

STOP alle Mutilazioni Genitali Intersex!



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“Diritti Umani anche per gli Ermafroditi!”

stop.genitalmutilation.org

Gruppo internazionale per i diritti umani
Zwischengeschlecht.org

Chi siamo, cosa vogliamo

- **Associazione non-profit dal 2010**
- **aperta agli ermafroditi e ai solidali**
- **rendere le mutilazioni sgradite ai medici**
- **proibizione legale della chirurgia genitale cosmetica sui bambini con anatomia sessuale atipica, estensione/sospensione della prescrizione (simile alla legge sulle FGM e l'abuso sui bambini)**

Cosa NON vogliamo

- **essere usati come una foglia di fico dai mutilatori e dai politici**
- **avere conversazioni “gentili” coi mutilatori e i loro complici a porte chiuse**

Cosa facciamo

Informazione

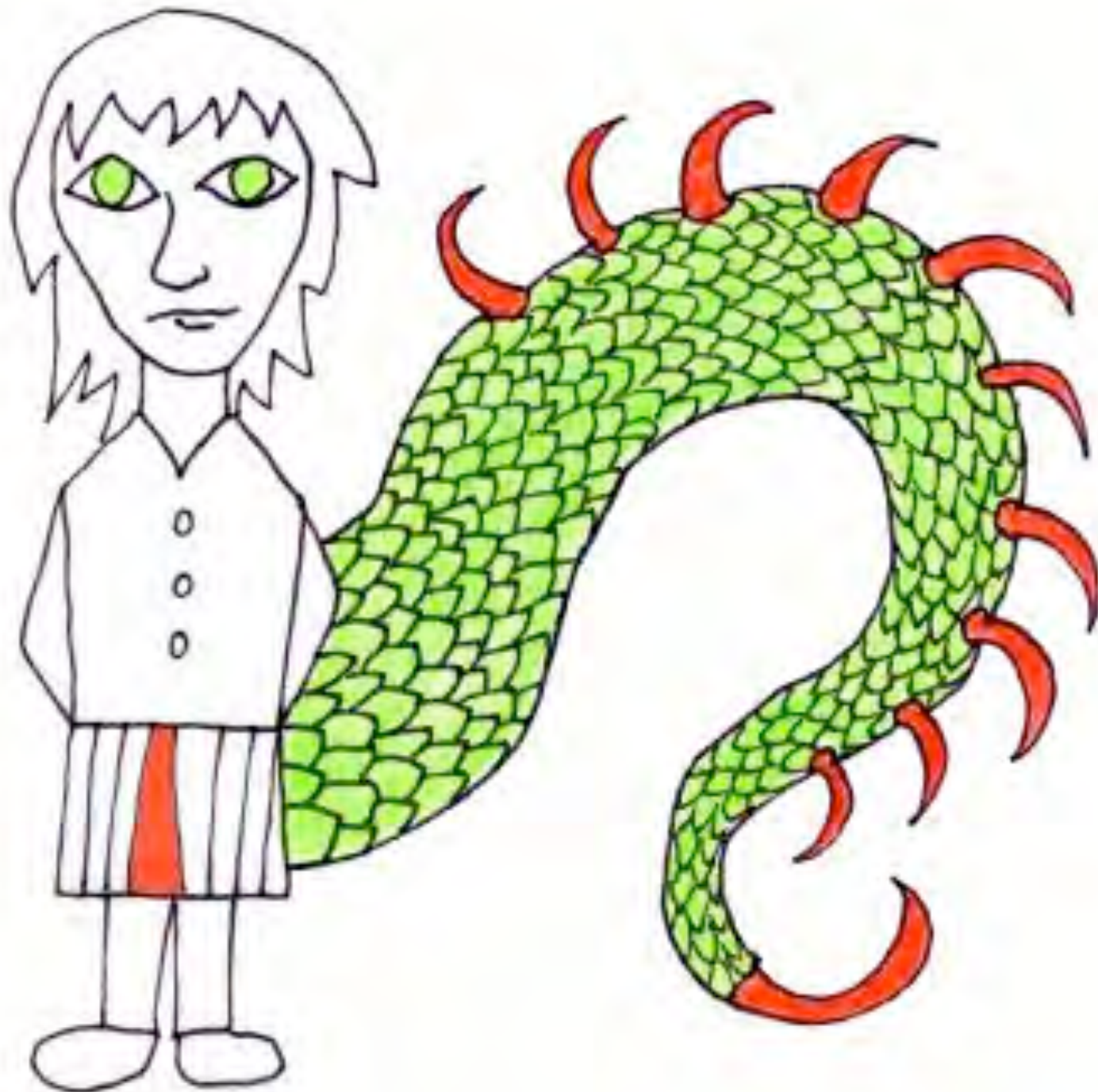
- stop.genitalmutilation.org
- comunicati stampa, newsletter
- apparizioni sui media, interviste
- dibattiti nelle scuole, nelle università, etc.

Azioni dirette non violente

- proteste pacifiche e lettere aperte
- interventi a congressi e simposi

Azioni politiche

- pressioni sui partiti, NGOs, gruppi per i diritti umani, sottoscrizioni
- iniziative parlamentari, sensibilizzazione
- sviluppo di progetti di legge



The Invisible „Dragon’s Tail“ (Despite Surgical „Correction“)

Droits de l'homme aussi aux Hermaphrodites!
NON!
aux opérations génitales forcées



Geneva Police prohibits unblurred placards

Doctors "playing God with children's sex"



Daniela Truffer protesting outside Bern University Hospital (Keystone)

It's a boy! It's a girl! But what happens when life doesn't fit in with greeting cards and the defining moment of childbirth becomes a bewildering puzzle?

Swiss intersex activist Daniela Truffer is spearheading a campaign to stop genital surgery and hormone treatment on children born with indeterminate sexual organs.

Truffer argues that affected individuals should be given the time to grow up and decide for themselves whether they wish to become male or female or remain in-between.

"Forced surgery can not be the answer," she said, quoting medical studies that reveal poor outcomes and show that most patients suffer a lifetime of frustration and regret.

RELATED STORIES

- [Gene doping in sport: fact or fiction?](#)
- [Controversial mental health study folds](#)
- [Embryos harvested to create stem cell crop](#)

"These surgeries are painful and irreversible and most likely to reduce or remove sexual feeling. Non-consented cosmetic surgeries violate the right to physical integrity and self-determination. It's a human rights issue," Truffer told swissinfo.ch.

Nonviolent Moral and Political Struggle



**A Gonad
For A Gonad,
A Lust Organ
For A Lust Organ!**

If doctors were susceptible to rational arguments alone,
they would have stopped mutilating 20 years ago.

