a Brit Shalom ceremony, celebrate a Bar Mitzvah at age 13, and ultimately will take their place as adult intact Jews within their own communities.

**Mark Reiss**, MD, retired radiologist, Coordinator, Brit Shalom Celebrant List. San Francisco, California, USA.

#### **PEOPLE ON THE MOVE: MIGRATION AND SEXUAL WELL-BEING IN TRANSCULTURAL FAMILIES**

**Jonna Roos**

Due to globalization, people travel and move from country to country for a variety of reasons, such as work, love, and studies. Migration is a change process, which may cause physical and mental stress that could have an effect on sexual well-being.

Gender roles vary in different cultures and religions, and migration and acculturation processes may demand change in gender roles and expectations in transcultural families. This change may cause pressures and tensions between men and women, parents and children. How do children and adults cope in the new situations and how can transcultural families and their sexual well-being in migration and acculturation processes be supported?

In my paper, I do not prescribe particular solutions to this issue, but highlight some ideas that could help educators, health professionals, community workers, and activists understand and develop this issue.

**Jonna Roos**, MS, is a sex educator working currently at the University of Helsinki, Palmenia, Centre for Continuing Education. He has been training immigrants as well as people in their workplaces for many years and in many different places. Helsinki, Finland.

#### **THE HARM IS REAL: LIVING WITH THE RESULTS OF A BOTCHED CIRCUMCISION**

**Richard Russell**

Experts and observers write of the value of personal stories in showing the harm of genital cutting of children; some authors include stories or excerpts to illustrate points within texts of their books. Recent writers advocate for more men to come forward with their stories, which at present are of a relatively small number, compared with those of women victims of genital cutting. This personal story tells of physical scarring and long-term, recurring pain from a botched circumcision, psychological impact and social dysfunction, and the disruption of interpersonal relationships with parents, siblings, and society; it includes a look at how such an experience is perceived by the individual and by a culture in which circumcision is embedded as an acceptable institution. Conclusions and recommendations are provided.

**Richard Russell** received an AB in Political Science, a JD (University of Georgia); a BA in English Language and Literature, a Teaching Credential at California State University, San Bernardino, and a California Teaching Credential. He practiced law in Atlanta (personal injury), was an Adjunct

Instructor of Political Science at Georgia State University, Atlanta; served for 25 years in the USAF, JAG Department (criminal justice, administrative law, international law, government claims, government contract law, risk management [medical malpractice]). He held teaching positions in California middle schools and high schools; and was an Adjunct Instructor (international students) in the American Culture and Language Program. Post-retirement, he does volunteer work in counseling men harmed by circumcision and Genital Integrity Advocacy. Moreno Valley, California, USA.

## GENITAL AUTONOMY AND THE UK

**David Smith**

The progress in thought, in the developed world, about the iniquities of any form of genital mutilation prompted the formation of Genital Autonomy (GA), which is the first all-embracing organisation to tackle the varied and complex problems related to this subject matter worldwide. From small beginnings, the human rights issues surrounding what was previously a taboo topic has grown in strength and is developing a wider universal acceptance as a subject to be tackled. Media coverage has exposed the range and complexities of the issue and raised the profile, especially in the UK. For the first time, the subject is openly discussed, by everyone, and has rapidly become a topic that can be broached without embarrassment in society.

The international publicity given to the runner, Casta Semanya, raised the whole debate publically and in all forms of the media as to the position in society of those individuals born intersex and the inherent problems created by the medical profession making uninformed decisions, frequently incorrect, for and on behalf of an unconsenting child.

In recent years, the topic of male and female circumcision has begun to gain momentum in the worldwide condemnation of these practices but, as a combined force, the movement can change the perceptions of the public and ultimately force the medical profession to look to revise its ancient, ill-conceived, and out-of-date guidelines and practices.

