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Long-term adverse outcomes from neonatal circumcision reported in a survey of 1,008 men: an overview of health and human rights implications*

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ABSTRACT

Amid growing bioethical and human rights concerns over non-therapeutic infant male circumcision, calls have been made to investigate long-term impacts on the men these infants eventually become. The present inquiry attempts to identify factors contributing to concerns of men claiming dissatisfaction with or ascribing harm from neonatal circumcision. This large sample size survey involved an online questionnaire with opportunities to upload photographic evidence. Respondents revealed wide-ranging unhealthy outcomes attributed to newborn circumcision. Survey results establish the existence of a considerable subset of circumcised men adversely affected by their circumcisions that warrants further controlled study. Empirical investigations alone, however, may be insufficient to definitively identify long-term effects of infant circumcision. As with non-therapeutic genital modifications of non-consenting female and intersex minors, responses are highly individualistic and cannot be predicted at the time they are imposed on children. Findings highlight important health and human rights implications resulting from infringements on the bodily integrity and future autonomy rights of boys, which may aid health care and human rights professionals in understanding this emerging vanguard of men who report suffering from circumcision. We recommend further research avenues, offer solutions to assist affected men, and suggest responses to reduce the future incidence of this problem.

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Introduction

Society cannot hear what men do not say. Men can't say what we don't feel, and we can't get in touch with our feelings until we raise our awareness of an issue.

– Warren Farrell, PhD

Removing part or all of an infant's healthy penile prepuce/foreskin – i.e. non-therapeutic circumcision – precipitates strong debate surrounding sexuality, ethics, and human rights. Discussions surrounding circumcision's potential anti-sexual effects have

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long historical roots. For example, thirteenth-century philosopher/rabbi Moses Maimonides argued that the deleterious effects of circumcision on sexual sensation had moral (i.e. spiritual) significance.¹ In 1888 cereal magnate John Harvey Kellogg, among others, promoted circumcision as an anti-masturbation treatment.²

What has not been investigated are the long-term effects of neonatal circumcision on a range of psychosexual outcome variables in adulthood. The United States (US) is home to a for-profit medical system, where more than one million infants annually are circumcised,³ as well as the largest and most vocal movement of affected men who oppose this surgery.⁴ Hence, the majority of respondents to the present international survey were from the US. This survey seeks to address the aforementioned gap in the literature and to position the findings, which may have global implications, within an overview of recent ethical discourse defending the child's human right to bodily integrity.

Background

Despite allegations of medical benefits, in recent years non-therapeutic circumcision of infants and children has inspired increasing concern among various legal scholars and human rights organisations.⁵ For example, in 1997 the World Congress of Sexology stated: 'All individuals have the right to autonomy, integrity and safety of the body. This right encompasses control and enjoyment of our own bodies, free from torture, mutilation and violence of any sort'.⁶ Attorneys for the Rights of the Child, an education/advocacy non-governmental organisation (NGO) defending children's bodily integrity rights, has asserted since 1997 that all non-therapeutic circumcisions violate multiple human rights treaties.⁷ The International NGO Council on Violence Against Children reported to the United Nations (UN) in 2012 that male circumcision, female genital mutilation, and sex assignment of intersex children are 'harmful practices based on tradition, culture, religion or superstition', further stating that 'a children's rights analysis suggests that non-consensual, non-therapeutic circumcision of boys, whatever the circumstances, constitutes a gross violation of their rights, including the right to physical integrity, to freedom of thought and religion and to protection from physical and mental violence'. The report recognised a host of physical, sexual and emotional complications associated with circumcision and recommended that 'Health practitioners should be encouraged to work actively to eliminate these harmful practices as part of their codes of ethical conduct'.⁸ Also in 2012, a Cologne court ruled that circumcision of male minors without immediate medical indication inflicts bodily harm and violates a boy's right to physical integrity.⁹ The Bundestag, however, disregarded the ruling on children's rights when it subsequently 'legalised' non-therapeutic circumcision up to six months of age. In 2013, the UN Committee on the Rights of the Child also expressed concern to Israel about the short and long-term impact of newborn circumcision, recommending a study into its complications.¹⁰ A highly respected British judge ruled in 2015 that circumcision of boys is 'significant harm' and more damaging than certain minor forms of female genital mutilation.¹¹

The alleged harmfulness of circumcision is one reason it can be seen as conflicting with a child's rights to health, bodily integrity and future autonomy. There is disagreement, however, about how to conceptualise or measure potential and actual harms of non-therapeutic circumcision. The traditional focus has been on short-term post-surgical complications. Frisch and Earp offer an alternative perspective:

... the appropriate counterbalance to the potential benefits of circumcision is not only the risk of surgical complications ... but also its short-term, intermediate, and long-term adverse consequences, both physical and psychological. Due to a lack of adequate research into these questions, however, the entire spectrum of potential circumcision harms (i.e. surgical risks plus additional negative consequences) has never been fully described. Moreover, some of these potential harms are likely to be subjective in nature (e.g. feelings of loss or resentment), and therefore highly variable across individuals, as well as difficult to quantify in a meaningful way.¹²

Earlier, Schlossberger et al. similarly cautioned: ‘Factors affecting satisfaction with circumcision status are currently not known and need to be examined ... Since the desire to be similar to peers typically fades during progression into later adolescence and adulthood, the effect of increasing age on satisfaction also needs to be examined.’¹³

Previous inquiries sought to measure men’s circumcision satisfaction levels. One Australian men’s magazine survey of 180 circumcised and genitally intact readers reported ‘Quite a lot of circumcised men (20%) were dissatisfied with the way they had been cut’, while ‘18% of the circumcised men would rather not have been’.¹⁴ Another men’s journal sampled 197 circumcised and intact American readers, finding 20.2% of circumcised men were dissatisfied with being cut (38.3% satisfied) compared to 17.3% of dissatisfied intact men (79.7% satisfied).¹⁵ Another survey found satisfaction among intact men to be 97%, while satisfaction among neonatally circumcised men was 50%.¹⁶ Hammond’s preliminary poll of 546 neonatally circumcised men revealed complex reasons for their dissatisfaction.¹⁷

While men claiming various forms of circumcision harm have publicly spoken out since the 1980s, the internet now allows increasing numbers of men to share circumcision experiences.¹⁸ Once considered a fringe group, such men increasingly discuss adverse outcomes from their circumcisions and join pro-genital autonomy demonstrations that regularly draw media attention.¹⁹

Amid this shifting socio-political landscape, the Saskatchewan College of Physicians and Surgeons (Canada) urged that:

... physicians take heed of a profound rise in activity by citizen groups. ... They are bringing to light new evidence that the male prepuce may play an important physiological and psychological role in adult male function, which has to date been largely ignored in any consideration of harm associated with infant male circumcision.²⁰

Neglected research on circumcision distress

That some men resent the loss of their foreskin has long been known. Confirming this, Bossio found evidence in a recent online study of 657 men (367 neonatally circumcised, 290 intact) – solicited from social media sites, university campus recruitment posters and surrounding community print advertising – that circumcision dissatisfaction can be a serious issue.²¹ According to her analyses, the

largest proportion of circumcised men reported feeling extremely dissatisfied with being circumcised, while the largest proportion of intact men reported feeling extremely satisfied with being intact. The more foreskin a participant reported having, the greater their self-reported satisfaction with their circumcision status.²²

Another key finding was that ‘Group comparisons revealed that intact men reported significantly higher satisfaction levels with all aspects of their penis as compared to circumcised men [who] were significantly more likely than intact men to report they had regrets about their circumcision status’²³ and wished they were the opposite circumcision status (i.e. intact). Finally,

While intact men who participated in this study appeared to have overall better outcomes with respect to attitudes, body image, and sexual functioning, there is a sample of circumcised men who are highly distressed by their circumcision status, and these negative attitudes are associated with worse body image and sexual functioning outcomes.²⁴

Bossio speculated that because the issue of choice and neonatal circumcision has been the centre of a heated debate for decades, high levels of distress shown among some circumcised males could be due to the ‘lack of choice in their circumcision status’.²⁵

Earlier men’s surveys,²⁶ Bossio’s research,²⁷ and now increasingly common public demonstrations against male genital cutting²⁸ interrogate the view that circumcision is harmless or that men are either ambivalent about or universally value their childhood circumcisions.

