



## SUMMARY of FINDINGS

### KEY WORDS

infant circumcision, long-term follow-up, sexual dysfunction, surgical complications, informed consent, human rights

### BACKGROUND

Infant male circumcision has been practiced among some religious and tribal groups for thousands of years, and by medical communities of a few English-speaking nations since the late 1800s, most notably the United States. Until recently there was no recognized outcry among men circumcised at birth so there is a widespread assumption that circumcision is beneficial, or at best, harmless. The medical community has never studied (retrospectively or prospectively) the long-term outcomes to men from infant circumcision. There is no published scientific evidence to support any assumption that men circumcised in childhood are universally satisfied with or suffer no adverse effects from this operation.

Obstacles to identifying harm from infant circumcision include:

- widespread ignorance among men, including doctors, about complete penile anatomy and the functions and benefits of the foreskin;
- lack of familiarity with how to identify circumcision damage;
- lack of appropriate opportunities to document these adverse consequences;
- the fact that the U.S. medical community does not collect any statistics on the number of botched circumcisions or deaths, let alone the long-term adverse outcomes to men;
- denial among victims and circumcisers that circumcision causes any intrinsic harm.

### HISTORY

In 1999 BJU International published *“A Preliminary Poll of Men Circumcised in Infancy or Childhood”* by independent researcher Tim Hammond. The poll represented the first organized attempt to give affected men the opportunity to report the harm they suffer from infant circumcision.

In 2011, a follow-up attempt was made by the same researcher to give affected men an opportunity to document long-term adverse outcomes from infant circumcision. The online **Global Survey of Circumcision Harm** accepted responses for 15 months (June 2011- September 2012) by offering a lengthy questionnaire and the option to upload photographic evidence and video testimony of harm.

Neither investigation was intended to survey a cross-section of circumcised men, but only those who were subjected to non-therapeutic circumcision as children and who later in life became aware of adverse consequences from the surgery.

## FINDINGS

A total of 1,008 men responded to the **Global Survey of Circumcision Harm**. Findings were presented in October 2012 at the *International Symposium on Law, Genital Autonomy and Human Rights* in Helsinki, Finland and are publicly available at [www.CircumcisionHarm.org](http://www.CircumcisionHarm.org)

### Demographics

#### *Age range of respondents*

18 to 80+
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#### *Age distribution of respondents*

Between ages of 20 and 59 83%	Between ages 20 to 29 30%
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#### *Birthplace of respondents*

United States 71%	Canada 8%	Not stated 6%	Australia 5%	United Kingdom 5%
Germany 2%	Israel 1%	New Zealand 1%	South Africa 1%	

#### *Race*

Caucasian/white 90%	Mixed 3%	Hispanic/latino 2%
Asian 2%	African American/black 1%	Other 1%

#### *Religious affiliation of respondents' parents*

Christian 75%	None 9%	Agnostic 4%	Jewish 4%
Atheist 2%	Other 3%	Unknown 2%	Muslim 1%

#### *Current religious identification of respondents*

Christian 32%	None 25%	Atheist 18%	Agnostic 13%	Other 8%	Buddhist 1%	Jewish 1%
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#### *Age at circumcision*

Birth 78%	1 week to 11 months 11%	1 to 5 years 5%	6 to 12 years 3%	13 to 18 years 3%
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#### *Circumcision Setting*

Hospital/doctor's office 94%	Religious ritual 3%	Unknown 3%	Tribal initiation 0%
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***Sexual Orientation***

Heterosexual/straight 58%	Homosexual/gay 24%	Bisexual 12%
Not stated 4%	Queer/fluid 1%	Questioning 1%

***Marital Status***

Single 43%	Married 35%	Living with partner 12%	Divorced 3%
Domestic partnership or civil union 5%		Separated 1%	Widowed 1%