**David Smith** was educated at St. Joseph's College, Market Drayton, and qualified in business studies at Underwood College. He is the General Manager of NORM-UK, a charity dedicated to giving men a choice about their own bodies. He created and now edits *NORM NEWS*, the organization's magazine. In addition, he is the Chief Officer of Genital Autonomy, an international organization working to protect the genital autonomy of all children—females, males, and intersex. Stone, Staffordshire, UK.

## STRANGE YET FAMILIAR BEDFELLOWS: EFFECTIVELY ADDRESSING CHRONIC ISSUES ENCOUNTERED WHEN LAW AND HUMAN RIGHTS SEEK TO PROTECT BODILY INTEGRITY

**J. Steven Svoboda**

The recent German court case regarding circumcision upheld a child's human and legal rights to bodily integrity. The ensuing arguments claiming that the decision violated religious rights evidence a misplaced understanding of the proper scope of options available based on a parent's religion with respect to procedures that may infringe on a child's rights. Chronic issues are evident in the frequent slippage in the public debate between religious and secular, between male genital cutting and female genital cutting, between ancient history and current medical knowledge and norms, and in the dialectic between an appropriately foregrounded child and other frequently foregrounded entities, such as parents and society. These chronic issues—at this point strange yet familiar bedfellows that intactivists must effectively address—played a role in several recent events: protections of circumcision instituted in the wake of the German court case through a German parliamentary resolution and a letter from the Austrian Justice Ministry; the legal case that puzzlingly pre-empted the San Francisco ballot initiative without a vote taking place; and the ultimately unsuccessful attempts to reverse the Colorado Medicaid victory.

**J. Steven Svoboda**, JD, focuses on civil litigation and human rights and is the founder and Executive Director of Attorneys for the Rights of the Child (ARC), a non-profit organization addressing the illegality of involuntary genital surgery. Berkeley, California, USA.

## THE CAPABILITY APPROACH AND DECISION MAKING WITH CHILDREN

**Michael Thomson**

Whilst the welfare of children should be our paramount concern, it has almost become unimaginable that we could arrive at a welfare-focused decision without the best interests test. Yet, as has become apparent, the best interests test is an amorphous and malleable concept which—whilst admirably discharged in some situations—often appears to cloak and advance the interests of others. This paper argues that the capabilities approach, as developed by Amartya Sen and others, provides a more satisfactory means of securing child welfare when we are charged with making decisions with or for children. The capability approach mandates that we secure the freedoms that people have to be and do, those freedoms that we actually have to choose between different styles and ways of living. This paper argues that this approach better protects the welfare of the child and secures the future freedoms that children have. Given the focus of the conference, the paper pays particular attention to the capability to be healthy and the capability of bodily integrity.



**Michael Thomson** is Professor of Law at Keele University. He has published extensively in the areas of Health Care Law and Law and Gender. He is the author of *Reproducing Narrative: Gender, Reproduction and Law* (Dartmouth, 1998) and *Endowed: Regulating the Male Sexed Body* (Routledge, 2007). He has published widely on issues relating to the genital cutting of children and, most recently, male genital cutting as a response to HIV/AIDS. He is a trustee for Genital Autonomy. Staffordshire, UK.

### **THE CUT TOUR 2011: BETWEEN ART AND ACTIVISM Eliyahu Ungar-Sargon**

In the fall of 2011, The Whole Network, a US-based grassroots collective, organized a 30-city North American tour for the documentary film *Cut: Slicing through the Myths of Circumcision*. During the course of the tour, filmmaker Eliyahu Ungar-Sargon drove 11,500 miles in a bid to engage the American and Canadian publics on the matter of infant circumcision. This presentation is the story of that tour and the lessons learned from it. Through a combination of audio, video, and still photography, Mr. Ungar-Sargon will describe the unique experience of the tour and provide advice for those wanting to undertake similar efforts in the future.