Bossio acknowledges undertaking ‘the first study to empirically document a sample of men who experience distress over their circumcision status’,²⁹ but did not investigate specific physical, sexual, psychological and self-esteem factors contributing to this distress as Hammond had done previously.³⁰ This information gap of overlooked (or often dismissed) dissatisfaction among some neonatally circumcised men was identified and explored in the present survey.

To accept claims of damage, one must attempt to understand the experiences of those affected. According to Hammond’s poll, even if the surgery was deemed by a surgeon or parents to have been successful, respondents viewed their circumcisions (performed without strict medical indication or their consent) to be an intrinsic, rather than an instrumental, harm. Frisch and Earp note:

While the scientific literature on the ‘average’ sexual consequences of circumcision is inconclusive and contradictory [one must grant] that circumcision is likely to affect men differently, even when properly performed. That said, however, at least two adverse outcomes can be known with certainty: first, any sensation *in the foreskin itself* is necessarily eliminated; and, second, any sexual (e.g. masturbatory) functions that require its manipulation are also necessarily precluded (internal references omitted).³¹

Indeed, the view that medically unnecessary surgery may be intrinsically harmful is a standard approach to understanding harm in, among other areas, the bioethical and legal domains. A California appeals court held ‘Even if a surgery is executed flawlessly, if the surgery were unnecessary, the surgery in and of itself constitutes harm ... the patient has gone under the knife and has been subject to pain and suffering.’³²

In exploring the effects of non-therapeutic female and male genital cutting (FGC/MGC), Lightfoot-Klein counsels:

Experiences intimately involving an individual’s sexuality – be they fulfilling or traumatic – are so completely unique, that even statistics leave one knowing next to nothing about them ... [The] material [we must consider] consists of what adult individuals have to say about their personal experiences with these surgeries and their consequences. It is essential that we listen with a completely open mind to the profoundly individual and often chilling material that people are willing to share with us, no matter how fiercely we may disagree

with them. In this way we may hope to ultimately arrive at some sort of understanding ... to do whatever needs to be done by way of remedy.³³

Circumcision bias: missing information about the foreskin

In contrast to discourse on harms associated with circumcision, some medical professionals, particularly those in circumcision normative cultures, tend to stress benefits attributed to the procedure. For example, in 2012 the American Academy of Pediatrics (AAP) Circumcision Task Force issued a Technical Report³⁴ and Policy Statement³⁵ asserting that circumcision ‘benefits outweigh the risks’. Despite concluding that ‘health benefits are not great enough to recommend routine circumcision for all male newborns’, some US media sources reported that the AAP now recommends circumcision.³⁶

Rather than endorsement by the international medical community, as one might expect given the AAP’s stature, the pronouncement was met with considerable scepticism³⁷ and even censure. Indeed, 38 senior physicians, medical ethicists and heads of medical societies throughout Europe and Canada alleged pro-circumcision cultural bias by the AAP.³⁸ The AAP counterclaimed that it was the non-circumcising cultures who were biased.³⁹ Critics, however, noted the AAP Task Force members failed to account for the value of the prepuce as tissue worth preserving. Specifically, they failed ‘to describe the known anatomy of the penile prepuce nor [did they] discuss in detail the protective and sexual functions that have been attributed to it in the medical literature’. These omissions could be seen as implying that the foreskin should be assigned a value of *zero* in harm–benefit calculations. ‘Such a valuation is uncommon outside of circumcising societies, and is inconsistent with normative medical evaluations regarding other functional parts of the body’.⁴⁰

Many North American medical textbooks often omit depictions of the prepuce or contain incorrect information.⁴¹ Medical journalist Dr Dean Edell stated he was taught nothing at Cornell Medical School about foreskin functions in the 1960s, echoed by a Stanford University medical student interviewed in 1995.⁴² In 2013, a physician from the AAP’s own Circumcision Task Force alleged ‘Nobody knows the functions of the foreskin’,⁴³ despite the AAP’s 1984 newborn care brochure discussing those functions.⁴⁴

Lack of knowledge about this normal body part and defensive attitudes about circumcision may be especially acute in neonatally circumcised men, regardless of medical credentials. A survey of randomly selected primary care physicians showed that circumcision was more often supported by doctors who were older, male, and circumcised⁴⁵ and Muller confirmed anti-foreskin bias among circumcised physicians, as well as those with circumcised partners or sons.⁴⁶

The functional value of the male prepuce, and any harm resulting from its removal, is further obscured by gender bias when, as Darby asserts, international bodies such as the World Health Organization (WHO) promote inconsistent research on FGC and MGC:

In neither case is the research open-ended: in relation to women the search is for damage, in men it is for benefit ... [S]ince no official body is interested in researching the harm and long-term adverse consequences of MGC, definitive knowledge in this area remains elusive.⁴⁷

Such biases may underpin both circumcision advocacy and reluctance of many in the medical and human rights communities, and the wider public, to consider the voices of men claiming circumcision harm.

Additional information gaps

The AAP acknowledges that ‘The true incidence of complications after newborn circumcision is unknown’,⁴⁸ asserting ‘Financial costs of care (after complications), emotional tolls, or the need for future corrective surgery are unknown’.⁴⁹ Despite these unknowns, the AAP nevertheless concluded that ‘benefits outweigh risks’. The AAP policy informed the US Centers for Disease Control’s nearly identical guidelines⁵⁰ promoting circumcision *at all ages*, which received professional criticism and strong public condemnation.⁵¹

The AAP alleges ‘[I]t is difficult, if not impossible, to adequately assess the total impact of complications’.⁵² We observe that this could be because – in a nation with at least a 150 year history of non-therapeutic neonatal circumcision, a current annual neonatal circumcision rate estimated to be between 50% and 60%, and with over one million neonates circumcised each year – there is no centralised US agency that accurately tracks the number of neonatal circumcisions performed, their complications, or the deaths arising from them. The media only occasionally reports such deaths.⁵³ Despite the growing list of legal victories showing harm caused by circumcision, serious complications and deaths are ‘highly unlikely to appear in the list [due to] privately arranged ... and sealed settlements’.⁵⁴