**Cosa sono gli ermafroditi,
a.k.a gli intersessuali,
a.k.a “DSD’s”?**

**persone con anatomia sessuale
“sospetta”, “atipica” o “ambigua”.**

Cos'è l'anatomia sessuale “atipica”??

ambiguità è possibile a tre differenti livelli:

1. Genetico > cromosomi / cariotipo
2. Ormonale > gonadi (testicoli, ovaie, ovotestes)
3. Aspetto > genitali esterni

“Ambiguità” significa:

a) “ambiguo” in uno o più livelli

e / o

b) “incongruenza”: i livelli “non combaciano”

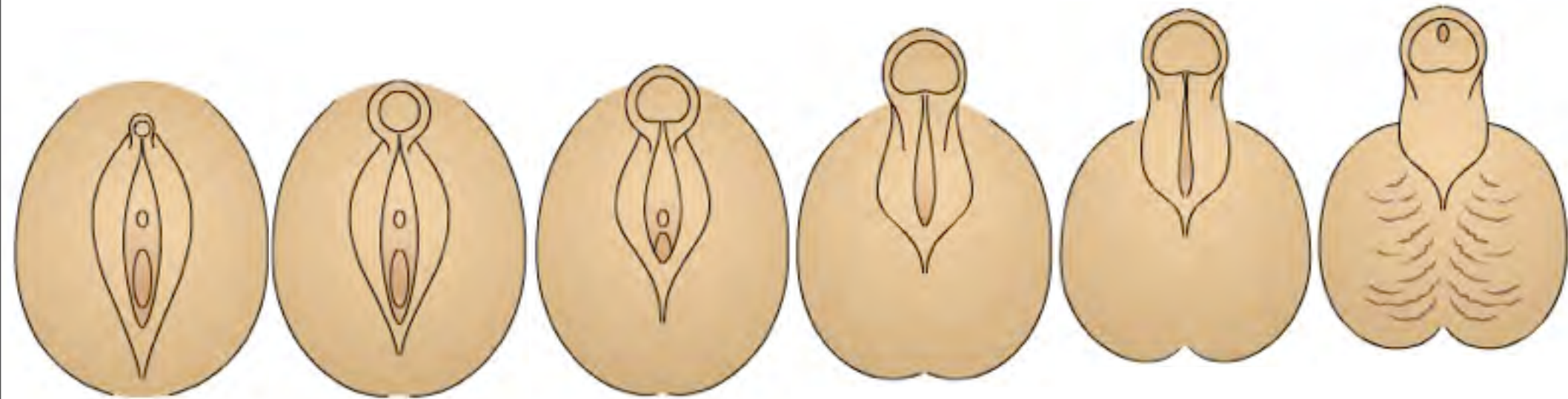
**Example: „unambiguousness“ on all 3 levels:
“Normal” men and women**

livelli	maschile	femminile
1. Cromosomi	XY	XX
2. Ormonale	Testes / Testo	Ovaries / Estrogens
3. Aspetto	Penis, Scrotum	Clitoris, Vagina

**Examples for
a) “Ambiguity” on different planes (I)**

1. Cromosomi	XXY / XO / Mosaic
2. Ormonale	1 Testicle + 1 Ovary / “mixed tissue”
3. Aspetto	“between” (Prader Scales)

Prader Scales



p0 (w)

p1

p2

p3

p4

p5

von Prader, Andrea (1954): "Der Genitalbefund beim Pseudohermaproditismus femininus des kongenitalen adrenogenitalen Syndroms. Morphologie, Häufigkeit, Entwicklung und Vererbung der verschiedenen Genitalformen." *Helv. Pediatr. Acta.* 9: 231-248.

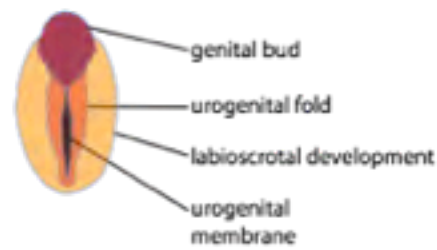
Tutti sono ermafroditi ...

**... fino alla settima settimana
di gravidanza.**



Tutti abbiamo avuto nel nostro ventre rudimenti di ovaie e di testicoli, tutti abbiamo avuto genitali ambigui. Solo dopo la settima settimana si differenziano genitali maschili e femminili.

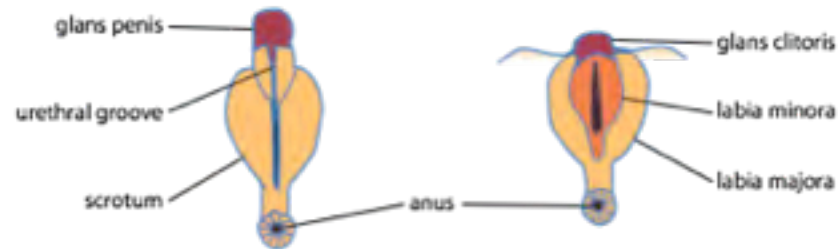
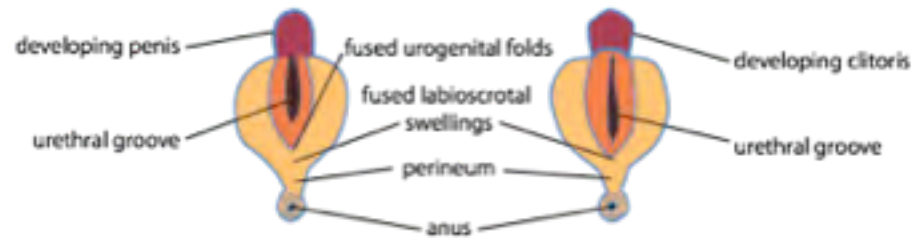
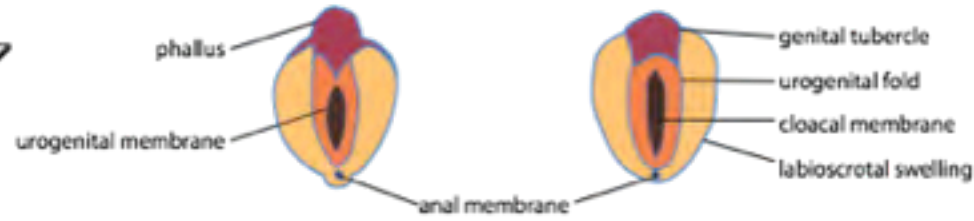
All fetuses start off the same early in pregnancy...



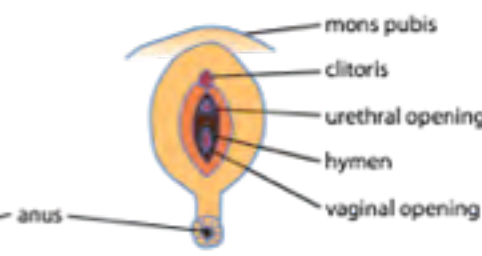
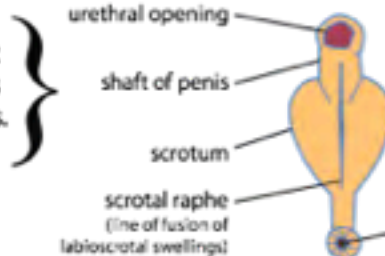
...and typical male development then continues this way



...and typical female development then continues this way



At birth, most males look like this.



At birth, most females look like this.

Example for “Ambiguity” on one layer (2)

Livelli	Most common diagnosis for cosm. genital surg. “Ipospadia”
1. Cromosomi	XY
2. Ormonale	Testicles
3. Aspetto	Meatus (pee hole) not at tip of penis, “between”

Chirurgia cosmetica “mascolinizzante”: “correzione dell’Ipospadia”



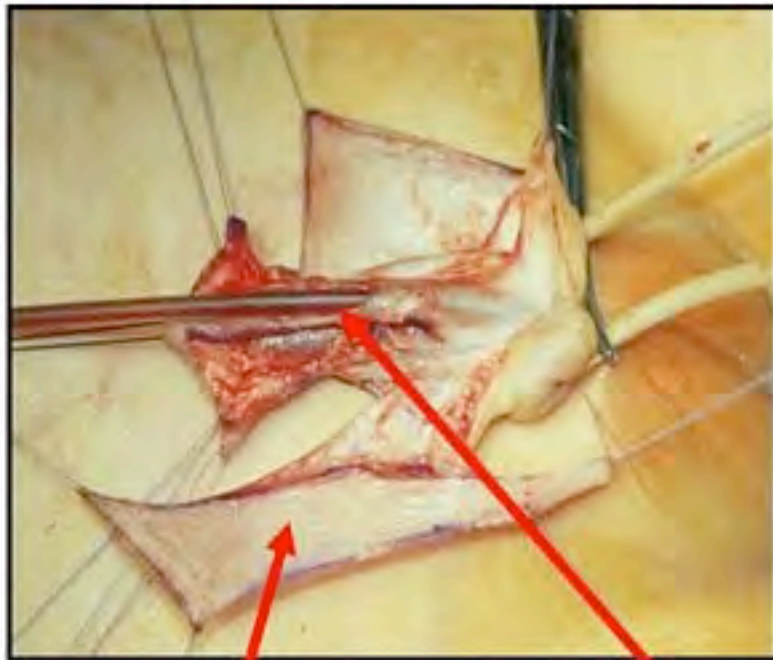
“La mia infanzia è stata piena di dolore, chirurgia, trapianti di pelle e isolamento. E ancora devo sedermi per urinare.”