***Educational Level***

Completed college or university degree 38%	Completed postgraduate education 23%	Started college or university without completion 23%	Completed secondary or high school 14%	Did not complete secondary or high school 2%
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***Knowledge about foreskin functions/benefits***

Above average 76%	Average 21%	Below average 3%
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***Knowledge of how to identify circumcision damage***

Above average 63%	Average 31%	Below average 6%
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***Percentage of respondents who reported knowing other men with circumcision harm***

76%
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## Physical Harms

When asked to complete the sentence “*I suffer from the following types of harm*” participants responded with (many respondents reported multiple harms):

Partial or total loss of the foreskin 100%	Partial or total loss of the frenulum 72%	Prominent scar at the circumcision site 63%
Little to no shaft skin mobility on erection/tightly circumcised 56%	Drastic skin tone variance on either side of scar 46%	Pubic hair on mid/upper shaft causing friction during sex 45%
Twist/bend in the penis when flaccid or erect 25%	Meatal stenosis 24%	Skin tag(s) 20%
Skin bridge(s) 10%	Partial or total loss of penile body/shaft 10%	Gouges or missing portions from the glans 8%
Other 13%	Responses for ‘other’ included penoscrotal webbing, tearing during erections, pressure from the circumcision scar during sex, split and enlarged meatus, trapped penis, and uneven skin removal.	

## Sexual Harms

Sexual complications of circumcision performed during infancy are unlikely to be apparent until an age of sexual maturity is reached and sexual activity is commenced.

When asked “*When aroused, I suffer from the following symptoms*” the following responses were elicited (many respondents reported multiple symptoms):

Dry and/or keratinized glans requiring lubricants 75%	Insensitive glans 67%	Excess stimulation needed to achieve orgasm 59%
Delayed ejaculation 41%	Erectile dysfunction 31%	Numbness of the circumcision scar 27%
painful erections or pain along the shaft skin 15%	Premature ejaculation 18%	Painful circumcision scar 8%
Hypersensitivity at the circumcision scar 8%	Penile bleeding along shaft or at circumcision scar during sex 6%	Other 11%
Responses for ‘other’ included difficulty masturbating due to loss of skin mobility, uneven sensitivity, frenular tearing, and scar tightness with erection.		

Of those reporting erectile dysfunction, 23% were untreated and 8% were receiving treatment with medications.

Whether a respondent experienced premature or delayed ejaculation likely depends on how the circumcision was performed, how much tissue was removed, and/or how the scar tissue healed. Scars can be numb, erotic, or hypersensitive and painful. How the man feels about what was done to his penis without his consent may also influence whether he experiences premature or delayed ejaculation, insofar as physical or emotional pain related to his circumcision may cause him to want to curtail the sexual experience early by premature ejaculation, while numbness (physical or emotional) may defeat or unnecessarily prolong a sexual act by delayed ejaculation.

### Emotional/Psychological Harms

Respondents were asked “*When I think about my circumcision I feel/have felt*” and the following responses were received (respondents were allowed to indicate multiple emotions):

Dissatisfaction with my condition 77%	My human rights were violated 73%	Frustration 72%
Anger 71%	Feeling mutilated 61%	Betrayed for lack of protection from harm by my doctor(s) 58%
My body was violated/raped 55%	Betrayed for lack of protection from harm by my mother 55%	Betrayed for lack of protection from harm by my father 50%
Shame 37%	Violent thoughts or desire for retribution against perpetrators 27%	Alexithymia (inability to identify/describe emotions) 22%
Spiritual trauma 19%	Suicidal thoughts 14%	Betrayed for lack of protection from harm by clergy/religious 10%
Recurrent nightmares about being attacked 10%	Betrayed for lack of protection from harm by tribal elder(s) 1%	Other 16%
Responses to ‘other’ included increased motivation to end this practice, abandonment, neglect, depression and sorrow, feelings of sexual inadequacy, disconnected, jealousy of intact men, disgust, avoidance of intimacy, cheated, incompleteness, humiliation, curiosity about intact men, contentment with being circumcised, vengefulness, and indifference.		