**Eliyahu Ungar-Sargon** grew up in an Orthodox Jewish household in Brookline, MA. When he was 13 years old, Eliyahu's family moved to Israel, where he lived until he was 19. In lieu of joining the Israel Defense Forces, Eliyahu decided to enroll in medical school in the United Kingdom. Three years into his MD degree, he broke his Jewish mother's heart and decided to abandon Medicine and follow his dream of becoming a filmmaker. He has since earned two degrees from The School of the Art Institute of Chicago. *Cut: Slicing Through the Myths of Circumcision* is his first feature-length film. Eliyahu is currently putting the finishing touches on his second feature-length film, a documentary about the Israeli-Palestinian conflict, called *A People Without a Land*. Los Angeles, California, USA.

### **CIRCUMCISION HISTORY IN INDONESIA: TO ISLAMIZE IN CEREMONY OR SECRECY**

**Xavier Valla**

Female circumcision in Indonesia has received little attention in the past decades, and we have to go back to the early 20th century to find solid documentation on the subject. The reason may be that the practice remains surrounded by a certain amount of secrecy in some regions but also that it is being minimized as a purely symbolic gesture, compared to the mutilating clitoridectomy known on the African continent. As such, discussing the practice in Indonesia would not be worthwhile.

Male circumcision in Indonesia has been a recent theme of research by Nico Kaptein, who showed that the traditional incision, dating from pre-Islamic times, has been progres-

sively replaced by circumcision. This process was accelerated after a number of Meccan muftis, disapproving of mere incision, issued fatwas at the end of the 19th century. Such a local practice, they warned, could result in grave consequences in the social, ritual, and eschatological domains. The indigenous technique of incision thus started disappearing in a number of places, a trend reinforced in this century by three factors: the influence of reformist Islam, which is keen on eradicating local customs; medicalization; and centralization, as expressed in the emergence of mass circumcision ceremonies.

So far, female circumcision has been dealt with a theme of research subsidiary to male circumcision. Today, at the time of the so-called Islamic revival, issues of concern to Muslim women are receiving increased attention and have been taken up in the press. The aim of this paper is to follow up on Dutch studies in the 1920s to find out what evolution the practice has experienced this century. Is female circumcision a pre-Islamic practice as is proven for male incision? Has it spread together with Islamization? Is the operation different from what it used to be? Which population group is most concerned with this practice? Has the age of practice changed? How is it perceived at the beginning of the 21st century?

In the first part of this presentation, data collected mostly by Dutch scholars since the second half of the 19th century are summarized. The second part will address the perception of female circumcision in the post-independence period, a subject which has received surprisingly little attention considering the fact that the practice seemed relatively widespread. In the third part, the current state of the practice is analyzed. It was however, impossible to encompass the multitude of ethnic groups written about by the cited researchers. Our interviews were conducted mostly in Surabaya (second largest city in Java) during our study trip in 2008. Thus, this article offers no more than a preliminary analysis. We hope to embark on more fieldwork in the future.

**Xavier P. Valla**, Licence Histoire de l'Art à la Sorbonne, has been the President of the Association contre la Mutilation des Enfants since 1991, he is a tourist guide in Southeast Asia, and a specialist in Khmer art and history. Paris, France.

### **CIRCUMCISION IN THE NETHERLANDS: BETWEEN RELIGIOUS FREEDOM AND PHYSICAL INTEGRITY Gert van Dijk**

In 2010, the Royal Dutch Medical Organization (KNMG), the leading Dutch professional physician's organization, published a position paper stating circumcision of male minors is a violation of the child's right to autonomy and physical integrity. Despite this, the KNMG did not call for a ban, fearing the practice would then go underground. Instead, the KNMG urged for a policy of deterrence: doctors should inform parents of the risk of complications and the lack of convincing medical benefits. The goal of the paper was to stimulate debate and ultimately end the practice. The paper

met with fierce opposition from religious groups, but doctors and the general public agreed with the policy.

Since 2010, the circumcision debate has been going on in the Netherlands. The societal debate currently taking place in the Netherlands will be analyzed and several initiatives to shape the policy of deterrence will be discussed.