“Mi sarebbe andato bene avere un pene che urina dalla base invece che dall’alto, e non sentirmi danneggiato.”

Tiger Howard Devore

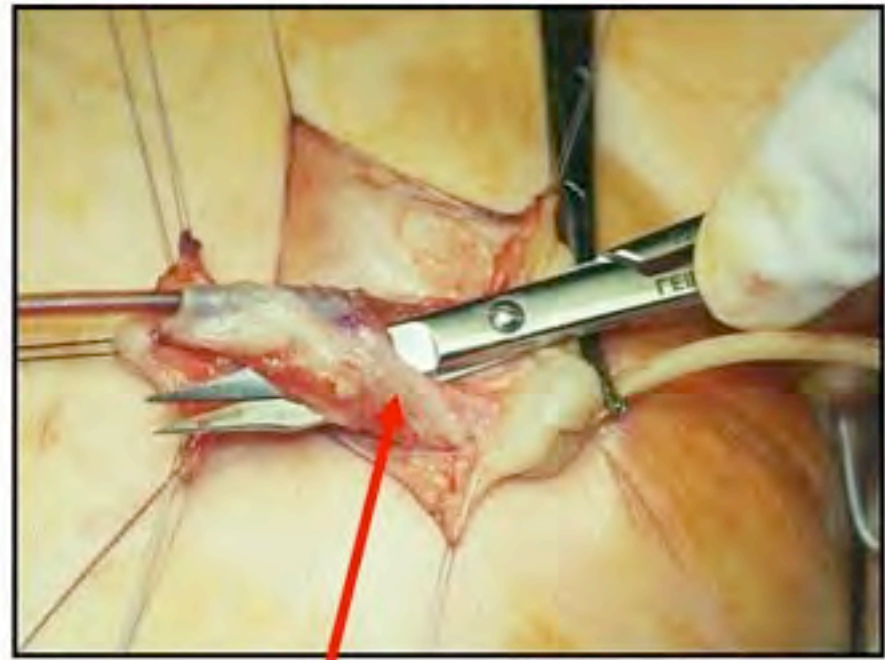
TRIGGER WARNING! (next slide)

Onlay island flap urethroplasty



Preputial mucosa

Urethral plate



Vascular pedicle

Onlay / Duckett - results

- Elbakry (BJUI 88: 590-595, 2001): 42% complications
 - 5 breakdowns (7%)
 - 17 fistulae (23%)
 - Urethral strictures (9%)
 - Urethral diverticulæ (4%)
- Asopa / Duckett tube
 - 3.7% (El-Kasaby J Urol 136: 643-644, 1986)
 - 69% (Parsons BJU 25: 186-188, 1984)
 - 15% (Duckett - 1986)



TRIGGER WARNING! (next 2 slides)

Treatment of isolated fistulæ

- Rectangular skin incision around the fistula orifice, often lateral
- Dissection and excision of the fistula tract
- Urethral suture
- Multilayer cover with well-vascularized tissue (tunica vaginalis, dartos, dorsal subcutaneous flap ...)
- Problem: coronal fistula +++: Prefer redo urethroplasty
- Suprapubic diversion ?
Elbakry



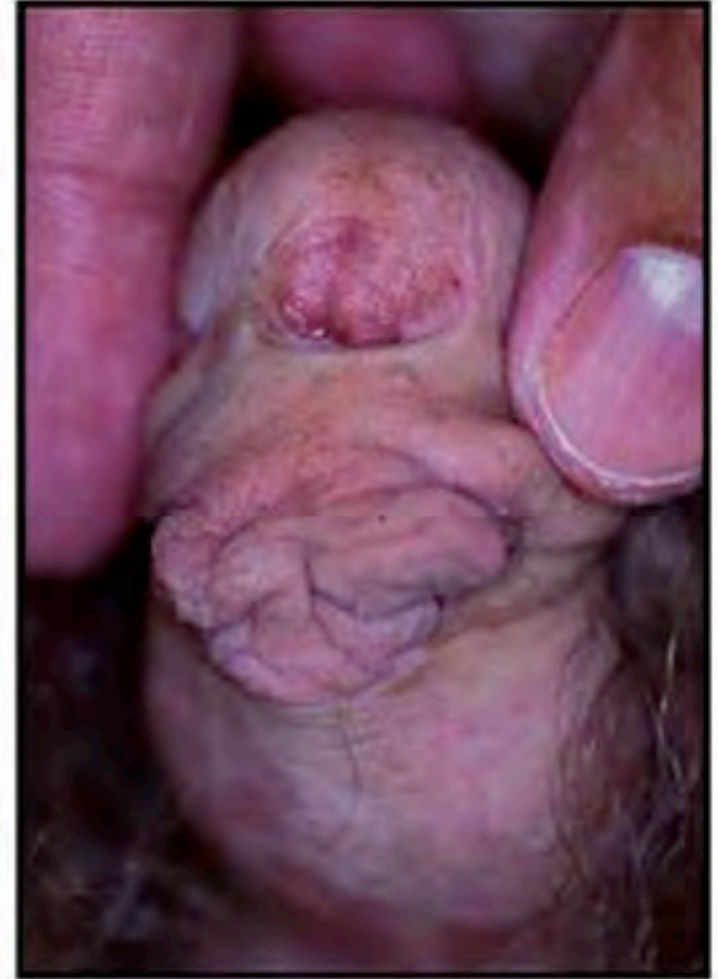
STOP Genitalverstümmelung in Kinderkliniken!



Bad cosmetic result



infection



cripple hypospadias

Official Diagnosis

“Hypospadias Cripple”

**= made a cripple by
repeat cosmetic surgeries**



Hypospadias - Conclusions

- Hypospadias surgery remains a surgical challenge
- Long-term results are poorly reported
- Essential joint uro-endocrine approach
- Psychological consequences poorly assessed
- Informing parents is crucial: 50% of all hypospadias will require further surgical attention during their life.
- Research: Essential role of the placenta / Penile growth factors / healing factors / blood supply ...

59-3 (PP)

ANALYSIS OF DATA QUALITY FROM 30 YEARS OF PUBLISHED DATA ON HYPOSPADIAS OUTCOMES

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PURPOSE

Recent reviews assessing hypospadias outcomes highlight inconsistent and poor quality reporting thus prompting our review of data quality across the last 3 decades.

MATERIAL AND METHODS

The British Journal of Urology, Journal of Pediatric Surgery, Urology, Journal of Urology, British Journal of Plastic Surgery, European Journal of Plastic Surgery, Journal of Pediatric Urology and European Urology were systematically reviewed. Quality measures assessed were reporting rates of meatal location, chordee, follow up, meatal stenosis, fistula, urethral stricture, residual chordee and reoperation. Statistical analysis was performed using a Chi-squared test, taking a p value of <0.05 as significant.