Another area currently lacking research concerns sexual effects of circumcision. The AAP’s Technical Report concluded that ‘Sexual function is not adversely affected in circumcised men’.⁵⁵ This conclusion, however, was not based on data drawn from males circumcised as infants, but primarily on a small selection of studies regarding adult circumcision whose findings were limited by relatively short follow-up periods.⁵⁶ Conclusions drawn from these studies cannot be mapped directly onto men circumcised as infants. Unlike adult circumcision, the newborn’s conjoined glans and preputial tissues must be prematurely separated by force. The highly erogenous frenulum, often preserved in adult circumcision, is frequently ablated in neonatal circumcision due to the smaller size of the undeveloped penis. The raw newly exposed glans, which evolved as a protected internal structure, then suffers chemical and physical abrasion from urine- and feces-soaked diapers and is continually abraded by clothing for many years preceding sexual debut. Moreover, circumcision renders impossible any sexual stimulation involving prepuce manipulation, such as alternating eversion/gliding over the penile head. ‘To say that circumcision has little or no effect on sexual experience, therefore, is to adopt an extremely narrow conception of that term’.⁵⁷

Infant circumcision is often trivialised as a ‘snip’ but its impact is not insignificant. By adulthood, the inner and outer preputial surface area varies widely, constituting 26–99 cm² of tissue.⁵⁸ Typical North American neonatal circumcisions remove what would constitute approximately 50% of the mean penile shaft skin length by adulthood⁵⁹ which possesses unique protective, sensory, immunological and other important functions.⁶⁰ This is more tissue than that removed by common milder forms of FGC, such as nicking of the clitoral hood.⁶¹ Indeed, the Langerhans cells found on the inner penile foreskin and the vaginal mucosa,⁶² often cited as being vulnerable to HIV infection and a reason for circumcising only males, are actually the body’s first immunological line of defense.⁶³

When Queens University researchers Bossio et al. recently tested circumcised and intact penises for sensitivity,⁶⁴ the press office headlined that ‘no sensitivity difference

existed between circumcised and intact men',⁶⁵ which the media promulgated,⁶⁶ garnering criticism.⁶⁷ The results should be viewed sceptically, however, as Bossio neglected to test the inner prepuce, ridged band and mucocutaneous junction that were tested by Sorrells et al.⁶⁸ Bossio's study also contradicted itself by admitting that preputial movement during sexual activity could increase sensitivity among intact men. As Earp notes:

The findings ... claiming that infant male circumcision does not affect adult penile sensitivity do not support this *headline* conclusion ... The relationship between *objective* measures of penile sensation and function and *subjective* sexual experience is more complicated than studies of this kind can show.⁶⁹

Indeed, intact men often value the prepuce's sensual nature and see its potential loss as intrinsically harmful. Even if proof existed that circumcision offered significant protection against AIDS, only 0.7% of intact men studied would agree to be circumcised.⁷⁰

Determinants of harm can include circumcision method, circumciser skill, amount of tissue removed, how the injury heals (scars can be erogenous, painful or numb⁷¹), post-surgical complications, (non)use of anesthesia, and how the affected person ultimately views what was done to them.

Circumcision *per se* diminishes or eliminates numerous previously referenced foreskin functions. Irreversible ablation of the sole moveable portion of the penis, for example, reconfigures the penis from a dynamic self-stimulating organ with refined sensory and linear bearing/gliding capabilities to a static organ dependent on compensatory stimulation. As results from the present survey will show, late complications – regardless of how minor they may seem to others – are often unacceptable to the affected men. For many, insult is added to injury when their complaints are ignored or rejected.

Barriers to reporting

As Bossio discovered 'There is a subgroup of men for whom their circumcision status is highly distressing, and these men tend to have been neonatally circumcised',⁷² yet there exist many obstacles to gaining a robust understanding of the adverse consequences associated with newborn circumcision. One such barrier is the difficulty some men face in voicing concerns about their non-intact condition. Cultural anthropologist DeMeo notes:

For a man in this culture to say 'My penis is not normal or my penis has some kind of deformity', this takes a great deal of strength of character, so not every man is going to do it.⁷³

Richters observes 'The nature of the loss is in a sense *unspeakable* and for many people unimaginable, because the reception of delicate sensation is not part of their notion of masculine sexuality'.⁷⁴

Although reasons exist why many neonatally circumcised men may not be as vocal as our survey participants,⁷⁵ men's silence about their circumcisions should not be construed to mean that circumcision was beneficial or even benign. Underpinning the issue of non-reporting may be the phenomenon of psychological adaptation to functional losses. Racy asserts 'Infants born with a congenital missing limb adapt adequately as they learn to make compensatory use of their remaining faculties'.⁷⁶ A similar phenomenon may affect neonatally circumcised males who learn to exploit their remaining penile sensory capacities upon sexual debut.

Especially in circumcising cultures where the prepuce is devalued, impediments to reporting often include insufficient awareness of beneficial preputial functions (protection, sexual pleasure, immunological defense, etc.) that precludes many from considering its loss as harmful. Other impediments may include unfamiliarity with how to identify circumcision damage (for example, not recognising the scar on one's penis until later in life),⁷⁷ erroneous assumptions that iatrogenic cosmetic irregularities are a *birth defect*, fear of ridicule, or shame over appearing vulnerable. Hence, those who believe circumcision does not damage the body or sexuality may react sceptically toward others claiming harm.

The degree to which genital cutting affects human sexuality is highly subjective, as proven by multiple studies comparing circumcised and uncircumcised women showing no significant difference in sexual function.⁷⁸ Toubia described mechanisms underlying female circumcision where '... for most girls and women, the psychological effects are likely to be subtle, buried beneath layers of denial, mixed with resignation and acceptance of social norms'.⁷⁹ Similar mechanisms may be present among many culturally circumcised males.

Since male circumcision is the anatomical equivalent of Type I female preputial excision, it would not be surprising if coping styles between the sexes also share commonalities.⁸⁰ Men's ignorance of genital anatomy and denial of circumcision harm finds its parallel among females, as witnessed in television interviews with circumcised Egyptian women.⁸¹

Many circumcised women view the decision to circumcise their daughters as something as obvious as the decision to circumcise their sons: Why, one woman asked, would any reasonable mother want to burden her daughter with excess clitoral and labial tissue that is unhygienic (and) unsightly, especially if the same mother would choose circumcision to ensure healthy and aesthetically pleasing genitalia for her son?⁸²

As we shall see, numerous survey respondents compared their circumcisions to sexual assault. Men's reluctance to report childhood circumcision damage may parallel that for not reporting military sexual assault.

More males are assaulted in the Department of Defense every year, and yet we're still not reaching them. They're not reporting. It goes into men's conditioning ... that they don't know how to reach out. More often than not, men will actually not ever disclose. ... The fear of being viewed as weak and vulnerable, that their manhood has been robbed or destroyed ... I think that buys their silence.⁸³

The most commonly cited reasons for failure to report military sexual assault mirror those revealed by our circumcised respondents: lack of trust, feelings of shame, humiliation, and fear of not fitting in or being judged as less manly.

Methodology

We emphasise that our goal was not to seek a representative sample of all circumcised men, but to qualitatively explore experiences of only those who already consider themselves harmed by involuntary non-therapeutic circumcision. Moreover, our focus was not on *botched* procedures, but on surgeries that respondents believed were ordinary. Earnest inquiry into long-term adverse health consequences from circumcision requires

meeting claimants where they are most likely to be found; foreskin restoration websites, blogs devoted to men's issues, and through genital autonomy-related social media.

