

# **Ending Forced Genital Cutting of Children and Violation of Their Human Rights: Ethical, Psychological and Legal Considerations**

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Neonatal male circumcision has no medical indication,<sup>1</sup> is non-therapeutic,<sup>2</sup> and violates the child's right to bodily integrity.<sup>3</sup> No national or international medical association anywhere in the world recommends routine neonatal male circumcision. Female circumcision has been outlawed in several Australian jurisdictions. Failure to provide equal protection under the law for male minors is discriminatory. Parents cannot give legal consent for a *non-therapeutic* surgical intervention performed on an unconsenting minor.<sup>4</sup> All forms of genital cutting imposed on children (including unnecessary sex-reduction circumcision surgery, as well as sex-assignment/reassignment surgery) may have serious life-long adverse physical, sexual and psychological consequences.<sup>5</sup> Genital cutting imposed on normal, healthy children causes grievous bodily harm (genital mutilation), and in the absence of medical necessity, amounts to criminal sexual assault.<sup>6</sup>

## **Introduction**

An estimated 650 million males and 120 million females living today have been genitally altered as children.<sup>7</sup> Mounting evidence now reveals that such genital cutting causes irrevocable harm physically, sexually, and psychologically for the victim. For example, damage from male circumcision is considerable, depriving an adult male of 64-90 square centimeters of erotogenic penile tissue.<sup>8 9</sup> Male circumcision removes at least 50% of the penile skin and thousands of highly specialised erotogenic nerve endings, necessary for normal sexual function and responsiveness.<sup>10 11 12</sup>

*Infant circumcision* severely restricts sensory input into the brain's pleasure centre during the critical developmental period, causing non-stimulated neurons therein to atrophy, or to be reassigned to other functions, resulting in "perceptual blindness" and permanent diminution of sexual function and responsivity.<sup>13 14</sup> Circumcision externalises the glans and inner foreskin remnant, resulting in progressive life-long deterioration of any residual sexual sensation.<sup>15</sup> Reduced sexual sensation, function and pleasure was acknowledged over 800 years ago by Maimonides<sup>16</sup> who stated that, "The bodily injury caused to that organ is exactly that which is desired...there is no doubt that circumcision weakens the power of sexual excitement." Circumcision often makes achieving orgasm more difficult, decreases its intensity, and impedes sexual satisfaction in circumcised men and their female partners.<sup>17 18 19</sup>

### **Psychological Harm**

Men circumcised as infants have reported feeling angry, hurt, incomplete, resentful, violated, cheated, sexually impeded and inferior to intact males.<sup>20 21 22 23</sup> There may be long-term adverse psychological consequences of male and female circumcision,<sup>24 25 26</sup> and from amputative sex-reassignment surgery imposed on unconsenting children.<sup>27 28</sup> Post-Traumatic Stress Disorder (PTSD) may result from childhood sexual abuse,<sup>29 30 31</sup> including forced circumcision of children,<sup>32 33 34 35 36 37</sup> and/or inappropriate sex-reassignment surgery.<sup>38 39</sup>

Individuals subjected to unnecessary childhood genital cutting have often described their experiences in the language of violation, torture, mutilation, and sexual assault.<sup>40</sup> Similar adverse psychological consequences have been noted by victims of female circumcision.<sup>41</sup> Female circumcision constitutes a common law assault under laws in most Australian states and many other jurisdictions.<sup>42 43</sup> In Australia or the United States, any person involved in a female circumcision even with parental consent, or consent of the female herself, is liable to prosecution. In contrast, male infant circumcision has not been expressly outlawed to-date, and in Australia at least 12% of

normal, healthy baby boys are subjected to forced circumcision each year.<sup>44</sup> In the United States, forced circumcision of infant males is common, with approximately 57% of healthy boys still being subjected to unnecessary sex-reduction circumcision surgery.

Exposure to pain during neonatal circumcision may impact adversely on brain development, sexual function, and behaviour.<sup>45</sup> Painful trauma in childhood can cause long-lasting neurophysiological and neurochemical brain changes.<sup>46 47 48 49</sup> Infants have few pain coping mechanisms,<sup>50 51</sup> and pain may not be eliminated totally by local anaesthesia.<sup>52</sup> Neonatal pain heightens subsequent long-term pain perceptivity.<sup>53 54</sup> Thus, circumcised boys experience heightened pain to immunisations six months after circumcision.<sup>55</sup>

There is evidence that human memory begins to function in the foetal stage of development as early as the twenty-first week of gestation and that it continues to function across the birth event and during the neonatal period.<sup>56</sup> A newborn is equipped with fully functioning pain pathways and therefore is fully traumatised by a stressful event.<sup>57</sup> Infant circumcision takes place at a preverbal stage in development, so that memories encoded in the brain cannot be retrieved/expressed verbally. Also, because of the dissociation of the traumatic experience and associated emotional pain, a psychological defence mechanism,<sup>58 59</sup> many men do not realise that they have been traumatized by infant circumcision as the non-verbal memories are repressed into the unconscious psyche.<sup>60</sup>

Circumcision of boys may be perceived as aggression and castration, resulting in a weakening of the ego, disturbed sexual identification, withdrawal, isolation and regression.<sup>59</sup> Circumcision causes behavioural and neurological changes,<sup>61 62</sup> and may also result in diminished self-esteem and body image, and lifelong circumcision-related stress and sexual deficits.<sup>63</sup> Some reported "gender differences" might arise primarily from circumcision-induced behavioural changes.<sup>64</sup> Many men

who see themselves as harmed by circumcision,<sup>65</sup> often suffer ongoing symptoms of PTSD.<sup>66</sup> Thus, many circumcised men who have recognised the loss of a highly erogenous, irreplaceable part of their penis have reported long-lasting emotional suffering, grief, anxiety, and depression, and a sense of personal vulnerability. Obsessive preoccupation with such a loss, however, along with anger can be difficult to reconcile for some psychologically sensitive men.<sup>67 68</sup>

Hammond surveyed 313 circumcised men who documented long-term physical, sexual, and psychological harm.<sup>69</sup> Harm reported included glans insensitivity, excessive stimulation needed for ejaculation, prominent scarring/skin tags, insufficient residual penile skin, and dissatisfaction with circumcised status. When Hammond increased the sample size to 546 circumcised men,<sup>70</sup> some 61% of the mostly middle-aged respondents reported progressive sexual sensory deficit, associated erectile dysfunction, ejaculatory difficulties, and/or anorgasmia. Sexual dysfunction resulting from the emotional distress of being circumcised was also documented, with 41% of men reporting that their emotional suffering impeded emotional intimacy. Circumcision-related emotional distress and intrusive thoughts were associated with feelings of mutilation (60%), low self-esteem/inferiority (50%), genital dysmorphia (55%), rage (52%), resentment/depression (59%), violation (46%), and parental betrayal (30%).