RESULTS

184 articles were reviewed. From 1980s-2000s there was an improvement in reporting of meatal location and documentation of a length and duration of follow up. Reporting of presence of chordee was weak throughout especially in 2000s with 63.1% of articles not recording this variable. 13.1% and 22.6% of articles in the 2000s did not publish rates of meatal stenosis and urethral stricture respectively compared to 3-5% for the 1980s and 1990s for both parameters. Reporting of residual chordee has been poor, remaining static, with approximately 70% of articles from each decade not stating this outcome measure. Reoperation rate was absent in 50% of publications from 1980s, 37.5% from 1990s and 56% from 2000s.

CONCLUSIONS

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Examples for “Ambiguity” / “Incongruency” of Layers (2)

Livelli	2nd most comm. Diagn. “CAH”	3rd most comm. Diagn. “(C)AIS”
1. Cromosomi	XX	XY
2. Ormonale	Ovaries + Adrenal cortex produces Testo (instead of Cortisol)	Testes (in abdomen, body oesn't “recognise“ testo)
3. Aspetto	“between” in “severe cases” = “wrong”	“between” mostly “200% female” CAIS = “wrong”

Chirurgia cosmetica “femminilizzante”:

a) “riduzione del clitoride”

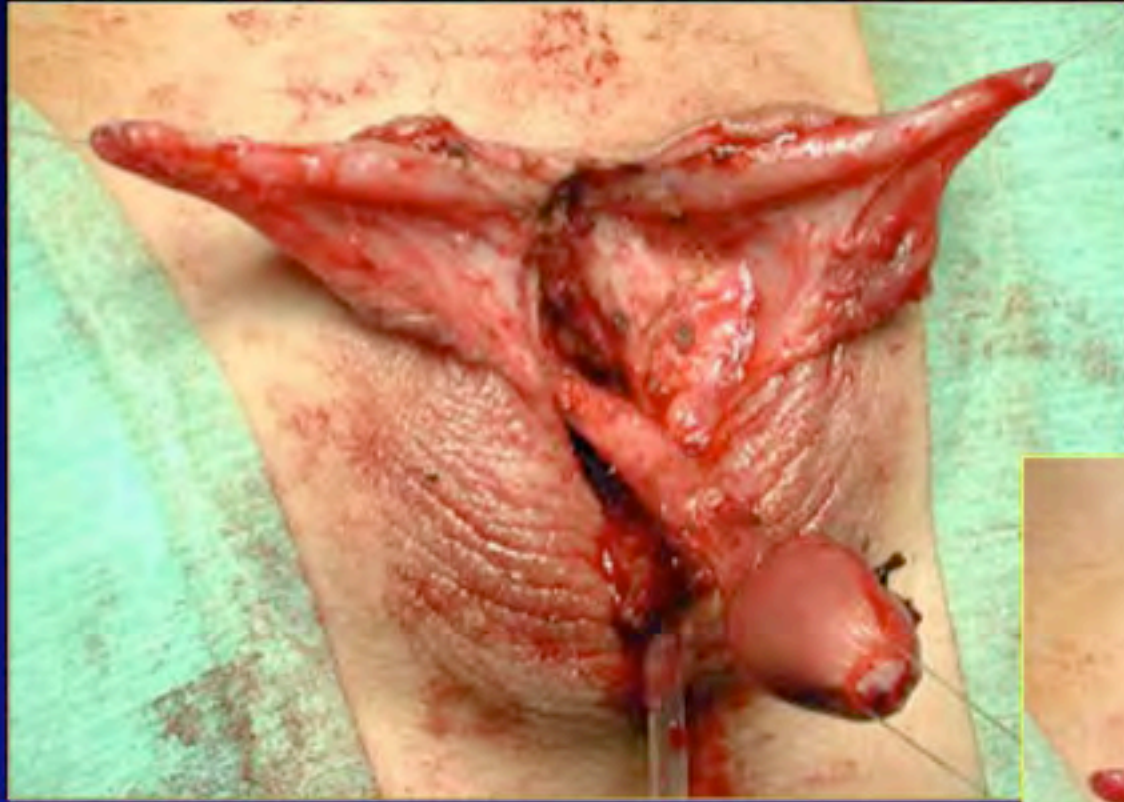


“... il mio micro pene è stato ridotto ad un ‘clitoride’, il mio pene è stato sezionato, la maggior parte è stata buttata tra i rifiuti, il resto è stato ricucito dentro di me .”

“soffrirò per il resto della mia vita per le conseguenze di questo trattamento inumano.”

Daniela “Nella” Truffer

TRIGGER WARNING! (next 3 slides)



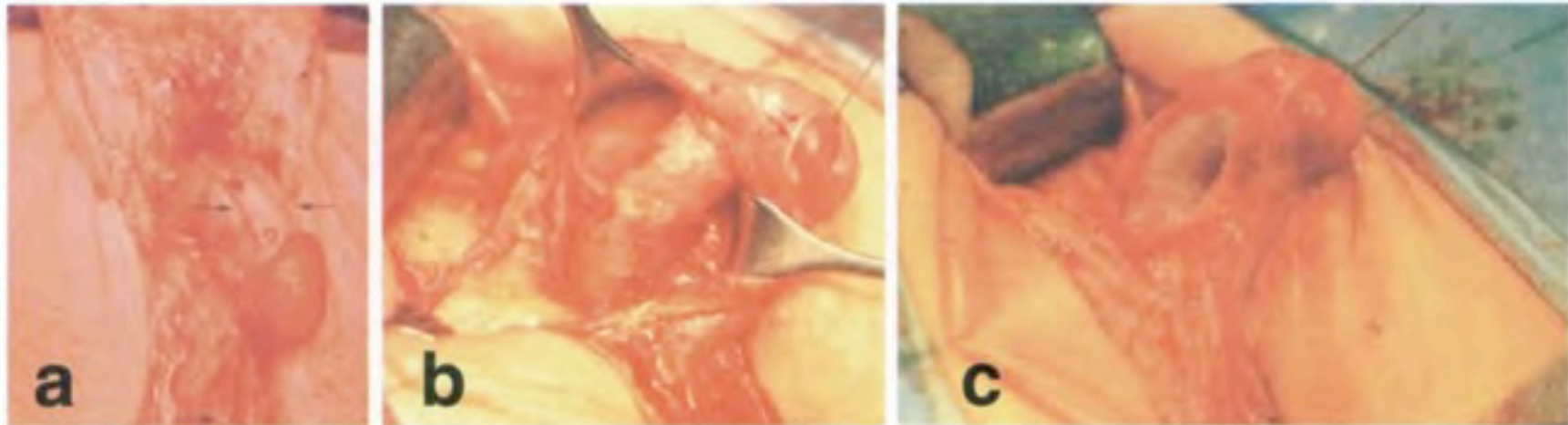


Abb. 10.16a-c: Darstellung des Klitorisschaftes (a) sowie der Schwellkörper (b+c).