This University of Texas IRB-approved study was a self-selecting online survey. Before being granted survey access, potential respondents were required to confirm being at least age 18 and, after viewing images of the intact and circumcised penis, confirm their circumcised condition. To filter duplicates, respondents were required to create unique usernames, and IP addresses were reviewed. Only demographic data (no personal identifiers) were captured.

The survey consisted of 44 questions to assess impacts of non-therapeutic circumcision, addressing demographics, physical, sexual, emotional, and self-esteem issues, as well as relationships, compensatory behaviours, assistance-seeking, and past disclosures. Responses were translated into statistical values.

Respondents were offered multiple choice answers formulated from complications identified in the medical literature,⁸⁴ typical responses from Hammond's earlier poll,⁸⁵ and from damage claims culled from public forums and blogs, foreskin restoration sites, and other social media. With methods similar to those used for exploring harm among circumcised females,⁸⁶ men in our survey ticked various responses fitting their experiences. Most questions permitted an *Other* category with an open field allowing capture of unanticipated open-ended responses in men's own words.

Respondents were permitted to upload photographic evidence, knowing that results would be made public, with consent to publish deemed automatic upon submission. Providing an email address was optional, to facilitate contact if future discussion opportunities arose. Upon completion, respondents were directed to a submission confirmation page offering legal and foreskin restoration resources.

Incomplete (20) and duplicate (4) submissions, plus seven submissions claiming no harm were excluded from the target subset.

Results

Demographics

Over a 15.5-month period 1,008 responses were received. Despite the earlier described focused outreach, 28% of respondents claimed they 'stumbled upon' the survey while internet browsing. Respondent ages ranged from 18 to 80+, with 83% of respondents between ages 20 and 59, including 30% age 20–29 and 21% age 30–39. Most respondents were born in the US (71%) and were circumcised at birth (78%) in a medical setting (94%). Other representation included Canada (8%), Australia (5%), the United Kingdom (5%), Germany (2%), Israel (1%), New Zealand (1%), South Africa (1%) and unstated (6%). Thirty-four percent were married, 43% single, 12% living with a partner, and 3% divorced, with the remainder in a civil union, separated, or widowed.

Self-reported sexual orientation found 58% to be heterosexual, 24% homosexual, and 12% bisexual, with the remainder as either not stated, fluid, or questioning. Gay and bisexual men offer useful perspectives as they are more likely than heterosexual men to intimately observe and compare physical and functional differences between themselves and either intact or circumcised partners.

Remarkably, most respondents (60%) reported becoming aware of their circumcision harm before age 19, including 25% reaching this awareness before age 13. Another 19% reached such awareness in their 20s. As one former Virginia Urologic Society president acknowledged ‘Often a poor surgical result is not recognized until years after the event’.⁸⁷

College was completed among 38% of respondents and an additional 23% had completed a post-graduate degree. Many respondents reported having both a high degree of understanding of prepuce physiology (76%) and ability to identify iatrogenic circumcision damage (63%).

Most respondents (75%) reported having Christian parents. Where Bossio cited inability to recruit significant numbers of Jewish or Muslim men,⁸⁸ 5% and 1% of our respondents respectively reported being born into Jewish or Muslim families; the remainder being of other religions or atheist. Most respondents, however, reported abandoning their parents’ religion by adulthood, similar to Bossio’s findings.⁸⁹

Individuals often change their beliefs, shed the religious assumptions inherited from parents or adopt new ones. ... Presuming that the child will want to be a member of a given community once it reaches adulthood is unwarranted.⁹⁰

From a Western European perspective, where male circumcision is rare among the general population and is almost entirely practiced by Jews and Muslims, one might expect that these groups should be more represented in this type of survey. In the US, however, where 50% or more of the general male population is circumcised, these groups constitute only a very small fraction of the circumcised male population. Jewish males represent about 1% of the US population,⁹¹ yet 5% of our respondents reported being born into a Jewish family. Jewish men therefore participated in the survey at a much higher rate than their representation in the overall society. Muslim males represent 0.45% of the US population,⁹² yet their participation in our survey was twice that rate (1%). This level of Muslim participation is especially significant because rejecting customs like circumcision is often viewed as apostasy in Islam, warranting punishment that can include death.⁹³ Such threats are often sufficient to enforce conformity and discourage criticism [Table 1](#).

These findings about religious affiliation undermine arguments that circumcision is essential to, or that it must be preserved for, religious identity.

Findings of adverse health outcomes

Physical

I have a dark ugly ring around my penis. There’s no skin mobility and I suffer from meatal stenosis and an insensitive glans.

To help respondents correctly document physical damage, an introduction to this category included photographs of the frenulum, typical circumcision scars, skin bridges and

Table 1.

a. Religion of respondents’ parents.							
Christian 75%	None 8%	Agnostic 4%		Jewish 5%			
Atheist 2%	Other 3%	Unknown 2%		Muslim 1%			
b. Current religion of respondents.							
Christian 32%	None 25%	Atheist 18%	Agnostic 13%	Other 10%	Buddhist 1%	Jewish 1%	Muslim 0%

Table 2. Reports of physical harms from neonatal circumcision.

Partial or total loss of the foreskin 100%	Partial/total loss of the frenulum 72%
Prominent circumcision scar(s) 63%	Little/no shaft skin mobility when erect; tight cut 56%
Drastic skin tone variance on either side of scar 46%	Distal shaft hair (causes friction during sex) 45%
Twist/bend in penis when flaccid or erect 25%	Meatal stenosis 24%
Skin tag(s) 20%	Skin bridge(s) 10%
Partial/total loss of penile body/shaft 10%	Gouges/surgical deformities of the glans 8%
Other 13%. E.g. – Penoscrotal webbing, tearing when erect, split/enlarged meatus, trapped penis, uneven cut.	

tags, meatal stenosis, pigmentation variances around the scar, and other physical characteristics. Some respondents commented how, prior to taking the survey, they believed they were the only ones with such ‘defects’. Over 100 men submitted photographic evidence of their circumcision damage (Table 2).⁹⁴

Embryology reveals that the male and female prepuce develop from similar tissue. Anatomical research reveals that the male prepuce is composed of highly specialised cells with neurological and immunological functions and that circumcision removes the penile structures most sensitive to fine touch.⁹⁵ This suggests that the relatively larger, densely innervated and more functionally dynamic male prepuce – while anatomically equivalent to the female prepuce – may be more analogous to the clitoris as a source of pleasure.⁹⁶ Sometimes called ‘penile reduction surgery’ by circumcision opponents, there is at least some preliminary evidence showing that circumcision affects penile size: ‘... uncircumcised penises had slightly larger circumferences [and] significant difference in length, with the uncircumcised men having a mean length 8 mm greater than the circumcised ($t = 2.06, p < 0.05$). Insufficient residual foreskin in some circumcised men may have tethered their erections’.⁹⁷

Despite wide-ranging potential complications from newborn circumcision,⁹⁸ meatal stenosis (narrowing of the urethral opening) – which is found almost exclusively among males circumcised as infants – is conservatively estimated to be the most common complication (5–20%).⁹⁹ (Appendix 1)

Sexual

My perfectly done circumcision? It’s like vision without depth or color.