## Self Esteem Damage

Participants responded to the statement, “*As a consequence of my circumcision, I feel*” with the following choices (multiple responses were allowed):

Less whole 75%	Damaged 74%	Inferior to intact men 66%	Not normal/unnatural 65%
Persistently concerned about a real or perceived defect in my genitals (body dysmorphic disorder) 33%		Ashamed or fearful of letting others, including sexual partner(s), see my penis 31%	
Other 16%	Other responses included feelings of being vulnerable, fearful, disconnected, aggressive, defensive, paranoid, angry, mistrusting, inadequate, insecure, indifferent, and fine.		

## Relationship Damage

Participants responded to the statement “*In terms of my relationships with others, I believe my circumcision*” (multiple responses were permitted):

Causes me to distrust the medical profession 65%	Impedes my sexual relationships 62%	Alienates me from religion 37%
Causes me to feel unsafe in the society where my circumcision occurred 33%	Adversely affects my relationship with my mother 32%	Adversely affects my relationship with my father 29%
Causes me to resent/distrust women 25%	Adversely affects my feelings toward intact men 24%	Adversely affects my feelings toward circumcised men 22%
Adversely affects my non-sexual relationships with partner(s) 22%	Adversely affects relationships with family members/friends 19%	Other 16%

## Behaviors Engaged in to Compensate for Damage

Half of the participants responded to the statement “*Thinking about my circumcision causes/has caused me to indulge in...*” with these answers, while the other half responded with “none of the above”

Compulsive sex 25%	Alcohol 16%	Food/overeating 12%
Infliction of self-harm * 9%	Smoking 9%	Non-prescription/illegal drugs 7%
Prescription drugs 6%	Suicide attempts 5%	Other 14%
*Infliction of self-harm was defined as: pinching, bruising, cutting, biting, burning, scarring, or piercing.		Responses to 'other' included foreskin restoration, compulsive masturbation, sleeping poorly, avoiding intimacy, eating disorders, panic attacks, and becoming an advocate for children's rights.

## Seeking Help for Harm

*Percentage of respondents who sought help or treatment for the harm described*

64%
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*Reasons for not seeking help*

Embarrassment 40%	Hopelessness 38%
Feared ridicule 27%	Not important enough 24%
Other 33%	Response to 'other' included wanting to deal with the issues alone, not trusting the medical profession, not having options, not being understood, not being able to undo the damage, and not believing anyone else can help.

*Of those who did seek help, they turned to*

General physician 44%	Urologist 34%	Psychologist 31%	Psychiatrist 19%	Alternative healer 17%
Plastic surgeon 14%	Bodyworker 7%	Sexologist 4%	Religious counselor 4%	More than one of the above 20%

*The attitude of the professional(s) consulted was*

Sympathetic or helpful 29%	Unsympathetic/dismissive/ridiculing/unhelpful 25%
Nonjudgmental 23%	Varied 23%

In response to the statement “*I believe the following action(s) should be taken against anyone who circumcises the healthy foreskin of an infant*” participants replied with (multiple answers allowed):

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%	Other 17%

Responses to 'other' included educated on infant rights and long-term consequences, death penalty, made to return 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.

*Percentage of respondents who would like to offer personal or video testimony if given the opportunity*

46%

In all categories, respondents were permitted an opportunity to enter open-ended comments. Comments ranged from heart-breaking with regard to the harm they live with on a daily basis, to thoughtful regarding potential solutions to this problem, to outright chilling as to what they would like to see done to their parents or their circumcisers.

### **Photo Gallery of Harms**

A number of respondents uploaded photographic evidence of the physical damage they suffered from circumcision. The **Global Survey of Circumcision Harm** website ([www.CircumcisionHarm.org](http://www.CircumcisionHarm.org)) contains six photo galleries of images submitted by respondents.