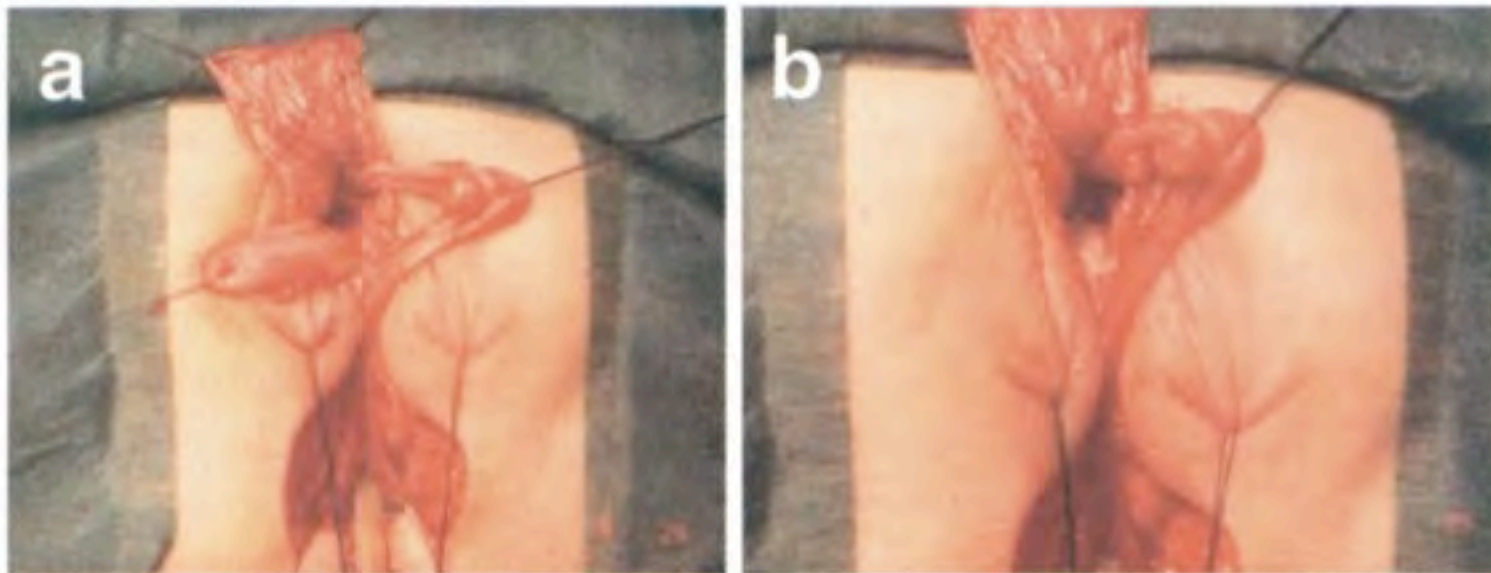
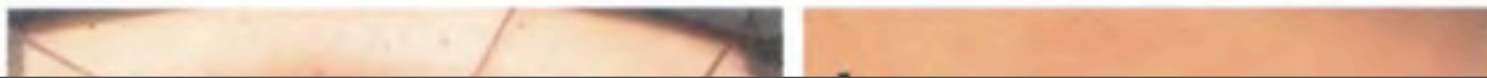
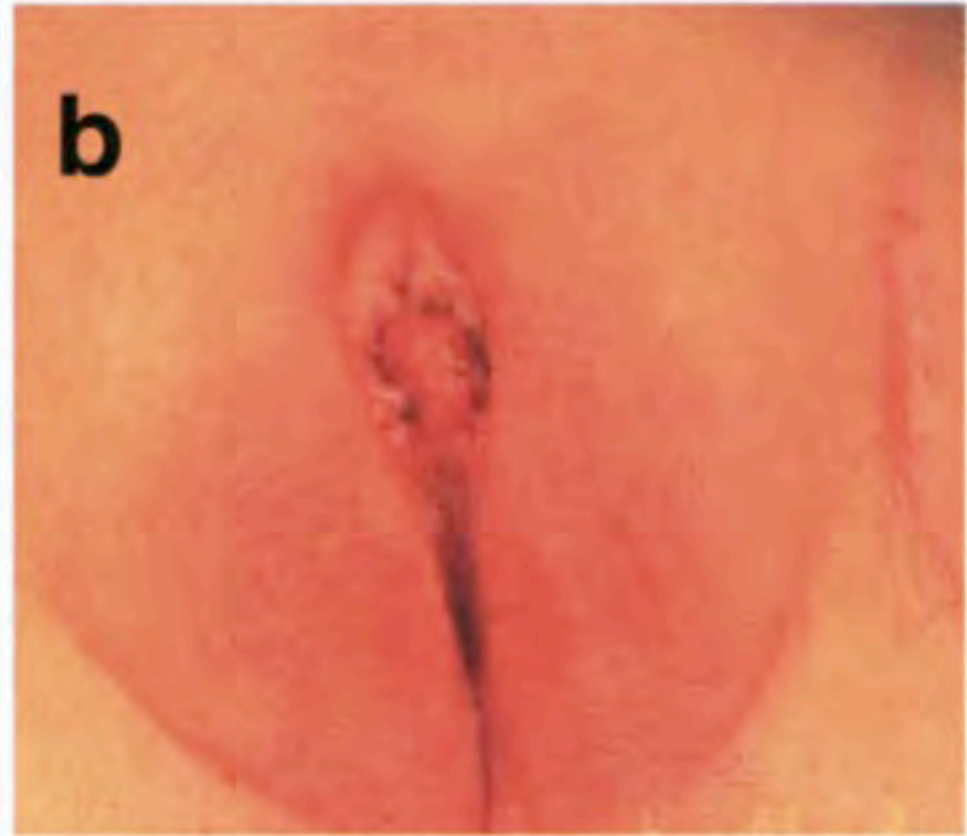


Abb. 10.17a+b: Partielle Resektion der Corpora cavernosa clitoridis.



STOP Genitalverstümmelung in Kinderkliniken!



a+b: Refixation der Corpora cavernosa clitoridis. "Materialknappheit" bei der Rekonstruktion eines Präputium clitoridis und der kleinen Labien.



S19: DSD

Moderators: Rieh Nijman, Dan Wood

S19-1 (PP)

★ CHANGES IN UROLOGIST DSD TREATMENT RECOMMENDATIONS FROM 2003 TO 2011

Barry KOGAN¹, David SANDBERG², Melissa GARDNER², Tola OYESANYA², Dan ANDERSON¹ and Patricia SZMAL¹

1) Albany Medical Center, Urology, Albany, USA - 2) University of Michigan, Pediatrics, Ann Arbor, USA

PURPOSE

Clinical management of disorders of sex development (DSD) remains controversial. Advances in genetic diagnosis, increased awareness of ethical issues and patient advocacy concerns led to a Consensus Conference in 2005, the recommendations of which were widely circulated in 2006. We compared results of a 2003-4 survey on clinical management with a 2010-11 survey to delineate changes.

METHODS

5 hypothetical DSD case vignettes were presented in an on-line survey in 2003-4 and again in 2010-11. Members of the Society of Pediatric Urology were asked their opinions on management; 132 and 113 pediatric urologists completed the survey (57% and 52% respectively).

RESULTS

Pediatric urologists increasingly recommended postponing surgery so that adolescents could choose whether to undergo surgery. In mild-moderate CAH the percentage of urologists who now recommend letting the adolescent patient decide rose from 4 to 10.5%; in micropenis, the percentage rose from 47 to 60% ($p=0.03$ and 0.007 , respectively). Approximately 20% more pediatric urologists recommended shifting the timing of genitoplasty in mild-moderate and severe CAH and PAIS from between 0 and 6 months to between 6 and 12 months so that 59, 60 and 79% now recommended surgery between 6 and 12 months ($p=0.003$, 0.01 , and 0.05 , respectively). In terms of information-sharing, nearly all now recommend sharing operative history and karyotype discordant with gender of rearing before age 18.

CONCLUSIONS

Data from these two surveys suggest a modest shift in recommendations. It is unclear if these changes occurred as a consequence of the Consensus Statement. There does not appear to be any new evidence to suggest the changes result in better outcomes. Efforts toward tracking the relationship between clinical practice in DSD and health-related quality of life outcomes should be encouraged.