Much of respondents’ reported sexual harm is better understood in relation to the penile sensory map explored by Sorrells et al., who concluded

The glans of the circumcised penis is less sensitive to fine touch than the glans of the uncircumcised penis. The transitional region from the external to the internal prepuce is the most sensitive region of the uncircumcised penis and more sensitive than the most sensitive region of the circumcised penis. Circumcision ablates the most sensitive parts of the penis.¹⁰⁰

The impact of circumcision on a man’s ejaculation latency time, i.e. whether he experiences premature or delayed ejaculation, may be attributable to altered sensation in the surgical scar,¹⁰¹ changes in penile reflexes,¹⁰² the impact of pain from the procedure on response to subsequent painful stimuli,¹⁰³ and Bossio’s findings regarding the man’s feelings about what was done to his penis.¹⁰⁴ This reflects the highly individualistic nature of responses to genital cutting (Table 3).

Table 3. Reports of sexual harms from neonatal circumcision.

Dry/keratinized glans requiring lubricants 75%	Insensitive glans 67%
Excess stimulation needed to achieve orgasm 59%	Delayed ejaculation 41%
Erectile dysfunction* 31%	Numbness of circumcision scar 27%
Painful erections/pain along the shaft skin 15%	Premature ejaculation 18%
Painful circumcision scar 8%	Hypersensitive circumcision scar 8%
Penile bleeding along shaft or at scar during sex 6%	* ED: medication use by 8%; untreated 23%
Other 11%. E.g. – Unable to ejaculate from vaginal intercourse, condoms not an option due to loss of sensation, difficulty masturbating due to loss of skin mobility, uneven sensitivity, frenular tearing.	

There is evidence from large-scale surveys that circumcised men experience more frequent orgasm difficulties than intact men and that female partners of circumcised men also experience negative outcomes to health and sexuality, notably orgasm difficulties, dyspareunia, and a sense of incomplete sexual needs fulfilment.¹⁰⁵ Although many circumcised men are socialised to consider the prepuce as ‘extra’ or ‘unnecessary’ skin, 59% of our respondents cited its absence as a reason for needing extra-ordinary methods of stimulation to reach orgasm, much the way many circumcised women are socialised to consider the external clitoral glans as something extra and report achieving orgasm by stimulating the vagina.¹⁰⁶

Thirty-one percent of respondents reported erectile dysfunction (ED); one-quarter of whom reported using ED drugs.

Diminishment of sexual satisfaction does not necessarily reduce sexual drive. Our respondents confirm that circumcision can lead to sexual compulsivity, altered sexual practices,¹⁰⁷ and other unforeseen personal/societal consequences.¹⁰⁸

Psychological/emotional

The physical scar is hideous, but the emotional scar equates to rape.

Our findings are consistent with contemporary literature about the psychological impact of childhood circumcision on men’s mental health [Table 4](#).¹⁰⁹

A segment of our respondents (22%) reported alexithymia (difficulty identifying/describing feelings), which supports findings that ‘circumcised men had age-adjusted alexithymia scores 19.9 percent higher than intact men’.¹¹⁰

Bossio’s study sample highlights the importance of a man’s attitude towards his circumcision status (i.e. that circumcised men are less likely to be happy with their circumcision status than intact men).¹¹¹

Table 4. Reports of psychological/emotional harms from neonatal circumcision.

Dissatisfaction with condition 77%	Human rights were violated 73%
Frustration about condition 72%	Anger 71%
Sense of having been mutilated 61%	Betrayed by doctor(s) 58%
Body was violated/raped 55%	Betrayed by mother 55%
Betrayed by father 50%	Feeling isolated, helpless, or alone 38%
Shame 37%	Violent thoughts of retribution against perpetrator 27%
Alexithymia 22%	Spiritual trauma 19%
Suicidal thoughts 14%	Betrayed by clergy/religious 10%
Recurrent nightmares about being attacked 10%	Betrayed by tribal elder(s) 1%
Other 16%. E.g. – Sense of injustice, post-traumatic stress disorder symptoms, rage, despair, grief, humiliation, shock, impotency, lack of sexual desire due to mutilation, body dysmorphic disorder, deep sorrow, sense of loss, motivated to end this practice, abandonment, neglect, depression, sexually inadequate, disgust, avoidance of intimacy, cheated, incompleteness, humiliation, curiosity, contentment, vengefulness.	

Self-esteem

My circumcision was not therapeutic but abusive; it led to trauma about my body and loss of self-esteem.

Adverse impacts of infant circumcision on respondents' self-esteem is noteworthy, and understandable when one considers that these men have moved beyond previously unexamined cultural indoctrination towards a deeper comprehension regarding the impact of their loss [Table 5](#).

Bossio asserts the possibility that 'mixed results in the circumcision status/sexual functioning research is – at least in part – the result of a failure to control for men's attitudes towards their circumcision status'¹¹² and that 'perceptions of body and genital image are tied to sexual functioning and quality of life, particularly among gay men'.¹¹³ We believe negative self-esteem may be a more acute problem with regard to the emotional/mental health of neonatally circumcised homosexual men. Our self-identified gay respondents reported they not only experience adverse effects from their own unwanted circumcision, but frequently encounter degrees of physical and functional damage among circumcised partners or are reminded of their own genital loss when coupled with intact partners. This finding merits further research.

Interpersonal relationships

My parents told me they did this for me out of love. I now understand they did this to me out of fear; fear of unfamiliar anatomy, of overblown health risks, of social pressure and of ancestral betrayal.

Most respondents had not expressed their circumcision dissatisfaction to their fathers (75%) or mothers (60%). Of those who did, parental reactions ranged from anger to dismissiveness to apologetic. Mothers were less dismissive of their sons' concerns than fathers (55% v. 61%), and were more apologetic (35% v. 28%) and more regretful of their decision (26% v. 19%) [Table 6](#).

Insensitive parental attitudes appear to be changing, however, as social media sites expressing parents' circumcision regret are proliferating.¹¹⁴

Compensatory behaviours

I'm still struggling to accept the full repercussions of what was done to me.

As in many cases of trauma, coping mechanisms will vary considerably [Table 7](#).

Notably, 25% of respondents reported compulsive sex as a compensatory behaviour. Sexual compulsivity is also reported among circumcised women.¹¹⁵ Laumann reported that 'the odds of a circumcised man masturbating at least once a month are estimated at 1.4 that for uncircumcised men (95% CI, 1.04–1.89)' and that 'circumcised men engage in a somewhat more elaborated set of sexual practices ...' – e.g. oral and anal sex – '... than do men who are not circumcised'.¹¹⁶ Perhaps some circumcised men

Table 5. Reports of feelings of harm from neonatal circumcision.

Less whole 75%	Damaged 74%
Inferior to intact men 66%	Not normal/unnatural 65%
Persistent concern of real/perceived genital defect 33%	Fear others – incl. sexual partner(s) – seeing my penis 31%
Other 16%. E.g. – It bothers me all the time, I wish I had had the chance to decide for myself, vulnerable, disconnected, aggressive, defensive, paranoid, mistrusting, inadequate, insecure, indifference, fine.	

Table 6. Reports of harm to interpersonal relationships from neonatal circumcision.

