COMMENT

Deficiencies and biases in professional understanding of the effects of childhood male genital cutting: comments on "Psychological, psychosocial and psychosexual aspects of penile circumcision" by Marcus C. Tye and Lauren Sardi

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In "Psychological, psychosocial and psychosexual aspects of penile circumcision" authors Tye and Sardi address shortcomings of past policy statements on penile circumcision that "focused primarily on disease, dysfunction, or sensation, with relatively little consideration of psychological and psychosocial implications of the procedure" [1].

The authors are correct that there has not been adequate research into these topics. As a human rights campaigner of many years, with an early focus on LGBTQ+ issues, I've dedicated the last three decades to promoting children's rights to bodily integrity and safeguarding their future genital autonomy (i.e., their ability to decide, when sufficiently mature, whether or how they would like their own genitalia to be surgically modified, regardless of their sex or gender). This recent work is a logical outgrowth of longstanding LGBTQ+ concepts of body ownership and autonomy, as well as principles endorsed by the World Association for Sexual Health, including "the right to be free from… cruel, inhuman or degrading treatment… related to sexuality, including: harmful traditional practices", and that "everyone has the right to control and decide freely on matters related to sexuality and their body", including "free and informed consent prior to any sexually-related testing, interventions, therapies, surgeries, or research" [2].

In the late 1980s, I first encountered circumcised men seeking to regain their bodily integrity through non-surgical foreskin restoration methods, and also became aware of a wider group of non-restoring circumcision sufferers. I looked to the professional medical and psychological literatures for information on these subgroups of the circumcised male population who believed themselves to be harmed by non-therapeutic childhood genital cutting. With few exceptions, however, the only literature dealing with circumcision harm was about African females. The circumcision literature then, as it mostly is today, has been gender asymmetrical, reflecting dominant cultural norms and customs of the United States. Thus, as medical historian Robert Darby noted, in the case of female genital cutting (associated in Western imagination with barbaric 'Others' in far-off places) the overwhelming purpose of research was to document the harms of the practice, regardless of type. By contrast, the research aim concerning male genital cutting (imagined to be a 'civilized' practice as it is performed by U.S. doctors), has largely been to find evidence of some benefit that could justify an otherwise aberrant practice [3]. It is entirely appropriate that researchers should make every effort to record the harms of female genital cutting, whereas a search for any 'health benefits', when imposed non-consensually, should not ethically be entertained [4]. The time has come for similar efforts regarding the harms of non-therapeutic, non-consensual male circumcision.

After hearing from hundreds of men who were adversely affected by childhood genital cutting, I decided as a layperson to conduct my own research based on the experiences of these men. Ultimately that effort involved more than 500 survey respondents in the United States and was published in 1999 in BJU International as the first in-depth poll specifically designed to reach out to this subpopulation of circumcised men and to take seriously their lived experiences [5]. More than 10 years later I and a medical colleague conducted a second, more thorough international survey involving more than 1000 men [6].

Due to the normalization of male genital cutting in the United States, a common response to men's complaints about having been circumcised without their consent is that any problems must be 'all in their head'. That childhood circumcision–a medically unnecessary surgery that removes healthy tissue from a person's most intimate anatomy–could itself be a legitimate cause for resentment or distress is often dismissed. Tye and Sardi referenced a paper dealing with culturally normative female genital cutting [7], noting that the degree of distress following such cutting is likely to depend in part on wider cultural factors, including the prevalence of the cutting in one's social environment, whether one has been exposed to alternative narratives and representations of the cutting, and how these factors interact with individual differences in personality traits, coping mechanisms, and so on. They are right to suggest that this should be no less true of those subjected to culturally normative male genital cutting.

In neither case is it appropriate to make generalized, homogenous claims of either harmfulness of lack of harm: the extent to

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which an individual is harmed by genital cutting depends not only on purely 'physical' factors, such as how much tissue was removed or whether there were any unintended complications, but also on one's values, preferences, and attitudes toward having intact versus modified genitals.

For many of the men I surveyed, the genital cutting itself was perceived as the primary harm, over and above any physical damage (beyond foreskin removal) that they also reported. Indeed, this can be true for any non-consensual genital cutting, regardless of the sex or gender of the affected person, insofar as one places any positive value on (a) the anatomical part (e.g., penile foreskin or clitoral hood) that is damaged or removed by cutting, (b) the state of being fully intact, or (c) the ability to decide about such highly personal matters for oneself, in which case, medically unnecessary genital cutting without one's own consent is necessarily a harm, whether or not accompanied by other surgical complications [8].

It is therefore quite reasonable to believe that the pain and stress of non-medically indicated newborn or childhood penile circumcision, combined with the inherent physical defects and physiological deficiencies (e.g., loss of healthy, sensitive tissue) and disadvantages it imposes on the child, can adversely affect the person sexually and/or psychologically for life.