**Gert van Dijk**, a medical analyst, philosopher, and medical ethicist, holds a part-time position as secretary of the Medical Ethics Committee at the department of Medical Ethics and Philosophy of Medicine, Erasmus Medical Centre, and is also a member of the Council for reproductive technology and the End-of-life committee. He is independent chair of the moral deliberation at the neonatal intensive care unit (NICU). He also holds a part-time position as an ethicist at the Royal Dutch Medical Association (KNMG). His main interests include end-of-life questions (euthanasia, terminal sedations, severely handicapped newborns), moral problems regarding reproductive technology, post-mortem and living organ-donation, non-therapeutic circumcision of minors, intercultural care, alternative medicine, clinical ethics, vaccination, and moral deliberation. Rotterdam, Netherlands.

## **NEVER ARGUE WITH AN IDIOT: A PRIMER ON HOW TO ARGUE ABOUT CIRCUMCISION**

**Robert S. Van Howe**

Over the past 150 years, a parade of justifications for amputating the foreskin in infant males has evolved. Some justifications have had longer lives than others. Some are held onto with ferocious tenacity long after the cognitive dissonance becomes apparent. I will explore the most commonly touted excuses for why an infant male must be separated from the most sensitive portion of his genitals. These topics will include the HIV, sexually transmitted infections, various cancers, urinary tract infections, looking like dad, psychological adjustment after the fact, and divine commandment.

**Robert S. Van Howe** is a Clinical Professor in the Department of Pediatrics and Human Development at the Michigan State University College of Human Medicine. He has lectured and been published internationally on the topic of circumcision and has been a consultant to the American Academy of Pediatrics, the Centers for Disease Control and Prevention, and the World Health Organization. Much of his research has focused on secondary research, including meta-analysis and cost-utility analysis. Marquette, Michigan, USA.

## **INTERSEX: AMBIGUOUS GENITALS OR AMBIGUOUS MEDICINE?**

**Mika Venhola**

Intersex is a congenital atypical combination of the physical features that are used to distinguish the binary female and male sex. Intersex is a normal yet rare form of human biology and cannot be considered as an illness.

An intersex condition can be noted in a newborn due to ambiguous genitalia but sometimes it is found out later in life. The hormonal status, genital anatomy, karyotype, and physical well-being of an intersex infant are investigated by a team of pediatric endocrinologists, geneticists, and surgeons. They are usually faced with the dilemma that these biological markers of sex do not give a uniform answer to identify the infant's gender. So the gender of the child is an educated guess and entails a great risk of error.

The atypical genitals of babies with intersex conditions are not a health risk but early genital surgery is performed for aesthetic or social purposes. Genital surgery seeks to produce genitals that match the supposed gender of the infant. The advocates of surgery consider this mandatory but controversy exists. Some authorities consider cosmetic surgery on babies as genital mutilation. There are no controlled studies of the efficacy of surgery over conservative and supportive care to enable good sexual function, quality of life, and parental bonding. The techniques of surgery are infested with poor long-time results and redo surgery is very likely.

Intersex genital surgery is not without problems. The management of intersex conditions is based on expert opinion, and evidence on proper treatment is lacking. Intersex is also an ethical problem as full disclosure, informed consent, and children's rights are not unquestionably respected. The treatment paradigm of intersex conditions is debatable and clinicians are in confusion as to the best management of intersex. The presentation discusses the clinical, ethical, and psychological problems involved in the management of intersex babies and children and suggestions to overcome these difficulties are given.

**Mika Venhola**, MD, PhD, is a paediatric surgeon with a keen interest in children's rights, especially on intersex and transgender issues. He works in Oulu University Hospital. Oulu, Finland.

## **PROCESSING GENDER IDENTITY: THE HEALING POWER OF EMPOWERING PHOTOGRAPHY**

**Mika Venhola**

Empowering photography is a therapeutic method but not an actual phototherapy technique. Empowering photography is always supportive. The main point is to make one's capacity visible using photographs. The therapeutic power of photography is based on its bodily probative force. Used the right way, this flexible method can achieve empowering of the people who are not easily reached by methods based on verbal communication.