Circumcised males often had to resort to prolonged stimulation of residual penile nerve endings to trigger ejaculation. The unnatural dryness of their circumcised penis often made coitus painful.<sup>71</sup> Female partners reported significantly greater sexual pleasure from intercourse with intact men as compared with circumcised men.<sup>72 73</sup> In men circumcised as adults, a loss of proprioceptive stretch receptors, diminished sexual response, increased penile pain, and resultant restrictions in arousal/masturbatory technique have been documented.<sup>74</sup>

Ritual circumcision (prevalent, for example, in the Philippines, Indonesia, and parts of Africa) often results in increased aggressiveness, weakening of the ego, withdrawal, sexual dysfunction, and nightmares consistent with a diagnosis of PTSD.<sup>75</sup> Likewise, psychological trauma experienced by the infant following circumcision has been reported, consistent with the early findings of Anna Freud.<sup>76 77</sup> PTSD also has been documented in middle-aged men who had been subjected to infant circumcision.<sup>78</sup> Early trauma such as neonatal circumcision can lead to increased pain sensitivity in babies six months after circumcision,<sup>79</sup> stress disorders, attention-deficit disorders, and self-destructive behaviours<sup>80</sup> and may contribute to aggressive, violent, and/or suicidal behaviours later on in life.<sup>81 82 83 84</sup>

Circumcision may be perceived as a substitute for castration,<sup>85 86</sup> or as "low-grade neurological castration."<sup>87 88</sup> They argued that the resultant glans keratinization and neurological atrophy of sexual brain circuitry (due to loss of sensory input to the brain's pleasure centre) is used as a social control mechanism to produce a male who is less sexually excitable and more amenable to social conditioning. Circumcised men have recalled such anxiety and serious fears associated with being subjected to childhood circumcision. Emotional numbing, avoidance of discussing the topic of circumcision, sadness and anger are potential long-term psychological consequences of circumcision-related trauma.<sup>89 90</sup>

Ramos (2000) conducted a study into the psychological effects associated with medical and ritual circumcision in the Philippines. Altogether, 1577 boys aged 11 to 16 years (1072 boys circumcised under medical procedures; 505 boys subjected to ritual circumcision) were surveyed to ascertain whether the perceived trauma from genital cutting resulted in PTSD. Almost 70% of the boys subjected to ritual circumcision, and 51% of boys subjected to medical circumcision fulfilled the PTSD diagnostic criteria. Clearly, a boy who is psychologically traumatised by circumcision would have grounds to seek legal redress.<sup>91</sup>

In regard to sex-assignment surgery performed on thousands of children worldwide born with ambiguous genitalia, or sex-reassignment surgery performed on male children who have suffered iatrogenic penile necrosis from *unnecessary circumcision surgery*,<sup>92</sup> many victims as adults reject what was imposed on them as children and suffer lifelong PTSD.<sup>93 94 95</sup> Imposed genital cutting of minors violates their human rights, reduces the capacity for sexual pleasure/orgasm, may remove reproductive capacity (e.g., in cases of castration), and can cause lifelong psychological stress, especially if the victim feels trapped in the body of the opposite sex. Clearly, sex-identity is a function of genetic and pre-natal hormonal influences on the developing brain. However, in the haste to lessen the anxiety of parents and doctors, many children who would eventually develop a male sex-identity, have been inappropriately subjected to amputation of their male genitalia, put onto a lifelong course of female hormones at puberty, and reared as females. Inevitably the disparity between their reassigned bodies and their true sexual-identities has often resulted in lifelong psychological distress.<sup>96</sup>

Sex-assignment/reassignment surgery should be delayed until the afflicted individual has clearly established an unambiguous gender-identity, and can make a fully informed choice. The position of the Intersex Society of North America is that everyone has a right to all of their body parts and that only they have a right to decide what parts they don't want. Johns Hopkins University Hospital which has promoted sex-reassignment surgery on unconsenting minors, has now called for a moratorium on such involuntary, unethical surgery, in view of the evidence of long-term harm and PTSD. The Constitutional Court of Colombia has declared such forced genital surgeries to be illegal, and has severely restricted the ability of doctors and parents to surgically amputate parts of the genitalia of intersexed children.<sup>97</sup>

### **Ethical, Legal and Human Rights Considerations**

In common law jurisdictions, generally any application of force, (e.g., forced genital reduction surgery) is *prima facie* an assault, unless it can be justified as therapeutic and performed with fully informed consent of the patient.<sup>98 99 100 101 102 103</sup> Unnecessary destructive surgery such as routine infant circumcision, which is always performed on unconsenting minors, is clearly *non-therapeutic* as conceded by the American Medical Association.<sup>104</sup>

Circumcision of normal, healthy boys has been recognized as an assault for many years. For example, in 1993, the Queensland Law Reform Commission concluded that, "The circumcision procedure is invasive, irreversible and major. It involves the removal of an otherwise healthy organ part. It has serious attendant risks."<sup>105</sup> (cf. Marion's Case involving the involuntary hysterectomy of an intellectually handicapped 14 year old girl, wherein it was determined by the High Court of Australia that parents cannot provide legal consent for an irreversible, *non-therapeutic* medical procedure performed on children).<sup>106</sup> More recently, the American Academy of Pediatrics concluded that, "the data are not sufficient to recommend routine neonatal circumcision."<sup>107</sup> No national medical association anywhere in the world recommends routine (i.e., non-therapeutic) infant male circumcision.

Yet, the most recent AAP statement failed to report fully the harm of circumcision from complications, damage to physical and functional genital integrity, and increased risk of sexually transmitted diseases such as HIV/AIDS.<sup>108</sup> There have been many circumcision-related deaths.<sup>109</sup> Occasionally, the entire penis is inadvertently destroyed, and the unconsenting victims subjected to forced sex-reassignment surgery--all of which was entirely avoidable if destructive circumcision surgery had not been imposed in the first place.<sup>110</sup> In one tragic case, a baby's penis was denuded, his scrotum completely removed, and his skin from his thighs up to his navel excised to stop gangrene spreading from his circumcision wound.<sup>111</sup> A British man who suffered "appalling injuries" to his penis from a circumcision-related operation was awarded in excess of UK

£800,000.<sup>112</sup> Other possible complications aside from penile necrosis, include the inadvertent slicing off of part or all of the glans, meatal stenosis, urethral fistula, skin tags and so on.<sup>113 114 115</sup> Genital integrity and sexual function is always compromised. All these tragic injuries and deaths were entirely avoidable had medical practitioners simply adhered to the first dictum of ethical medical practice--First Do No Harm--and had not subjected these defenceless children to totally unnecessary sexual reduction surgery (circumcision).

The most recent AAP circumcision policy statement also failed to justify its blatantly unethical assertion that parents can impose genital cutting on healthy boys for cultural, religious, and ethnic reasons. The AAP statement improperly relied on an inapposite discussion of the ethical treatment of *severely ill* children,<sup>116</sup> although non-therapeutic circumcision is only to be performed on stable and *healthy* infants.<sup>117</sup> While the AAP Committee on Bioethics asserted that every child should have the opportunity to grow and develop free from preventable illness or injury,<sup>118</sup> this ethical policy was ignored in the 1999 AAP policy statement on circumcision. The AAP Committee on Bioethics had also advised that the power of parental proxy consent is limited to the granting of consent for diagnosis and treatment of *disease*. Power to consent rests solely with *patients* and it is important to observe that *parents are not the patients*. The AAP Bioethics Committee concluded that pediatric health care 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."