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TRIGGER WARNING! (next 2 slides)

b) Castrazione (gonadectomia) in condizione (C)AIS, con terapia ormonale sostitutiva con estrogeni

91 M.M. Bailez • Intersex Disorders



Fig. 91.6 An inguinal approach for gonadectomy in a CAIS patient with two palpable gonads

**Supposto
alto rischio di cancro:**

In realtà:

CAIS 0.8 %, PAIS 15 %

Cools et. al. „Germ Cell Tumors in the Intersex Gonad“, 2006

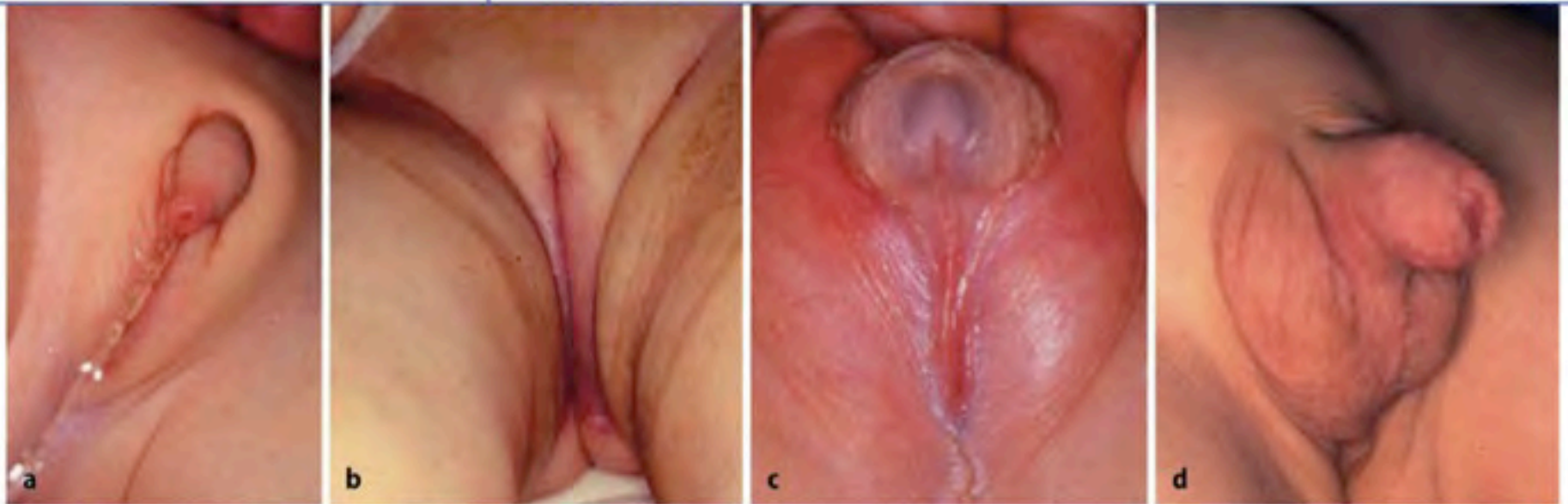


Abb. 1 ▲ a, b Adrenogenitales Syndrom (AGS) Prader 5 vor und nach Operation, c, d Hypospadias scrotalis vor und nach Operation



Abb. 2 ▲ a, b Schlechte Korrekturergebnisse nach Feminisierung und c, d nach Hypospadiekorrektur

“Gli ermafroditi” non esistono

**Le varianti de a) “ambiguità”
e b) “incongruenza”**

[a) 1-3] x [b) 1-3]

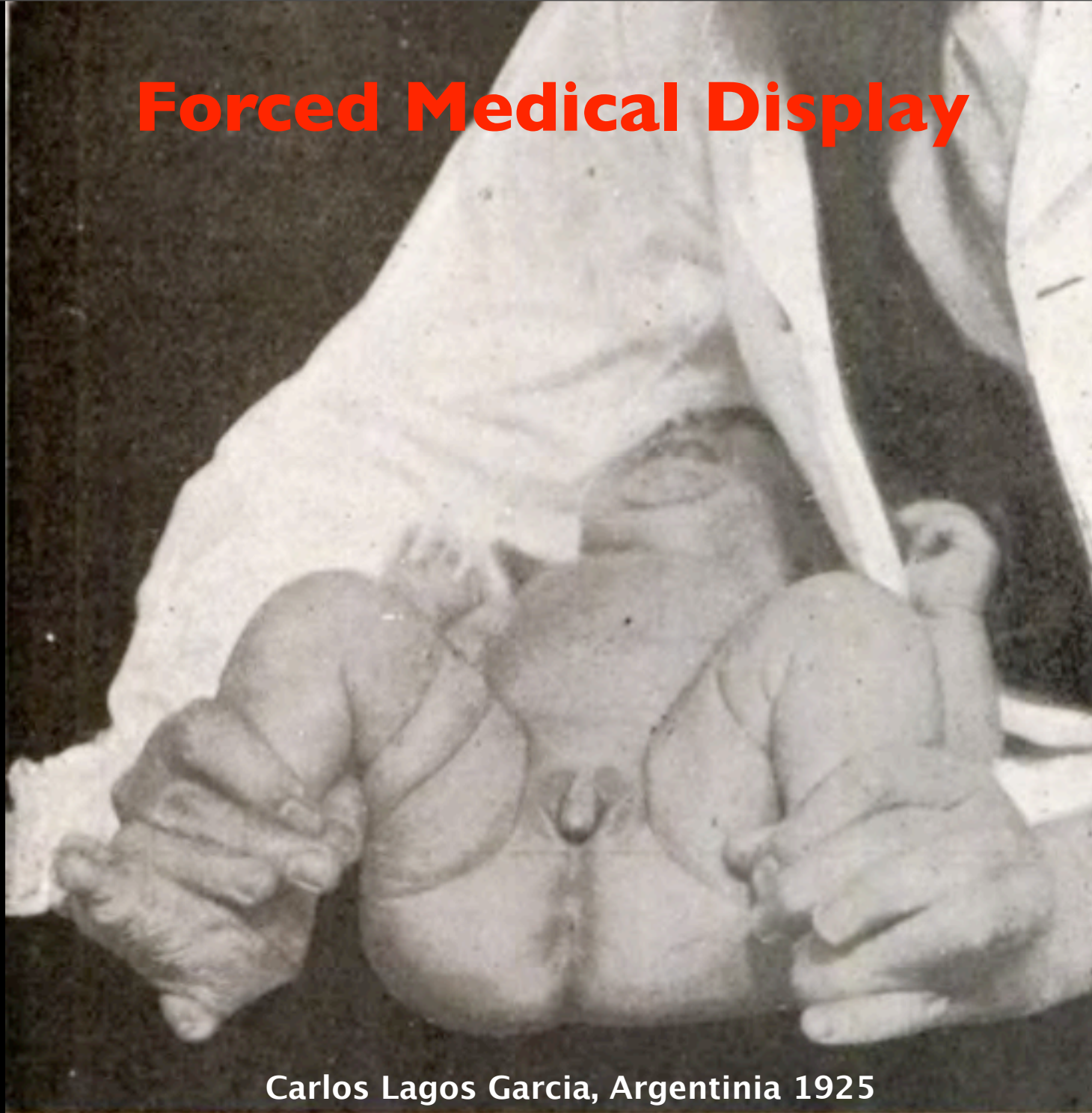
possono combinarsi all’infinito!