Causes distrust of medical profession 65%	Impedes sexual relationships with partner(s) 62%
Distances me from religion 37%	Feeling unsafe in society where I was circumcised 33%
Adversely affects relationship with mother 32%	Adversely affects relationship with father 29%
Causes resentment/distrust of women 25%	Adversely affects feelings towards intact men 24%
Adversely affects feelings towards circumcised men 22%	Impedes non-sexual relationships with partner(s) 22%
Adversely affects relationships with family/friends 19%	
Other 16%. E.g. – Makes me distrustful of everyone, made me less sociable/trusting of society during adolescence, lack of confidence, feeling flawed and needing acceptance, afraid to ever talk about it, negatively affected my social development, distaste for humanity, hostility towards circumcising religions.	

resort to oral/anal sex to compensate for penile desensitisation when vaginal intercourse is insufficiently stimulating. Frisch revealed ‘... circumcised men were more likely than uncircumcised men to report a lifetime history of 10 or more partners’.¹¹⁷ Further research should assess the possibility that circumcised men are compensating for decreased quality of sexual experiences with increased variety and quantity.

Our respondents frequently commented that condoms were not an option for them due to exacerbated loss of sensation. In two recent studies, Crosby confirmed that circumcised men were significantly less likely than intact men to wear a condom when engaged in penetrative intercourse.¹¹⁸ Increased sexual compulsivity and diminished likelihood of condom use among circumcised men cast doubt upon the efficacy of circumcision as a means of STI/HIV control.

Assistance-seeking

Not sure if I could take it if they turned down my pleas for help. Instead of turning to the medical profession, I sought help from online foreskin restoration groups.

Seventy-six percent of respondents reported talking to other men harmed by circumcision, while 64% of respondents sought no help or treatment from professionals [Table 8](#).

In a study of psychological consequences among circumcised females, Vloeberghs et al. distinguished three types of coping styles: the *adaptives*, the *disempowered* and the *traumatised*.¹¹⁹ Our survey reveals similar styles among males subjected to circumcision. *Adaptives* could describe most neonatally circumcised men, as well as our respondents who acknowledge their circumcision damage and then pursue foreskin restoration and/or activism. Perhaps the largest group, the *disempowered*, are least likely to seek assistance. The *traumatised* feel misunderstood by society and by health providers, often harbouring intense anger, sometimes coupled with a desire for revenge against their circumciser. Of our respondents, 36% had sought professional help, including primary physician (44%), urologist (34%), psychologist (31%), psychiatrist (19%), alternative healer (17%), reconstructive surgeon (14%), sexologist (4%), or religious counselor (4%). Twenty percent of this same group reported seeking advice from more than one professional. Only 29% of

Table 7. Reports of compensatory behaviours used to cope with neonatal circumcision outcomes.

Compulsive sex 25%	Alcohol use 16%
Food/overeating 12%	Self harm* 9%
Smoking 9%	Non-prescription/illegal drug use 7%
Prescription drugs (stimulants/tranquilizers) 6%	Suicide attempts 5%
None of the above 50%	* pinching/bruising/cutting/biting/burning/scarring/piercing
Other 14%. E.g. – Foreskin restoration, compulsive masturbation, sleeping poorly, avoiding intimacy, other eating disorders, panic attacks, becoming an advocate for children's rights.	

Table 8. Reasons respondents sought no help for issues surrounding neonatal circumcision.

Embarrassment 40%	Hopelessness 38%
Fearing ridicule 27%	Not important enough 24%
Other 33%. E.g. – can't talk openly about this where I come from, lack of money, wanting to deal with the issue alone, not trusting the medical profession, not having options, not being understood, not being able to undo damage, not believing anyone else can help.	

respondents reported the professionals' attitudes to be sympathetic or helpful; 25% were unsympathetic, dismissive, ridiculing or unhelpful; 23% were nonjudgmental; and 23% said the response varied because they contacted numerous professionals. Despite such assistance-seeking, there is a dearth of related reporting in the respective literature. Snyder, who studies Body Dysmorphic Disorder (BDD) involving penile concerns, reasons that 'People with BDD tend to avoid mental health specialists. ... It's much more likely that a man with penile BDD will purchase penis enlargement equipment or consult a surgeon than consult someone like me'.¹²⁰ Our findings suggest similar decision-making among men claiming circumcision harm.

That no dedicated medical or mental health programmes currently exist to help neonatally circumcised men deal with related problems may explain why some men increasingly turn to public activism as a form of 'therapy' to work through their anger and hopelessness.

Punitive actions against circumcisers

Monetary incentives for circumcision should be removed by legislators and health insurers.

This survey section revealed vengeful and sometimes violent responses [Table 9](#).

Foreskin restoration

After the coverage, I noticed that I was getting more delicious feeling during sex with my wife.

Foreskin restoration is documented among those with a deficient foreskin and some Jewish men in ancient Greece, Rome, and Nazi-era Germany.¹²¹ Owing to the minority status of circumcision in the world, restoration remained somewhat obscure until infant circumcision became near universal among Anglophone nations in the early to mid-twentieth century. With the sexual revolution of the 1960s, a growing men's movement, greater awareness of children's rights, and the advent of the internet – bringing increased knowledge about beneficial functions of the prepuce and concomitant awareness of harm from non-therapeutic circumcision – many circumcised men are now seeking methods to regain their genital integrity. The top three of more than 18 producers of manual foreskin restoration devices each report ever-increasing sales of hundreds of units annually.¹²²

Table 9. Reports of desired retribution against physicians performing non-therapeutic circumcisions.

Fined by law* 66%	Sued in court 61%
Prohibited from working with children 57%	Medical license revoked 55%
Medical license suspended* 49%	Imprisoned* 42%
Nothing 13%	*Medically unnecessary surgery is already considered illegal assault in most jurisdictions, resulting in fines, imprisonment or license revocation.
Other 17%. E.g. – Educated on infant rights and long-term consequences, made to pay back all money paid for the operation, registered as a sex offender, genital mutilation of the circumciser, other forms of physical harm, public shaming, psychological assessment. Twenty-four respondents wanted their circumciser to be executed.	

Some join the National Organization of Restoring Men.¹²³ Others consult countless English and numerous non-English-language websites.¹²⁴ The list of manual restoration devices is impressive.¹²⁵ Still others await ambitious research involving regenerative medicine.¹²⁶

Ninety-six percent of our respondents claimed awareness of foreskin restoration and 85% considered initiating restoration. Seventy-three percent admit using manual restoration techniques. Of these, only 12% reported having satisfactorily approximated the look, function and feel of a prepuce, with 88% stating they will likely spend their remaining lifetimes attempting to regain their genital integrity.

Discussion

Potential scope of the problem

Using 1990s data, extremely conservative estimates suggest that over 100 million (5%) of the world's females and more than 650 million (23%) of the world's males were subjected as children to genital cutting practices; at least seven boys for every girl.¹²⁷ Applying the 2–10% complication rate for medicalised circumcision espoused by Williams and Kapila,¹²⁸ this means that globally between 13 million and 65 million males suffer circumcision complications of the types described by respondents in our survey. Even at just a 1% complication rate, this translates to at least six million affected males.¹²⁹

However, given that many circumcisions in the world are of a ritual or tribal nature, occurring in mass ceremonies or primitive non-medical settings, much higher complication rates than 10% are possible. In nations where circumcision is endemic, no medical societies or government agencies track the exact number of circumcisions performed, the number of complications, or the resulting number of deaths. There is also no national or international medical consensus on the extent of what constitutes a 'complication'. There are no studies of long-term adverse physical, sexual, psychological or self-esteem effects on boys and men from foreskin excision. This constitutes a significant problem worthy of further investigation by world health authorities.