Transgendered and intersexed persons can experience gender dysphoria. Many cultures disapprove of cross-gender behavior, and transgender identity often results in problems for transgendered persons and for those in close relationships with them. Transgender issues are new in the therapeutic field and people seeking help for

problems often end up educating the professionals rather than receiving help. Some transgender people embrace their transgender identity, while others struggle with feelings of shame or confusion, stigma, discrimination, and internal conflict. Discrimination, lack of social support, and inadequate access to care can exacerbate the problems transgendered people face. Transgender is not an illness, a mental disorder, or an emotional problem, but the social stigma associated with being transgender is great and few individuals will tell anyone about their gender identity in childhood or adolescence. After years of secrecy, transgendered people can have serious self-image and self-esteem problems.

We present a collaborative working process of exploring the diversity of sex and gender identity using empowering photography. The members of our group are Finnish intersexed or transgendered adults. Art and social educator, Miina Savolainen, and paediatric surgeon, Mika Venhola, tutor the process of the group.

**Mika Venhola** (see above)

#### **ANTHROPOLOGICAL REFLECTIONS ON THE INTERVENTIONS ON GENITALIA**

**Franco Viviani**

After having thoroughly studied both male and female interventions on genitalia, the author will elucidate the following points:

- a) Not all the populations and cultures carrying out interventions on male genitalia (usually male circumcision-MC) adopt these practices for their female counterpart.
- b) MC shows a constant likeness in cultures and societies far and differing among them and even if it is not possible to talk about “diffusionism” for MC, they show common features. The interventions on female genitalia are completely different: they can range from “reductive” forms (such as “infibulation”) and “expansive” forms (such as *labia minora* elongation).
- c) MC is an out-and-out mutilation, while female genital modifications (FGMo) are not always as such.
- d) MC is a sort of *koine* (a set of cultural attributes common to various groups), while FGMo are not.
- e) MC and FGMo are symbolically different: it is possible to assume that MC is carried out to preserve the structure of power, while FGMo to control the Transcendent.

Some aspects regarding the persistence of these practices in contemporary societies will be deepened.

**Franco Viviani**, PhD, FISPPA, University of Padua. Padua, Italy.

#### **TRANSGENDER PEOPLE AND GENITAL AUTONOMY: CONFLICTING INTERESTS OR MAYBE NOT**

**Arja Voipio**

Genital autonomy might be even more important for transgender persons. It is sometimes said that transgender persons have intersex brains. Their natal bodies are those of boys or girls, but their gender identities do not fit. Many transgender persons seek hormones and surgery to make their bodies to fit with their minds. The goal of gender reassignment surgery (GRS) is to replace the original genitals with those of the other gender.

The speaker discusses the inter linkages of these two phenomena. She also brings up the reasons why early genital surgery, be it circumcision or surgery of an intersex baby, might be problematic if the child later turns out to be transgendered.

**Arja Voipio**, MSc (BA), is a human rights advocate. She has been involved in promoting the human rights and proper medical care for transgender and intersex people. She is currently the vice chair of Trasek, a Finnish human rights NGO specialising in transgender and intersex issues. She is also the chair of the transgender working group of Seta, the Finnish LGBTI federation. She has made her professional career in finance, financial supervision, and IT. Helsinki, Finland.

#### **CHAIRS**

Sunday - **Eeva Matsuuke** is the Project Coordinator for the Sexpo Foundation.

Monday - **Peter Ball** is a retired family practitioner and Vice Chair of NORM-UK. He helps men who contact NORM-UK with problems caused by circumcision and those interested in non-surgical restoration.

Tuesday - **David Smith** is the General Manager of NORM-UK and Chief Officer of Genital Autonomy.

Wednesday - **Richard Duncker**, webmaster for Genital Autonomy: [www.GenitalAutonomy.org](http://www.GenitalAutonomy.org), is a Trustee for NORM-UK. He is committed to the protection of children's genitals from adults with sharp instruments. Camden Town, Central 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