- Ci sono molte forme ed estremamente diverse
- con grandi differenze tra le diverse forme
- Gli ermafroditi sono un gruppo molto poco omogeneo
- presentano più differenze che similitudini

Comunanza più forte:

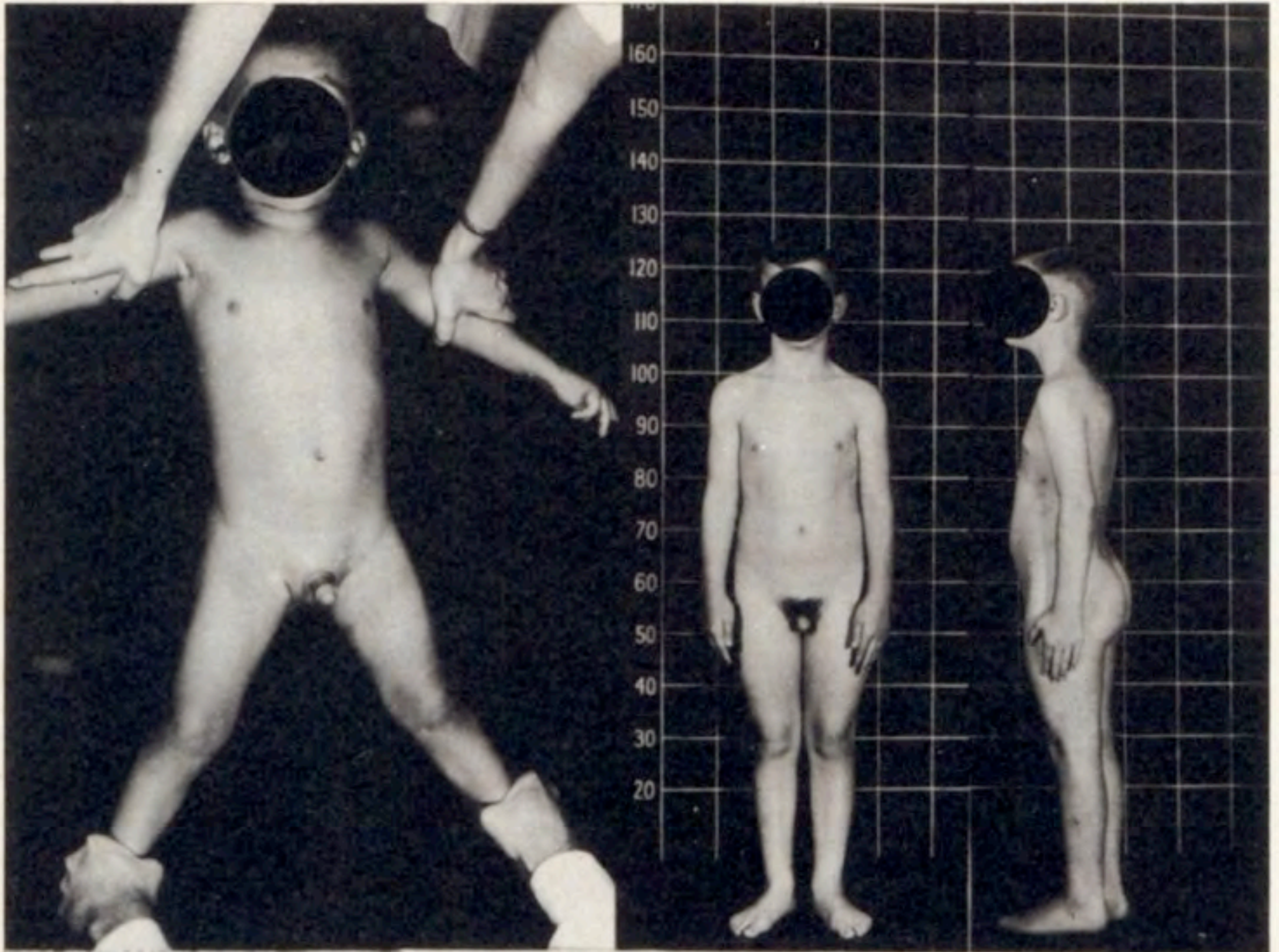
Virtualmente tutti gli ermafroditi sono sottoposti a trattamenti medici forzati (ma con molte differenze anche in questo caso)

Forced Medical Display



Carlos Lagos Garcia, Argentina 1925

Fotografía n.º 11.



John Money, 1969

Quanto sono comuni gli intersex? Quanti ne esistono?

Non lo sappiamo.

**Non ci sono statistiche serie ma solo
estrapolazioni.**

- A causa di prodotti chimici dannosi per l'ambiente (ammorbidenti in plastica, perturbatori endocrini) sono probabilmente sempre più,
- A causa dell'aumento delle diagnosi prenatali e dei aborti eugenetici e selettivi (aborti tardivi) ne nascono sempre meno (aborti tardivi) ne nascono sempre meno (ad esempio in Germania CAH è una "indicazione medica" per effettuare un "aborto terapeutico" dal 1972 = aborto selettivo tardivo è legale).

Quali dati sono utilizzati da medici?

a) Se si tratta di ottenere “nuovi pazienti”:

1 : 1 000

Source: Finke/Höhne: "Intersexualität bei Kindern", Bremen: Uni-Med 2008, S. 4

b) Se si tratta di contrastare le critiche agli interventi non consensuali di chirurgia estetica sui bambini:

1 : 5 - 10 000

Source: Netzwerk DSD-Homepage 2009 / Pressemitteilung der Bundesregierung v. 20.06.2007, basierend auf: **Thyen Ute; Lanz Kathrin; Holterhus Paul-Martin; Hiort Olaf**: "Epidemiology and initial management of ambiguous genitalia at birth in Germany", Hormone research 2006;66(4):195-203.

Che dati sono utilizzati dalle organizzazioni delle persone coinvolte?

1-2 : 1000

di tutti i neonati rischiano di essere sottoposti a trattamenti medici forzati e non necessari.

Source: Intersex Society of North America ISNA <http://www.isna.org/faq/frequency>

→ I medici fanno interventi di chirurgia estetica e trattamenti ormonali forzati su molti bambini con "genitali atipici", **ma affermano che sono "non intersessuali"**, ad esempio vagina mancante (MRKHS), "Ipospadias", cariotipo XXY.

Gli ermafroditi nella storia della cultura occidentale:

Mondo antico

- **Venerati in mitologia**
vs.
- **per la maggior parte uccisi
nella vita reale
(infanticidi)**

Medioevo e prima età moderna

- **Alto rischio di infanticidio**

MA gli ermafroditi sopravvissuti avevano dei vantaggi rispetto ad oggi:

- **riconosciuti legalmente**
- **Come eccezione avevano il privilegio di poter scegliere se vivere come uomini o donne una volta adulti (“patto del sesso” per la maggior parte)**

Età moderna

- Dal **IXX** secolo sotto lo sguardo medico
- I dottori ritengono di essere in grado di determinare il “vero sesso” esaminando (attraverso la vivisezione) gli organi che producono ormoni (gonadi)
- La stragrande maggioranza veniva dichiarata maschio o femmina e falso ermafrodita (pseudoermafroditi).
- Solo pochi rimanevano “veri” ermafroditi.
- La legge prussiana aveva un articolo sugli ermafroditi,
nel 1900 fine della possibilità legale dell'autodeterminazione

1763: Invito ad un precoce "taglio" di clitoridi "perversamente grandi"

Il Dottore salesiano tedesco Gottfried Heinrich Burghart (1705-1776) in genere hanno suggerito l'amputazione del clitoride "troppo grande" il più presto possibile nel corso dell' "infanzia o giovinezza", sostenendo fosse senza significativi "vasi sanguigni o rami nervosi da temere".