Although the US infant circumcision rate has steadily declined in recent decades, perceived health benefits, social pressures and financial incentives continue to fuel its incidence, with over one million newborns circumcised annually. Another extremely conservative estimate suggests that from 1940 to 1990 more than 65 million American men were circumcised as infants.¹³⁰ Using the 2–10% complication rate espoused by Williams and Kapila, 1.3 to 6.5 million American men likely suffer some form of circumcision complication. At only a 1% complication rate, up to 660,000 circumcised men may be affected. These estimates – limited to immediately identifiable post-surgical complications – do not account for inherent harms associated with the loss of the prepuce itself or later-recognised adverse outcomes to sexual/emotional health or self-esteem.¹³¹ These are significant numbers, yet there have been no efforts by the American medical community to explore or measure these impacts.

Considerations of power and control

As circumcision is often not a voluntary commitment to group identity, but is imposed on children by adults, it suggests circumcision is a form of social control.

A biocultural analysis describes childhood circumcision as ‘low-grade neurological castration’ resulting in traumatic neurological reorganisation and/or atrophy of brain circuitry.¹³² Immerman asserts ‘Sensation is localized within the brain. If circumcision affects the sensory pathways of the brain, then the implication should be strong that subsequent sexual sensations will also be affected’ and ‘It appears that any sensory deprivation of a system can also lead to cortical changes’. He suggests circumcision was a primitive effort to limit male sexual excitability to produce a male more amenable to group authority figures. Indeed, one unpublished study recorded infant brain changes post-circumcision.¹³³

Notwithstanding changes to the affected child’s brain, questions arise about power and control over women, mothers in particular, to conform to a tradition compelling them to mistrust and ultimately disregard their own powerful maternal instincts to protect their sons from a surgery shown to disrupt the maternal–infant bond.¹³⁴

From a medical ethics perspective, lack of consent from the person who must live with the consequences of circumcision is problematic to many who view parents’ proxy consent to be a usurpation of power based on poorly informed guesses about their son’s future wishes. With non-medically indicated interventions in mind, the AAP Committee on Bioethics stated:

Thus ‘proxy consent’ poses serious problems for pediatric health care providers. Such providers have legal and ethical duties to their child patients to render competent medical care based on what the patient needs, not what someone else expresses.¹³⁵

Politically speaking, Schweder discusses power imbalances surrounding gender equity arguments common among African countries where gender-inclusive circumcising traditions persist for both sexes, stating that these arguments are not routinely featured in policy debates in North America, Europe, or global institutions.

[G]iven the way power works in the ‘First World’ and its influence on global institutions and on post-colonial elites almost everywhere ... female circumcision has been officially proscribed throughout much of Africa (although without much serious enforcement). This is largely due to the reluctance of local political elites in poor supposedly liberated countries to defy the external pressure of global institutions or refuse the largesse of North American and European donors. Under conditions of unequal bargaining power African political elites take the money and duck.¹³⁶

Citing his own Jewish identity and urging tolerance of both male and female circumcision, Schweder notes ‘There are far more circumcised African women in the world who embrace their own ethnic practice than there are Jewish men who have no regrets’, yet

When challenges have arisen to male circumcision, Jewish men have been willing and able to exercise ... their considerable political and moral influence in defense of their ethnic tradition. This has not been true of the policy shaping abilities of educated circumcised African women.

In a detailed analysis, Earp describes how all forms of non-therapeutic female genital cutting, no matter how sterilised or minor, regardless of any beneficent parental motivation or lack of meaningful effect upon health or sexuality, have become the target of international eradication campaigns, while, at the same time, no form of childhood male circumcision is condemned, no matter how extreme (such as among the Xhosa of

South Africa, where dozens of deaths are reported each year). He discusses this discrepancy in terms of asymmetries in international power and control regarding childhood genital cutting:

I do not think that the WHO/UN position (on FGM) reflects truly universal values ... and to the extent that the values it does reflect happen to have been formulated in terms of universal moral principles, I do not think that such principles are being consistently applied.¹³⁷

In other words, if human rights elites held consistent concern about harm, bodily integrity, autonomy, consent and children's rights, they would focus not only on African FGC (considered beautifying and acceptable by local cultures), but they would also condemn, investigate or at least question similar genital modifications considered aesthetically and culturally acceptable in the West (e.g. teenage labiaplasty, 'vaginal rejuvenation', infant male circumcision, and childhood intersex surgeries).

Like many health care professionals, Antinuk acknowledges other manifestations of power and control where 'financial profits and the hegemony of circumcisionism are two major reasons why North Americans continue to cut the genitals of children without medical indication'.¹³⁸ Similar to sexism and heterosexism, upon which inequitable laws, policies, socio-religious attitudes, and human rights violations are based, Wisdom contends that circumcisionism – the hegemonic view in society that (male) circumcision is a normative and acceptable practice – is used to rationalise and defend childhood genital cutting, urging that circumcisionism deserves closer scrutiny from medicine, religion, ethics, law, feminists, and human rights advocates.¹³⁹

Rights-based analysis

The UN special rapporteur on religious freedom or belief, calling for recognition of children's right to religious freedom, states

Some argue that to be circumcised is part of the child's right to identity (CRC Article 8) – but having a circumcised penis is a mark of the parent's religion, not the child's freely chosen religion. Any assumption that a child will follow his parents' religion conflicts with his independent freedoms.¹⁴⁰

Our demographic findings and those of Bossio¹⁴¹ support this analysis.

Fox and Thomson argue that focusing on medical rationales for circumcision is problematic and marginalises important concerns, such as blindness to harms inflicted on boys' bodies, indicating a failure to interrogate differences along lines of sex and gender.¹⁴² They cite Hellsten, who warns that:

[L]eaving it almost exclusively within a medical context ... may make us forget that what we are discussing here is a historical tendency to look for rationalizations that allow us to practice genital alteration in one form or another, across geographical, cultural and religious boundaries.¹⁴³

Regarding female genital cutting, Cook stresses that 'According to the WHO, even if health complications at the time of the operation diminish, the human right of the child is still breached, its physical integrity is damaged'.¹⁴⁴

We contend that many with power to protect boys from the types of harm revealed in this survey are reluctant to do so over fears of infringing on parents' religious freedom.

Religious freedom is necessarily limited, however, when it inflicts harm or infringes upon the rights of others, including one's children. Testa and Block labelled circumcision 'an overreach of religious freedom, and a coercive act on the most helpless of us all'.¹⁴⁵

Apparently this reasoning is gaining social currency, as non-cutting religious rituals and supportive resources are increasing among Jewish parents in both America¹⁴⁶ and Israel.¹⁴⁷ Evidence of questioning male circumcision also exists among some progressive Muslims.¹⁴⁸

While some readers may question certain claims of harm revealed by survey respondents, what remains to be considered is the violation of children's human rights to bodily integrity. Ignatieff notes 'Human rights is the language through which individuals have created a defence of their autonomy against the oppression of religion, state, family and group'.¹⁴⁹

According to Darby

The principle of the child's right to an open future ... holds that children possess a unique class of rights called *rights in trust*, rights they cannot yet exercise, but which they will be able to exercise when they reach maturity ... Every child is a potential adult, and it is precisely that future adult whose autonomy and capacity for later choice must be protected now.