Nevertheless, the task force on circumcision also ignored this relevant ethical and legal guidance, relying on the fiction that male neonatal circumcision is not an injury, although the injury has been documented in the urology literature and elsewhere.<sup>119 120</sup> Normal, healthy boys do not have any genital abnormality or disease necessitating the amputation of their erotogenic foreskins. Consequently, routine infant circumcision amounts to criminal, sexual assault.<sup>121</sup> Although United States law limits parental rights,<sup>122</sup> the most recent AAP policy on parental consent for circumcision

was inconsistent with US law and would be unlikely to withstand legal challenge. It is difficult to see how the task force on circumcision could have erred so badly unless the decision was taken deliberately to place the economic interests of medical doctors above the best interests of male children, and/or their concerns about deep religious and cultural beliefs of third parties (i.e., not the child patient), notwithstanding that these parental beliefs may result in the destructive genital cutting and/or amputation of body parts of defenceless children. Thus, the AAP task force was effectively saying that people may practice their own particular religious or cultural beliefs by cutting and mutilating the genitals of other persons who cannot defend themselves! While cultural blindness may play a major role in condoning genital mutilation practices, which often are rationalised by the perpetrating culture as being of little harm,<sup>123</sup> such a pronouncement from the AAP task force on circumcision clearly violated all principles of medical ethics. Clearly, it is highly immoral and unethical to subject a normal, healthy infant to circumcision when the medical evidence indicates adverse effects from pain, complications, permanently reduced sexual function and sensation, and oftentimes resultant lifelong psychological stress.<sup>124</sup>

The United Nations Convention on the Rights of the Child recognises the child's right to autonomy and bodily integrity--rights violated by forced genital cutting.<sup>125</sup> Specifically, Article 6(2) safeguards survival and development of the child. Article 19 requires States to take all appropriate 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." Article 24(3) stipulates the need for "abolishing traditional practices prejudicial to the health of children." Article 36 protects children against all forms of exploitation prejudicial to their welfare. Article 37(a) states that, "No child shall be subjected to torture or other cruel, inhumane or degrading treatment or punishment." Circumcision of children also conflicts with such critical rights as the right to bodily integrity, right to freedom of religion of the individual subjected to genital

mutilation, right to highest attainable standard of health, right to protection against torture, and right to equal protection--as enunciated in several international treaties.<sup>126</sup> Forced circumcisions of normal, healthy children violates all these humanitarian principles to which any civilized community should adhere.

With regard to freedom of religion, children have the right to be left intact until they can form their own religious beliefs at a later time.<sup>127</sup> Often there is a conflict between parents' obligations to act in the best interests of their child and to protect the child when this conflicts with their own (parental) religious beliefs. According to medical ethicist Margaret Somerville,<sup>128</sup> there is a very interesting Supreme Court of Canada case called *In Re Sheena B* which deals with this conflict in the context of Jehovah's Witnesses. The Court held that the parents could not, on the basis of their own religious beliefs, refuse a blood transfusion for the child who was not capable of having any religious beliefs." Clearly, children cannot form their own religious beliefs--which require formal operational abstract reasoning capacity--see Piaget's theory of cognitive development<sup>129</sup> and Kohlberg's theory of moral reasoning<sup>130</sup>. Parents are not entitled to practice their own religious beliefs by cutting/mutilating the genitals of someone else--namely defenceless children not yet cognitively capable of forming reasoned religious beliefs.

In Germany, circumcision was recognized as a human rights violation when it was determined that "a circumcision which has taken place against the will of the person affected shows...a violation of his physical and psychological integrity which is of significance to asylum."<sup>131</sup> However, this implies that the person is capable of providing informed consent, but refuses to do so, whereas in all types of genital cutting of children, the child is incapable of consenting. Circumcision and sex-assignment/reassignment surgery of children is carried out without the informed consent of the individual subjected to such surgery, and amounts to criminal sexual assault. Indeed, recent United

Nations reports have recognised sexual assault on males, including circumcision, as torture and a human rights violation.<sup>132</sup>

Countries that have criminalized only female circumcision fail to provide equal protection for male minors. Laws only against non-therapeutic female genital cutting violate anti-discrimination legislation, and contravene principles of equal protection enshrined in human rights law. Such discriminatory laws, conflict with Article 7 of the Universal Declaration of Human Rights (UDHR) that, "All are equal before the law and are entitled without any discrimination to equal protection of the law."<sup>133</sup> A human rights violation occurs when females only and not males are afforded protection from non-therapeutic genital cutting (see Article 2 UDHR, Article 2 CRC, Article 1, paragraph 3 and Article 55(c) of the UN Charter).

The Australasian Association of Paediatric Surgeons in 1996 concluded that there are no medical indications for neonatal circumcision. The Australian College of Paediatrics<sup>134</sup> stated that "routine circumcision may contravene human rights...because circumcision is performed on a minor and without proven medical benefit." The New South Wales Health Commission<sup>135</sup> concluded that there is "no valid medical indication for circumcision in the neonatal period." The Nuffield Committee stated that, "Gratuitous injury, that is injury that is not undertaken in order to avoid destruction, damage or degradation, remains unacceptable."<sup>136</sup> Circumcision of healthy boys causes mutilation without the victim's informed consent, and is a violation of human rights.<sup>137</sup> Given the documented harm, lack of medical justification, and in view of the first dictum of ethical medical practice (**First Do No Harm**), medical doctors are ethically duty-bound to refuse to perform non-therapeutic destructive circumcision surgery on children.

The United Kingdom General Medical Council has instituted rigorous new requirements for informed consent.<sup>138</sup> Parents may only authorise investigation and treatment provided that these are

in the best interest of the child. When a child is the patient, court approval must be sought for non-therapeutic medical procedures. Under these new guidelines, it would appear that non-therapeutic male circumcision would need court approval. Circumcision may only be carried out if it is in the best interest of the child.<sup>139 140</sup>

From a legal perspective, physicians must act with reasonable care, and obtain *fully-informed* consent from the patient, except in a life-threatening medical emergency. Babies and children cannot provide informed consent. Third parties, including parents, cannot provide informed consent unless the proposed intervention is therapeutically required. Failure to obtain fully-informed consent renders any bodily intrusion an assault. Australia is moving down the path of increasing litigation against doctors who have circumcised normal, healthy boys. Only recently, in December 1999, in an out of court settlement, an Australian medical practitioner agreed to pay \$A360,000 to the victim of an unnecessary infant circumcision which resulted in physical, sexual and psychological harm (Peterson vs. Morley).<sup>141</sup>

Ideally, *patients* must be informed of all possible adverse effects of circumcision several days before the destructive surgery.<sup>142</sup> In regard to neonatal circumcision, parents are not the patients. Even so, physicians invariably fail to provide *full* information to parents of *all* the possible complications of circumcision. Once the erotogenic foreskin has been amputated, it is gone forever, the child has no say in the matter, and is forced to live with the adverse physical, sexual, and psychological consequences for life. Failing to inform parents about the erogenous function of the foreskin is a serious act of omission. The *Informed Consent for Medically Necessary Circumcision*,<sup>143</sup> which outlines the erogenous function of the foreskin, is the minimum that doctors must tell parents. This certificate of informed consent outlines the erotogenic function of the foreskin, discusses the extremely rare reasons for medically necessary circumcision, the “reasons” advocated for medically unnecessary circumcision, as well as foreskin anatomy and functions

(sexual pleasure, lubricating, and gliding action). It also discusses circumcision procedures, curable foreskin conditions, risks of circumcision, ethical and legal considerations of imposing circumcision on unconsenting minors, and provides permission forms to be signed.