Although some complications of penile circumcision are described in the medical literature as 'rare', it is important to recognize that:

- if you are one of those 'rare' cases, the complication rate for you was 100%; it is your reality and can involve an all-consuming burden of knowing that although you were born with a normal healthy penis, your lifelong suffering is the result of a medicalized social custom imposed on you without a medical indication;
- among medical and mental health professionals there is no universally accepted definition of what constitutes a 'complication'–especially in the under-investigated long-term period following circumcision–and therefore no comprehensive record keeping of complications exists; despite the American Academy of Pediatrics having stated on two separate occasions that "the full extent of complications is likely not known" and "The true incidence of complications after newborn circumcision is unknown" [9, 10]; and
- while "Some authors have reported a complication rate as low as 0.06 per cent, …at the other extreme rates of up to 55 per cent have been quoted, …[t]his reflects the differing and varying diagnostic criteria employed; a realistic figure is 2-10 per cent" [11]; see also Shabanzadeh, D. M., Clausen, S., Maigaard, K., & Fode, M. (2021). Male Circumcision Complications–A Systematic Review, Meta-Analysis and Meta-Regression. Urology, 152, 25–34]. However, even if one assumes the low end of the more "realistic" estimate, with over 1.2 million newborn circumcisions performed annually in the U.S [12]., a complication rate of 2% translates to the existence of at least 24,000 males per year experiencing complications due to a medically unnecessary surgical procedure, an unknown proportion of which will be serious enough to cause lasting physical problems, in addition to any associated psychological distress or grief.

Such physical damage can adversely impact the mental health, sexual well-being and quality of life of many individuals because, in addition to the inherent deprivation of the penile prepuce itself and any associated properties and functions the person may value (e.g., light touch sensations it affords, and its biomechanical role in sex and masturbation, noted by Tye and Sardi) [13], known risks include excessive skin removal causing tight, painful erections; meatal stenosis; prominent or irregular scarring; numb, hypersensitive or painful scars; unsightly scar pigmentation; unaesthetic and/or painful skin bridges; gouges in and/or toughening of the penile glans; and an array of other issues [5, 6].

Some physical damage arising from newborn circumcision likely remains undetected in infancy and may only be discovered by the affected person as the penis matures (into later childhood, adolescence or even into adulthood). There is a paucity of research into these long-term adverse outcomes, partly due to circumcision sufferers remaining silent out of well-founded fears of being misunderstood and unsupported, as well as experiences with their concerns not being taken seriously, or worse, being ridiculed by family, friends and the very health professionals from whom one would expect to receive assistance [14].

Such cavalier dismissals of a person's concerns regarding genital cutting would rightly be seen as inhumane if the individual had female-typical anatomy. In cultures where newborn and young girls routinely have their clitoral prepuce or part of their labia removed (so-called female 'circumcision') it is common–even when there are no long-term surgical complications from such excisions–that some affected individuals eventually learn the functions and sensory properties of those genital structures, and wonder what it would have been like to experience their bodies and sexuality in an anatomically intact state. Many such women have broken out of their social conditioning to bravely speak about their harm and resentment and to publicly oppose the practice even in its 'minor' forms [15].

Their feelings of dissatisfaction, distress and grief over a medically unnecessary modification of a private part of their body are reasonable. It is appropriate and understandable that they feel resentful that an intimate choice was taken away from them. Accordingly, Western medical professionals and psychology researchers have been willing to accept at face value their claims that it is the involuntary childhood genital cutting custom itself that is at the heart of their distress, rather than proposing that their concerns must be attributable to some other 'deeper' issue. I contend that persons of all sexes and genders who experienced medically unnecessary, non-consensual genital cutting–including intersex individuals and males–should have their feelings taken just as seriously.

Those whose work routinely focuses on childhood genital cutting customs realize that, in addition to adverse physical and sexual outcomes, reports of circumcision distress and/or grief are based on valid concerns and represent significant burdens for a distinct subset of the involuntarily circumcised population. These adverse outcomes should not be dismissed or trivialized by health professionals as just being 'all in the head'.

In the end, it is immaterial whether or not genitally cut persons perceive themselves as harmed, or openly report physical damage, or manifest adverse psychological, psychosocial or psychosexual consequences. All forms of non-therapeutic genital cutting, regardless of sex or gender, can be considered a form of violence against children, typically inflicted when they are at their most vulnerable [16].

Tye and Sardi appropriately urge that future policy recommendations on penile circumcision should state that adverse psychological, psychosocial and psychosexual consequences from medicalized childhood genital cutting customs constitute sequelae that remain largely unexamined and are being voiced by increasing numbers of affected men [17–20].

Future policy statements on penile circumcision should not only emphasize the necessity of listening to the voices of the affected and encourage more investigation, but they should also address the need for a unified ethical and human rights stance applicable to all children at risk of non-medically indicated genital cutting, regardless of whether the child's outward sex characteristics appear to be male, female or intersex.

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COMPETING INTERESTS

The author declares no competing interests.

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