He continues 'Most children are vulnerable and unable to invoke the institutional mechanisms that could protect them from an unwanted intervention, but this fact highlights the need to give them better protection'.¹⁵⁰ Darby also questioned the 'targeting of patients who cannot consent' in a thorough and robust human rights examination involving the child's best interests, its open future and parents' substituted judgment, unequivocally demonstrating how advocacy of infant circumcision fails on three major points (medical, ethical and logical).¹⁵¹

Davis contends 'The autonomy of the individual is ethically prior to the autonomy of the family'¹⁵² so that children suffer harm when parents limit the range of choices available to them when they become adults. It appears many of our religiously circumcised respondents would agree. They recognise a profound difference between religious guidance through mental conditioning and that of physically marking the body. One can change one's mind about religion, but it is impossible to erase permanent physical marks or to restore lost capabilities or body parts.

Despite this growing consensus among ethicists and human rights advocates, male genital cutting customs face serious obstacles in making it onto the international human rights agenda. Carpenter concluded that one barrier may be that, among the human rights elites - especially those from the highly influential US, where circumcision is culturally endemic - many would have to admit that they themselves may be victims, or worse, perpetrators upon their own sons. Carpenter also observed that (unlike FGC):

[T]he practice (of MGC) is prevalent (among human rights elites) in their own social networks, and is both accepted and promoted in their adjacent professional networks. The need to tread lightly on it is therefore very much constructed by their sense of how it relates to their own political agendas and to that of their partners in the human security network.¹⁵³

Because of our findings and these obstacles, we urge wider acceptance of Svoboda's concept of genital autonomy: 'The unified principle that all children should be protected from genital cutting that is not medically necessary'.¹⁵⁴

Answers prompt more questions

Although present survey findings are limited to a self-selected subset of men, they nevertheless provide rich qualitative insights into the lived experiences of respondents. As Earp notes, ‘the current tendency to draw broad conclusions about the effects of neonatal circumcision on adult sexuality from a group of “averages”, thereby obscuring the responses of individual participants, is problematic. No one engages in sexual activity as an embodied statistical average; instead, each person’s sexual experience is unique’.¹⁵⁵

Questions for further inquiry include:

- Do body-image and self-esteem change when neonatally circumcised males learn about beneficial foreskin functions? Are changes immediate and stable or gradual and variable over time?
- To what extent does unwanted circumcision contribute to parental alienation?
- Do feelings of maternal betrayal and/or lack of compassion from some women about men’s concerns regarding circumcision play a role in development of misogynist attitudes?
- Are there disparities between brain functioning in genitally intact v. neonatally circumcised males; and between individual male infants pre-circumcision, immediately after and at pre-determined intervals post-circumcision?
- As proposed by Immerman,¹⁵⁶ would PET and/or functional magnetic resonance imaging (fMRI) reveal differences in the somato-sensory cortex – and other areas of the brain that are involved in sexual functioning – during genital stimulation of adult males circumcised in infancy v. adult males who are genitally intact?
- Do levels of sexual compulsivity differ between intact and neonatally circumcised men?
- Does mistrust of the medical profession by neonatally circumcised men contribute to fear/reluctance to access/utilise health care systems later in life?
- Does male circumcision affect (ageing) women’s experience of sex and how does a male partner’s restored foreskin alter the woman’s sexual experience?
- What impact does non-therapeutic neonatal circumcision have on gay men’s physical, sexual and emotional health and self-esteem?
- As a result of concerns about their unwanted circumcision, how common is suicidal ideation (or actual attempts) among adult and teenage males?

Potential responses to the current survey findings may include

- Encourage further research into the impact of non-therapeutic neonatal circumcision on men’s physical, sexual, emotional, and self-esteem, and on gay men in particular.
- Investigate to what degree sexual compulsivity may differ between intact and neonatally circumcised men.
- Create support groups and outreach to men suffering from their circumcision.
- Undertake personal interviews, group study and physiological and psychological tests on male infants, children and adults with an intact control group, per Goldman.¹⁵⁷
- Incorporate long-term adverse health outcomes from non-therapeutic neonatal circumcision into future lists of US International Classifications of Diseases (ICD)

codes and the World Health Organization's International Classification of Functioning, Disability and Health (ICFDH).

- Investigate the feasibility of harm reduction strategies that prohibit hospitals from soliciting parents for non-therapeutic newborn circumcision and de-list medical insurance coverage of elective infant male circumcision.

Conclusion

This is the largest known self-report survey of men who are aware of harm from neonatal circumcision. We conclude that, for this subset, infant circumcision resulted in specific negative outcomes and an unhealthy physical, sexual and emotional future that does not contribute to the highest attainable standard of physical and mental health advocated by numerous international human rights treaties. It is not currently known to what extent these findings can be extrapolated to the general population of neonatally circumcised men, but previous conservative calculations indicate a potentially significant scope of the problem in the US and globally.

This problem has remained largely hidden due to psychological, religious, social and institutional obstacles that hinder many men from reporting neonatal circumcision harm. Survey respondents, however, possess a high level of awareness that is increasingly common among men subjected to childhood genital cutting customs. In recent decades, a vanguard of outspoken men similar to our US respondents has helped to expose the problem of adverse health outcomes through public sharing of their circumcision experiences. 'Increasing numbers of circumcised men ... like their African female counterparts, are breaking historical silence to challenge childhood genital assaults'.¹⁵⁸

Our findings reinforce those of Bossio that 'results draw attention to a group of men for whom neonatal circumcision is associated with poor long-term outcomes, and thus provides insight into a subpopulation of men whom the circumcision literature would be remiss to ignore'.¹⁵⁹

Researchers should design outreach efforts to access those men most aware of their harm. Documenting the range and quality of health damage will help determine the scope of the problem. Knowing specific long-term adverse health outcomes from neonatal circumcision could be useful in identifying problems for which patients may need to seek care, especially if such outcomes were to be incorporated into the newest list of ICFDH and ICD codes.

Listening to respondents' experiences can contribute to understanding a problem that empirical investigations alone may be unable to identify. Findings are likely to have broader implications for men's health than is currently understood by mainstream medicine, human rights advocates and the general public, and can assist health care and human rights professionals in understanding and offering solutions to the difficulties facing men who identify as circumcision sufferers.

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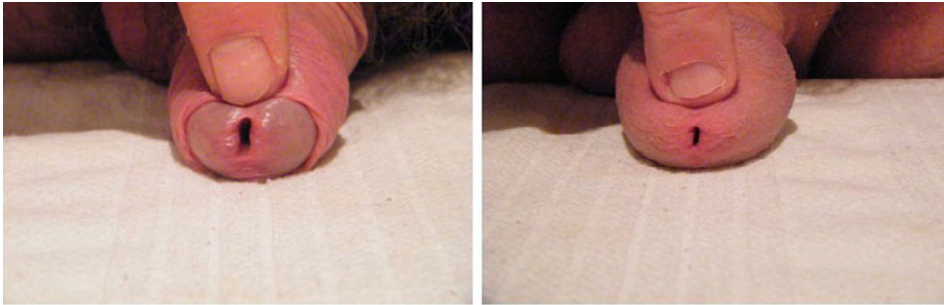
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Appendix 1.



Intact Penis: The foreskin protects the sensitive meatus from an irritating environment. The meatus is normally a wide slit. Finger applies pressure to show how wide the meatus opens.

Circumcised Penis: With no protective foreskin in infancy, the glans is exposed to urine and diapers that irritate the meatus, causing it to stenose (narrow) and restrict urine flow.

Meatal stenosis: Comparison of the normal meatal opening in an adult intact penis (left) with that of an adult penis circumcised in the neonatal period (right).