Even a truly informed parent cannot provide legal consent for a *non-therapeutic* circumcision of a normal, healthy child. Furthermore, ethical considerations demand that parental cultural and religious beliefs should be over-ridden by the objective interests of the child. A child capable of forming his/her own views has the right to express those views freely in all matters affecting him/her.<sup>144</sup> The New South Wales Human Tissue Act<sup>145</sup> explicitly recognised the child's right to withhold consent for any proposed removal and transplantation of his/her body tissue(s). Circumcising a child or surgically altering a child's genitalia deprives his/her right to withhold consent for all time, and is unethical.

Consequently, parents can never provide legal consent for *non-therapeutic*, destructive circumcision surgery performed on normal, healthy boys/girls. Parents and medical personnel who permit or participate in a medically unnecessary non-therapeutic circumcision on a minor are liable to prosecution.<sup>146</sup> Indeed, once it is established that a child's sexual organ has been injured without medical necessity, "a case may be made for enforcement of existing laws prohibiting assault and battery, conspiracy to assault and battery, child abuse, and sexual abuse."<sup>147</sup>

Unless necessary to preserve life or health, any decision about circumcision or sex-assignment/reassignment surgery should be postponed until the individual is sufficiently mature to make it him/herself. In Australia, if a child cannot make an informed decision, then under Marion's case, consent of the Family Court or Court exercising *parens patriae* jurisdiction, and sometimes a State or Territory statutory Guardianship body is necessary.<sup>148</sup> Circumcision of normal, healthy

children is not unequivocally beneficial to the child, and consequently, parental assent for non-therapeutic circumcision is invalid.<sup>149</sup>

### Conclusions

Human rights principles raise serious concerns about infant male circumcision including, painful cutting of sensitive body parts, loss of bodily integrity, loss of erotogenic and protective sexual tissue, possible disfigurement, possible complications including loss of the entire penis or even death. In addition, the surgical cutting of children's normal, healthy genitals, performed without their consent, clearly violates all principles of medical ethics. In direct contravention of the physician's primary ethical duty to "First Do No Harm," neonatal circumcision causes irreparable lifelong harm. In many instances, circumcision dramatically reduces sexual sensation and function, and often results in lifelong sadness and psychological distress, not only for the victim but very often also for his sexual partner.

Non-therapeutic circumcision on unconsenting minors amounts to physical and sexual abuse. There is no basis human rights law that can justify the discriminatory prohibition of only female circumcision. As Richards stated, "Ritual male circumcision is non-therapeutic and is not warranted or justified by medical evidence. This form of mutilation should not be legally distinguished from female circumcision...presently being prohibited throughout Australia and the Western world. As ritual male circumcision is non-therapeutic, may be against public policy, and clearly is not in the best interests of the child, a parent's consent may be vitiated, leaving persons involved in the procedure liable in negligence, notwithstanding parental religious beliefs."<sup>150</sup>

Invasive, irreversible, non-therapeutic sexual reduction circumcision surgery or sex-assignment/reassignment surgery performed on necessarily unconsenting minors is unethical. According to medical ethicist Margaret Somerville, "neonatal circumcision is done without consent

of the subject, removes healthy tissue with unique anatomical structure and function, and leads to differences in adult sexual behavior...We need, therefore, to address the issue directly and end the persistent efforts to find a medical rationale for circumcision by removing the cloak of medicine from this procedure."<sup>151</sup> As Somerville has pointed out, circumcision of healthy baby boys contravenes fundamental ethical and human rights principles and common decency to fellow human beings.<sup>152</sup>

Non-therapeutic genital cutting imposed on children is criminal sexual abuse. Given that millions of males living today have been violated and have suffered grievous bodily harm from forced circumcision, urgent legal action must be taken to safeguard the physical genital integrity of male children. Since genital surgery performed on children, including both male and female circumcision, and sex-assignment/reassignment surgery, has been documented as causing lifelong physical, sexual,<sup>153</sup> and psychological harm,<sup>154</sup><sup>155</sup> <sup>156</sup> all forms of genital cutting in children must be stopped. Legal action is long overdue to protect the physical and sexual integrity of *all* children.

## References

- <sup>1</sup> Guidelines for Circumcision. Herston, Queensland: Australasian Association of Paediatric Surgeons; 1996. [cited 2001 Feb 15]. Available from: URL: <http://www.cirp.org/library/statements/aaps>
- <sup>2</sup> Report 10 of the Council on Scientific Affairs (I-99). Washington: American Medical Association (July, 2000). [cited 2001 Feb 15]. Available from: URL: <http://www.ama-assn.org/ama/pub/article/2036-2511.html>
- <sup>3</sup> Convention on the Rights of the Child (CRC). United Nations General Assembly, Document A/RES/44/25 (December 12, 1989).
- <sup>4</sup> Department of Health and Community Services v JWB and SMB 175 CLR 218 [Marion's Case, 1992]
- <sup>5</sup> Boyle GJ. El trastorno por estrés postraumático (PTSD) de larga duración como resultado de la cirugía de los menores. [Long-term posttraumatic stress disorder (PTSD) resulting from surgery on minors]. Keynote address, III Congreso Nacional de Psicología "Violencia y Salud Mental;" 2000 Oct 6-7; San Salvador, El Salvador, C.A.
- <sup>6</sup> Boyle GJ, Svoboda JS, Price CP, Turner JN. Circumcision of healthy boys: Criminal assault? *J Law Med* 2000;7:301-10. [cited 2001 Feb 15]. Available from: URL: <http://www.cirp.org/library/legal/boyle1>
- <sup>7</sup> World Health Organization (WHO/OMS). Female genital mutilation. June, 2000. Fact Sheet No. 241. [cited 2001 Feb 15]. Available from: URL: <http://www.who.int/inf-fs/en/fact241.html>
- <sup>8</sup> Taylor JR, Lockwood AP, Taylor AJ. The prepuce: Specialized mucosa of the penis and its loss to circumcision" *BJU* 1996;77:291-5.
- <sup>9</sup> Werker PMN, Terng ASC, Kon M. The prepuce free flap: Dissection feasibility study and clinical application of a super-thin flap. *Plastic Reconstr Surg* 1998;102:1075-82.
- <sup>10</sup> Cold CJ, McGrath KA. Anatomy and histology of the penile and clitoral prepuce in primates: Evolutionary perspective of specialised sensory tissue of the external genitalia. In Denniston GC, Hodges FM, Milos, MF, editors. *Male and female circumcision: medical, legal, and ethical considerations in pediatric practice*. New York: Kluwer Academic/Plenum Publishers; 1999. p. 19-29.
- <sup>11</sup> Cold C J, Taylor J. The prepuce. *BJU Int* 1999;83 Suppl 1:34-44.
- <sup>12</sup> Scott S. Anatomy and physiology of the human prepuce. In Denniston GC, Hodges FM, Milos, MF, editors. *Male and female circumcision: medical, legal, and ethical considerations in pediatric practice*. New York: Kluwer Academic/Plenum Publishers; 1999. p. 9-18.
- <sup>13</sup> Immerman RS, Mackey WC. A proposed relationship between circumcision and neural reorganization. *J Genet Psych* 1998;159:367-78.
- <sup>14</sup> Prescott JW. Genital pain vs. genital pleasure: why the one and not the other? *Truth Seeker* 1989;1:14-21.
- <sup>15</sup> Fleiss Paul M. The case against circumcision. *Mothering* (Winter 1997): p. 36-45. [cited 2001 Feb 15]. Available from: URL: <http://members.aol.com/MaggiMagoo/fleiss.html>
- <sup>16</sup> Maimonides M. Guide for the perplexed. New York: Dover Publications; 1956 (Reprint from 1190). p 378.
- <sup>17</sup> Immerman RS, Mackey WC. A biocultural analysis of circumcision. *Soc Biol* 1998;44:265-75.
- <sup>18</sup> Money J, Davidson J. Adult penile circumcision: erotosexual and cosmetic sequelae. *J Sex Res* 1983;19:289-92.
- <sup>19</sup> O'Hara K, O'Hara J. The effect of male circumcision on the sexual enjoyment of the female partner. *BJU Int* 1999;83 Suppl 1:79-84.
- <sup>20</sup> Bensley GA. Physical, sexual, and psychological impact of male infant circumcision: an exploratory survey. Unpublished Honours Thesis, Bond University; 1999.
- <sup>21</sup> Gemmell T. Neonatal circumcision: its long-term harmful effects. Unpublished Postgraduate Diploma of Psychology Thesis, Bond University; 2000.
- <sup>22</sup> Hammond T. Long-term consequences of neonatal circumcision: a preliminary poll of circumcised males. In Denniston GC, Milos MF, editors. *Sexual mutilations: a human tragedy*. New York: Plenum Publishers; 1997. p. 125-9.
- <sup>23</sup> Hammond T. A preliminary poll of men circumcised in infancy or childhood. *BJU Int* 1999;83 Suppl 1:85-92.
- <sup>24</sup> Abd el Salam SA. A comprehensive approach for communication about female genital mutilation in Egypt. In Denniston GC, Hodges, FM, Milos, MF, editors. *Male and female circumcision: medical, legal, and ethical considerations in pediatric practice*. New York: Kluwer Academic/Plenum Publishers; 1999. p. 317-30.
- <sup>25</sup> Elchalal U, Ben-Ami B, Brzezinski A. Female circumcision: The peril remains. *BJU Int* 1999;83 Suppl 1:103-8.
- <sup>26</sup> Toubia NF. Evolutionary cultural ethics and the circumcision of children. In Denniston GC, Hodges FM, Milos, MF, editors. *Male and female circumcision: medical, legal, and ethical considerations in pediatric practice*. New York: Kluwer Academic/Plenum Publishers; 1999. p. 1-7.
- <sup>27</sup> Evaluation of the newborn with developmental anomalies of the external genitalia (RE9958). *Pediatrics* 2000;106:138-42.
- <sup>28</sup> Beh HG, Diamond M. An emerging ethical and medical dilemma: should physicians perform sex assignment surgery on infants with ambiguous genitalia? *Michigan J Gender Law* 2000;7:1-63.
- <sup>29</sup> Bownes IT, O'Gorman EC, Sayers A. Assault characteristics and post-traumatic stress disorder in rape victims. *Acta Psychiatr Scand* 1991;83:27-30.

- <sup>30</sup> Deblinger E, McLeer SV, Henry D. Cognitive behavioural treatment for sexually abused children suffering post-traumatic stress. *J Amer Acad Child Adolescent Psychiatry*, 1990;29:747-52.
- <sup>31</sup> Duddle M. Emotional sequelae of sexual assault. *J Royal Soc Med* 1991;84:26-8.
- <sup>32</sup> Goldman R. *Circumcision: the hidden trauma*. Boston: Vanguard Publishers;1997.
- <sup>33</sup> Goldman R. The psychological impact of circumcision. *BJU Int* 1999;83 Suppl 1:93-102. [cited 2001, Feb 15]. Available from: URL: <http://www.cirp.org/library/psych/goldman1>
- <sup>34</sup> Menage J. Post-traumatic stress disorder in women who have undergone obstetric and/or gynaecological procedures. a consecutive series of 30 cases of PTSD. *J Reprod Infant Psych* 1993;11:221-8.
- <sup>35</sup> Menage J. Post-traumatic stress disorder after genital medical procedures. In Denniston GC, Hodges FM, Milos, MF, editors. *Male and female circumcision: medical, legal, and ethical considerations in pediatric practice*. New York: Kluwer Academic/Plenum Publishers; 1999. p. 215-9.
- <sup>36</sup> Ramos S. *Ritual and medical circumcision among Filipino boys: evidence of post-traumatic stress disorder*. Unpublished Honours Thesis, Bond University, Gold Coast, Queensland; 2000.
- <sup>37</sup> Rhinehart J. Neonatal circumcision reconsidered. *Transactional Analysis Journal* 1999;29:215-21.
- <sup>38</sup> Kipnis K, Diamond M. Pediatric ethics and the surgical assignment of sex. *J Clin Ethics* 1998;9:398-410.
- <sup>39</sup> Wilson BE, Reiner WG. Management of intersex: a shifting paradigm. In Dreger A, editor. *Intersex in the age of ethics*. University Press, University of Maryland, USA; 1999. p. 119-227.
- <sup>40</sup> Menage J. Post-traumatic stress disorder after genital medical procedures. In Denniston GC, Hodges FM, Milos, MF, editors. *Male and female circumcision: medical, legal, and ethical considerations in pediatric practice*. New York: Kluwer Academic/Plenum Publishers; 1999. p. 215-9.
- <sup>41</sup> Elchalal U, Ben-Ami B, Brzezinski A. Female circumcision: the peril remains. *BJU Int* 1999;83 Suppl 1:103-8.
- <sup>42</sup> Queensland Law Reform Commission. *Female genital mutilation*. Report No. 47. Brisbane: QLRC; 1994.
- <sup>43</sup> Royal Australian College of Obstetricians and Gynaecologists. *Female genital mutilation: information for Australian health care professionals*. Melbourne: RACOG. [cited 2001, Feb 15]. Available from: URL: [www.noharmon.org/fgmlaw.htm](http://www.noharmon.org/fgmlaw.htm)
- <sup>44</sup> Medicare Circumcision Statistics. Canberra: Commonwealth Department of Health and Aged Care; 2000.
- <sup>45</sup> Prescott JW. Genital pain vs. genital pleasure: why the one and not the other? *Truth Seeker*,1989;1:14-21.
- <sup>46</sup> Immerman RS, Mackey WC. A proposed relationship between circumcision and neural reorganization. *J Genet Psych* 1998;159:367-78.
- <sup>47</sup> Ciaranello R. Neurochemical aspects of stress. In Garnezy N, Rutter M, editors. *Stress, coping, and development*. New York: McGraw-Hill; 1983.
- <sup>48</sup> Kolk van der BA. The compulsion to repeat the trauma: re-enactment, revictimization, and masochism. *Psychiat Clinics North Amer* 1989;12:389-411.
- <sup>49</sup> Anand KJ, Carr D. The neuroanatomy, neurophysiology, and neurochemistry of pain, stress, and analgesia in newborns and children. *Pediat Clinics North Amer* 1989;36:795-822.
- <sup>50</sup> Fitzgerald M. The birth of pain. *MRC News* 1998;Summer:20-3.
- <sup>51</sup> Lander J, Brady-Freyer B, Metcalfe JB, Nazerali S, Muttit S. Comparison of ring block, dorsal penile nerve block, and topical anesthesia for neonatal circumcision: a randomized controlled trial. *JAMA* 1997;278:2157-62.
- <sup>52</sup> Williamson P, Evans N. Neonatal cortisol response to circumcision with anesthesia. *Clin Pediatrics* 1986;25:412-5.
- <sup>53</sup> Dixon S, Snyder J, Holve R, Bromberger P. Behavioral effects of circumcision with and without anesthesia. *J Devel Behav Pediat* 1984;5:246-50.
- <sup>54</sup> Taddio A, Goldbach M, Ipp M, Stevens B, Koren G. Effect of neonatal circumcision on pain response during vaccination. *Lancet* 1995;345:291-2.
- <sup>55</sup> Taddio A, Katz J, Ilersich AL, Koren G. Effect of neonatal circumcision on pain response during subsequent routine vaccination. *Lancet*, 1997;349:599-603.
- <sup>56</sup> Hepper PG. Fetal memory: does it exist? what does it do? *Acta Paediatr Suppl* 1996;416:16-20.
- <sup>57</sup> Anand KJS, Hickey PR. Pain and its effects in the human neonate and fetus. *New England J Med* 1987;317:1321-9. [cited 2001, Feb 15]. Available from: URL: [www.cirp.org/library/pain/anand](http://www.cirp.org/library/pain/anand)
- <sup>58</sup> Chu J, Dill D. Dissociative symptoms in relation to childhood physical and sexual abuse. *Amer J Psychiatry* 1990;147:887-92.
- <sup>59</sup> Noyes R. Depersonalization in response to life threatening danger. *Comprehensive Psychiatry*,1977;18:375-84.
- <sup>60</sup> Freud S. Totem and taboo. *Standard Edition* 1913;13:1-161.
- <sup>61</sup> Laumann EO, Masi CM, Zuckerman EW. Circumcision in the United States: prevalence, prophylactic effects, and sexual practice. *JAMA* 1997;277:1052-7.
- <sup>62</sup> Van Howe RS, Svoboda JS, Dwyer JG, Price CP. Involuntary circumcision: the legal issues. *BJU Int* 1999;83:63-73.
- <sup>63</sup> Goldman R. The psychological impact of circumcision. *BJU Int* 1999;83 Suppl 1:93-102. [cited 2001, Feb 15]. Available from: URL: <http://www.cirp.org/library/psych/goldman1>
- <sup>64</sup> Richards MPM, Bernal JF, Brackbill Y. Early behavioral differences: gender or circumcision? *Devel Psychobiol*, 1976;9:89-95.
- <sup>65</sup> Hammond T. A preliminary poll of men circumcised in infancy or childhood. *BJU Int* 1999;83 Suppl 1:85-92.

- <sup>66</sup> Warren JP, Smith FD, Dalton JD. et al. Circumcision of children. *BMJ* 1996;312:377.
- <sup>67</sup> Bigelow J. The joy of uncircumcising: exploring circumcision: history, myths, psychology, restoration, sexual pleasure and human rights. Aptos, CA: Hourglass Publishers; 1995.
- <sup>68</sup> Maguire P. Coping with loss: surgery and loss of body parts. *BMJ* 1998;316:1086-8.
- <sup>69</sup> Hammond T. Long-term consequences of neonatal circumcision: a preliminary poll of circumcised males. In Denniston GC, Milos MF, editors. *Sexual mutilations: a human tragedy*. New York: Plenum Publishers; 1997.
- <sup>70</sup> Hammond T. A preliminary poll of men circumcised in infancy or childhood. *BU Int* 1999;83 Suppl 1:85-92.
- <sup>71</sup> Milos MF. Circumcision: male-effects upon human sexuality. In Bullough VL, Bullough B, editors. *Human sexuality: an encyclopedia*. New York: Garland Publishers; 1994. p. 119-22.
- <sup>72</sup> O'Hara K, O'Hara J. The effect of male circumcision on the sexual enjoyment of the female partner. *BJU Int* 1999;83 Suppl 1:79-84.
- <sup>73</sup> Bensley GA. Physical, sexual, and psychological impact of male infant circumcision: an exploratory survey. Unpublished Honours Thesis, Bond University; 1999.
- <sup>74</sup> Money J, Davidson J. Adult penile circumcision: erotosexual and cosmetic sequelae. *J Sex Res* 1983;19:289-92.
- <sup>75</sup> Ramos S. Ritual and medical circumcision among Filipino boys: evidence of post-traumatic stress disorder. Unpublished Honours Thesis, Bond University; 2000.
- <sup>76</sup> McFadyen A. Children have feelings too. *BMJ* 1998;316:1616.
- <sup>77</sup> Freud A. The role of bodily illness in the mental life of children. *Psychoanalytic Study of the Child*, 1952;7:69-81.
- <sup>78</sup> Rhinehart J. Neonatal circumcision reconsidered. *Transactional Analysis Journal*, 1999;29:215-21.
- <sup>79</sup> Taddio A, Goldbach M, Ipp M, Stevens B, Koren G. Effect of neonatal circumcision on pain response during vaccination. *Lancet* 1995;345:291-2.
- <sup>80</sup> Anand KJ, Scalzo FM. Can adverse neonatal experiences alter brain development and subsequent behavior? *Biology of the Neonate*, 2000;77:69-82.
- <sup>81</sup> Jacobson B, Eklund G, Hamburger L, Linnarsson D, Sedvall G, Valverius M. Perinatal origin of adult self-destructive behavior. *Acta Psychiatr Scand* 1987;76:364-71.
- <sup>82</sup> Parkes CM. Coping with loss: facing loss. *BMJ* 1998;316:1521-4.
- <sup>83</sup> Bradley SJ, Oliver GD, Chernick AB, Zucker KJ. Experiment of nurture: ablatio penis at 2 months, sex reassignment at 7 months, and psychosexual follow-up in young adulthood. *Pediatrics*, 1998;102:e9.
- <sup>84</sup> Jacobson B, Bygdeman M. Obstetric care and proneness of offspring to suicide. *BMJ* 1998;317:1346-9.
- <sup>85</sup> Freud S. *Introductory lectures on psychoanalysis (1920 reprint)*. New York: Norton; 1966. p. 165.
- <sup>86</sup> Ozturk O. Ritual circumcision and castration anxiety. *Psychiatry*, 1973;36:55.
- <sup>87</sup> Immerman RS, Mackey WC. A proposed relationship between circumcision and neural reorganization. *J Genet Psych* 1998;159:367-78.
- <sup>88</sup> Immerman RS, Mackey WC. A biocultural analysis of circumcision. *Soc Biol* 1998;44:265-75.
- <sup>89</sup> Goldman R. The psychological impact of circumcision. *BJU Int* 1999;83 Suppl 1:93-102. [cited 2001, Feb 15]. Available from: URL: <http://www.cirp.org/library/psych/goldman1>
- <sup>90</sup> Menage J. Post-traumatic stress disorder after genital medical procedures. In Denniston GC, Hodges FM, Milos, MF, editors. *Male and female circumcision: medical, legal, and ethical considerations in pediatric practice*. New York: Kluwer Academic/Plenum Publishers; 1999. p. 215-9.
- <sup>91</sup> Boyle GJ, Svoboda JS, Price CP, Turner JN. Circumcision of healthy boys: criminal assault? *J Law Med* 2000;7:301-10. [cited 2001, Feb 15]. Available from: URL: <http://www.cirp.org/library/legal/boyle1>
- <sup>92</sup> Bradley SJ, Oliver GD, Chernick AB, Zucker KJ. Experiment of nurture: ablatio penis at 2 months, sex reassignment at 7 months, and psychosexual follow-up in young adulthood. *Pediatrics*, 1998;102:e9.
- <sup>93</sup> Kipnis K, Diamond M. Pediatric ethics and the surgical assignment of sex. *J Clin Ethics*, 1998;9:398-410.
- <sup>94</sup> Wilson BE, Reiner WG. Management of intersex: a shifting paradigm. In Dreger A, editor. *Intersex in the age of ethics*. Baltimore: University of Maryland Press; 1999.
- <sup>95</sup> Colapinto J. The true story of John/Joan. *Rolling Stone*, 1997;December:54-97.
- <sup>96</sup> McMullen J. Breaking the silence. 60 Minutes national television program aired in Australia. Network Nine, June 25; 2000.
- <sup>97</sup> Greenberg JA, Chase C. Colombia High Court limits surgery on intersexed infants; 2000. [cited 2001 Feb 15]. Available from: URL: <http://www.isna.org/colombia/background.html>
- <sup>98</sup> Chessler AJ. Justifying the unjustifiable: Rite v wrong. *Buffalo Law Review*, 1997;45: 555-613.
- <sup>99</sup> Dwyer J. Parents religion and children's welfare: Debunking the doctrine of parents' rights *California Law Review*, 1994;82:1371-447.
- <sup>100</sup> Price CP. Male circumcision: An ethical and legal affront. *Bull Med Ethics*, 1997;128:13-9. [cited 2001 Feb 15]. Available from: URL: [www.cirp.org/CIRP/library/legal/price](http://www.cirp.org/CIRP/library/legal/price)
- <sup>101</sup> Richards. D. Male circumcision: medical or ritual? *J Law Med* 1996;3:371-6. [cited 2001, Feb 15]. Available from: URL: [www.cirp.org/library/legal/richards](http://www.cirp.org/library/legal/richards)
- <sup>102</sup> Somerville MA. Medical interventions and the criminal law: lawful or excusable wounding? *McGill Law Journal*, 1980;26:82-96.

- <sup>103</sup> Turner JN. Circumcised boys may sue. *Health Law Update* 1996;1(Feb 23):1.
- <sup>104</sup> Report 10 of the Council on Scientific Affairs (I-99). American Medical Association; July 2000. [cited 2001 Feb 15]. Available from: URL: [www.ama-assn.org/ama/pub/article/2036-2511.html](http://www.ama-assn.org/ama/pub/article/2036-2511.html)
- <sup>105</sup> Circumcision of male infants: research paper. Brisbane: Queensland Law Reform Commission; Dec 1993.
- <sup>106</sup> Department of Health and Community Services v JWB and SMB 175 CLR 218. [Marion's Case, 1992].
- <sup>107</sup> American Academy of Pediatrics: Task force on circumcision: circumcision policy statement (RE 9850). *Pediatrics*, 1999;103:686-93. [cited 2001 Feb 15]. Available from: URL: [www.cirp.org/library/statements](http://www.cirp.org/library/statements)
- <sup>108</sup> Van Howe RS. Circumcision and HIV infection: Review of the literature and meta-analysis. *Int J STD & AIDS*, 1999;10:8-16.
- <sup>109</sup> Wallerstein E. Circumcision: An American health fallacy. New York: Springer Publishers; 1980. [cited 2001, Feb 15]. Available from: URL: [www.noharmm.org/evansdeath.htm](http://www.noharmm.org/evansdeath.htm)
- <sup>110</sup> Gorman C. A boy without a penis. *Time Magazine*, 1997;March 24:31.
- <sup>111</sup> Bliss Jr DP, Healey PJ, Waldhausen JHT. Necrotizing fasciitis after Plastibell circumcision. *J Pediatrics* 1997;31:459-62. [cited 2001 Feb 15]. Available from: URL: [www.infocirc.org/fourn.htm](http://www.infocirc.org/fourn.htm)
- <sup>112</sup> Sex operation pilot settles for UK£ 800,000. *London Daily Telegraph*, 1998;Nov 27.
- <sup>113</sup> Kaplan G. Complications of circumcision" *Urologic Clinics of North America*, 1983;10:543-9.
- <sup>114</sup> Patel H. The problem of routine circumcision. *Canad Med Assoc Journal*, 1996;95:576 & 580.
- <sup>115</sup> Williams N, Kapila L. Complications of circumcision. *Br J Surg*, 1993;80:1231-6.
- <sup>116</sup> Fleischman AL, Nolan K, Dubler NN, Epstein MF, Gerben MA, Jellinek MS, Litt IF, Miles MS, Oppenheimer S, Shaw A. Caring for gravely ill children. *Pediatrics* 1994;94:433-9.
- <sup>117</sup> Circumcision policy statement (RE 9850),. *Pediatrics*, 1999;103:686-93. [cited 2001, Feb 15]. Available from: URL: [www.cirp.org/library/statements](http://www.cirp.org/library/statements)
- <sup>118</sup> Consent, parental permission, and assent in pediatric practice (RE9510). *Pediatrics*, 1995;95:315.
- <sup>119</sup> Taylor JR, Lockwood AP, Taylor AJ. The prepuce: specialized mucosa of the penis and its loss to circumcision" *BJU* 1996;77:291-5.
- <sup>120</sup> O'Hara K, O'Hara J. *Sex as nature intended it*. Hudson, Massachusetts: Turning Point Publications; 2001.
- <sup>121</sup> Boyle GJ, Svoboda JS, Price CP, Turner JN. Circumcision of healthy boys: Criminal assault? *J Law Med* 2000;7:301-10. [cited 2001, Feb 15]. Available from: URL: [www.cirp.org/library/legal/boyle1](http://www.cirp.org/library/legal/boyle1)
- <sup>122</sup> Brigman WB. Circumcision as child abuse: legal and constitutional issues" *J Family Law*, 1984-85;23:337-57.
- <sup>123</sup> Svoboda JS. Routine infant male circumcision: examining the human rights and constitutional issues" In Denniston, GC, Milos, MF, editors. *Sexual mutilations: A human tragedy* New York: Plenum Publishers; 1997.
- <sup>124</sup> Boyle, G. J. El trastorno por estrés postraumático (PTSD) de larga duración como resultado de la cirugía de los menores. [Long-term post-traumatic stress disorder (PTSD) resulting from surgery on minors]. Keynote address, III Congreso Nacional de Psicología "Violencia y Salud Mental," San Salvador, El Salvador, C.A., October 6-7, 2000.
- <sup>125</sup> Convention on the Rights of the Child (CRC). United Nations General Assembly Document A/RES/44/25; December 12, 1989.
- <sup>126</sup> Boyle GJ, Svoboda JS, Price CP, Turner JN. Circumcision of healthy boys: criminal assault? *J Law Med* 2000;7:301-10. [cited 2001 feb 15]. Available from: URL: [www.cirp.org/library/legal/boyle1](http://www.cirp.org/library/legal/boyle1)
- <sup>127</sup> Religious objections to medical care (RE9707). *Pediatrics*, 1997;99:279-81.
- <sup>128</sup> Somerville MA. *Altering baby boys' bodies*. In *The ethical canary: science, society and the human spirit*. Sydney: Penguin Publishers; 2000..
- <sup>129</sup> Inhelder B, Piaget J. *The growth of logical thinking from childhood to adolescence*. London: Routledge Kegan Paul Publishers; 1958..
- <sup>130</sup> Colby A, Kohlberg L. *The measurement of moral judgment*. Cambridge, UK: Cambridge University Press; 1987.
- <sup>131</sup> Judgment (1991) (Nov 5) BVerwG, Bundesverwaltungsgericht Federal Administrative Court, 107 DVBI 828-830.
- <sup>132</sup> United Nations Document No. S/1994/674.
- <sup>133</sup> United Nations Universal Declaration of Human Rights.
- <sup>134</sup> Routine Circumcision of Normal Male Infants and Boys. Australian College of Paediatrics; May 1996. [cited 2001, Feb 15]. Available from: URL: [www.cirp.org/library/statements/acp1996](http://www.cirp.org/library/statements/acp1996)
- <sup>135</sup> New South Wales Health Commission. File C6854, Circular No. 82/60; March 1, 1982.
- <sup>136</sup> Nairn P. *Human tissue: ethical and legal issues* London: Nuffield Publishers; 1995. [ISBN 0-9522701-1-0].
- <sup>137</sup> Conant M, Katz-Sperlich B. *Nurses for the Rights of the Child: An update*. In Denniston GC Milos MF editors. *Sexual mutilations: a human tragedy* NY: Plenum Publishers; 1997. [cited 2001, Feb 15]. Available from: URL: [www.cirp.org/nrc](http://www.cirp.org/nrc)
- <sup>138</sup> Seeking patients' consent: the ethical considerations. London: General Medical Council; 1999. [cited 2001, Feb 15]. Available from: URL: [www.gmc-uk.org/n\\_hance/good/consent.htm](http://www.gmc-uk.org/n_hance/good/consent.htm)
- <sup>139</sup> Price CP. Male non-therapeutic circumcision: the legal and ethical issues. In Denniston GC, Hodges FM, Milos, MF, editors. *Male and female circumcision: medical, legal, and ethical considerations in pediatric practice*. New York: Kluwer Academic/Plenum Publishers; 1999.

- 
- <sup>140</sup> Re J. (1999). Child's religious upbringing and circumcision. Family Division, Butterworths. [cited 2001, Feb 15]. Available from: URL: [www.butterworths.co.uk/academic/fortin/cases/Re\\_J.htm](http://www.butterworths.co.uk/academic/fortin/cases/Re_J.htm)
- <sup>141</sup> Peterson v Morley (out of court settlement), Perth District Court, Western Australia. Memorandum of Consent Judgment, No. 3713.
- <sup>142</sup> Circumcision of male infants: research paper. Brisbane: Queensland Law Reform Commission; December 1993.
- <sup>143</sup> Wayne EM. Informed consent for medically necessary circumcision; 1998. [cited 2001, Feb 15]. Available from: URL: [www.informedconsent.org/circumcision.html](http://www.informedconsent.org/circumcision.html)
- <sup>144</sup> Convention on the Rights of the Child (CRC). United Nations General Assembly, Document A/RES/44/25; December 12, 1989.
- <sup>145</sup> New South Wales Human Tissue Act. Sections 15 &17; 1983. Sydney: NSW.
- <sup>146</sup> Turner JN. Circumcised boys may sue. Health Law Update 1 1996;Feb 23:1.
- <sup>147</sup> Brigman WB. Circumcision as child abuse: legal and constitutional issues" J Family Law 1984-85;23:337-57.
- <sup>148</sup> Consent to health care of young people. Report No. 51, Vol. 1: The law and the need for reform. Brisbane: Queensland Law Reform Commission; 1996. p. 60.
- <sup>149</sup> Boyle GJ, Svoboda JS, Price CP, Turner JN. Circumcision of healthy boys: Criminal assault? J Law Med 2000;7:301-10. [cited 2001, Feb 15]. Available from: URL: [www.cirp.org/library/legal/boyle1](http://www.cirp.org/library/legal/boyle1)
- <sup>150</sup> Richards D. Male circumcision: medical or ritual? J Law Med 1996;3:371-6. [cited 2001, Feb 15]. Available from: URL: [www.cirp.org/library/legal/richards](http://www.cirp.org/library/legal/richards)
- <sup>151</sup> Somerville MA, Alwin DM. Lidocaine-Prilocaine cream for pain during circumcision. New England J Med 1997;337:568.
- <sup>152</sup> Somerville MA. Altering baby boys' bodies. In The ethical canary: science, society and the human spirit. Sydney: Penguin Publishers; 2000.
- <sup>153</sup> Diamond M. Sex reassignment at birth: a long term review and clinical implications. Archives of Pediatric and Adolescent Medicine, 1997;151:298-304.
- <sup>154</sup> Menage J. Post-traumatic stress disorder after genital medical procedures. In Denniston GC, Hodges FM, Milos, MF, editors. Male and female circumcision: medical, legal, and ethical considerations in pediatric practice. New York: Kluwer Academic/Plenum Publishers; 1999.
- <sup>155</sup> Kennedy H. Trauma in childhood: Signs and sequelae as seen in the analysis of an adolescent. Psychoanalytic Study of the Child, 1986;41:209-19.
- <sup>156</sup> Levy DM. Psychic trauma of operations in children. Amer J Diseases of Children, 1945;69:7-25.