Nel IXX secolo le amputazioni clitoridee sono viste come una cura per a) la masturbazione, b) l'isteria c) i clitoridi grandi

Molti preminenti dottori europei e americani propagandano e effettuano amputazioni del clitoride di ragazze giovani. Mentre le amputazioni motivate da a e b sono state oggetto di critica e abbandonate tra il 1900 e il 1945, le amputazione dei clitoridi "grandi" registrano un forte aumento dopo il 1950 e di fatto diventano uno standard medico per i neonati negli anni '60, insieme a castrazione/ gonadectomia.



XX secolo (I)

1900-1945: Basic Research

- **Genetics**

Richard Goldschmidt (Berlin), Othmar von Verschuer (Berlin / Frankfurt)

- **Hormones**

Eugen Steinach (Austria), Magnus Hirschfeld (Germany), Leo Stanley (USA):
Gonadal Transplantations, “Sex Changes”, “Gay Cure”

Adolf Butenandt (Berlin), Leopold Ružička (Zurich):
Synthetic Estrogen and Testosterone, artificial Puberty
(in combination with clitoris amputation)

- **Forced Genital Surgeries**

Hugh Hampton Young (Baltimore):
Surgical “Correction” for every possible Diagnosis

Il termine intersex

Prime apparizioni:

- **Karl Heinrich Ulrichs (1825-1895):**
Gay come psicologicamente ermafroditi

- **Magnus Hirschfeld (1868-1935):**
Gay come stadio sessuale intermedio, terzo sesso
e sesso intermedio, l'omosessualità è innata

- **Genetica**

- **Richard Goldschmidt (1915):**
intersessualità come risultato di mescolanze razziali,
l'omosessualità è genetica, innata

- **Ginecologia**

- **diagnosi razzista “costituzione intersessuale” (1916-1950s)**

Der **Intersex-Typus** (Mannweib, **Schizoid**) (Abb. 863) ist körperlich und psychisch ausgedrückt. Es kommen auch sexuelle Zwischenstufen vor, wobei feminine Zeichen nur schwach ausgebildet sind. Die Behaarung ist übermäßig und atypisch, die Züge sind männlich, die Stimme ist tief. Die Pubertät tritt verzögert auf, es besteht Frigidität und eine herabgesetzte Fruchtbarkeit bei Hypoplasie der Keimdrüsen und Hyperfunktion der Hypophyse, manchmal ein eunuchoider Hochwuchs, ferner Störungen in der Funktion der Thyreoidea. Häufig wird Dysmenorrhöe beobachtet.

Forced Medical Display



Abb. 863. Intersex-Typ (Schizoid).

Intersex Genital Mutilations

Medically Not Necessary, Irreversible
Cosmetic Genital Surgeries
On Children With Atypical Sex Anatomy

Documentation:
History & Current Practice



Zwischengeschlecht.org
„Human Rights For Normalized Tact“
<http://www.gmschlecht.org>

XX secolo (2)

1945–oggi: Sterminio medico

- **Pseudo-“standard” di medicina**

Lawson Wilkins / John Money (Baltimore):

“Optimal Gender Policy”, 1950/55 - oggi:

- assegnazione di un sesso il prima possibile secondo le possibilità chirurgiche, castrazioni e / o "correzione" chirurgica,
- occultamento della verità per tutta la vita, educazione rigida in ruolo assegnato, Pubertà artificiale "controllata"

“La prova”: l' "Esperimento dei gemelli" fallito con conseguenze fatali per le vittime ("John / Joan Case", cioè David e Brian Reimer)

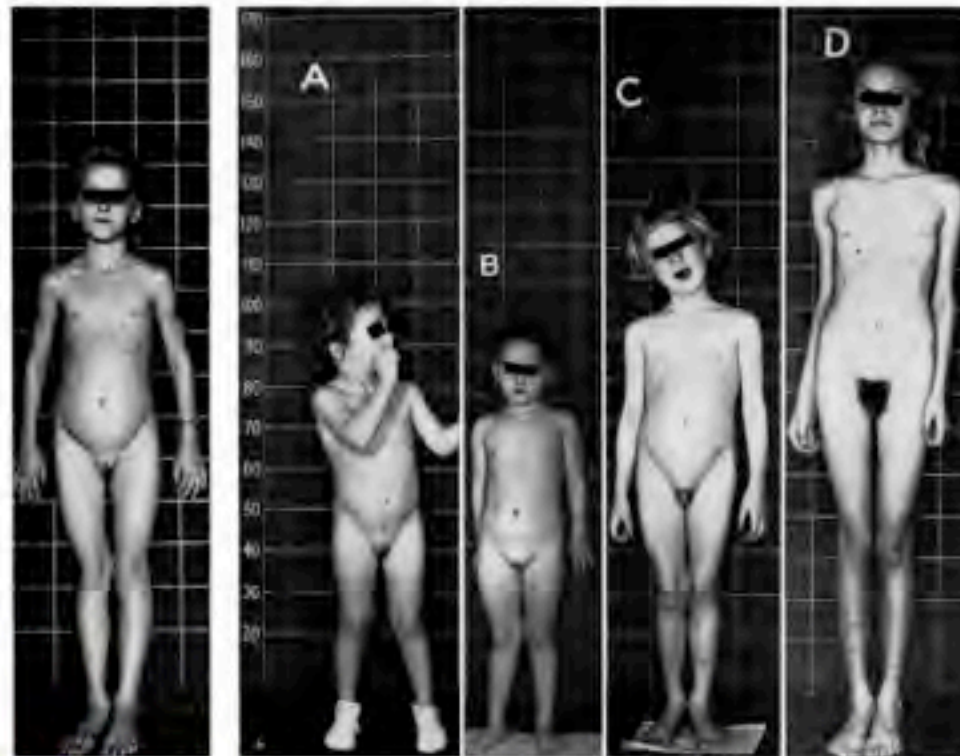
a.o. Andrea Prader (Zurich): Dissemination, from 1950

- **Nessuna prova, nessun follow-up a lungo termine**

Nonostante i medici ammettano di non avere prove e deplorino la scarsità dei follow-up, preferiscono continuare ad operare invece di “fare i compiti” - per ovvie ragioni.

Lawson Wilkins, Baltimore 1950

CONGENITAL ADRENAL HYPERPLASIA—FEMALE PSEUDOHERMAPHRODITISM



Normal age 9 yrs.

Age 2 yrs., 11 mos.
HL age 4-3
Bone age 6-6
17-KS:
2 yrs. 9-12 mg/d.
3 yrs. 15-25 mg/d.

Pubic hair appeared at
20 mos.

Small urogenital sinus.
Sildings:

1. *V. pseudohermaphroditas* dia.
2. Female-normal.
3. *S-macrogoniomasia* and scrothm. (H.L.H. A47344)
4. *S-macrogoniomasia* A52304

Clitoris amputated.
Raised as girl.
(H.L.H. A50183)

Age 4 yrs., 2 mos.
HL age 5-0
Bone age 7-6
17-KS: 16-22 mg/d.

No sexual hair.

Urogenital sinus non-
contracting.

- Raised as boy.
Plastic operation on
hypospadiac penis.
(H.L.H. A47344)

Age 4 yrs.,
5 mos.
HL age 7-0
Bone age 11-0
17-KS:
17-22 mg/d.

Pubic hair at
2½ yrs.

Small urogenital
sinus.

- Raised as girl.
Clitoris excised.
(H.L.H. A47344)

Age 9 yrs.
HL age 14-6
Bone age 15-0
17-KS: 14-22 mg/d

Pubic hair at 4½ yrs.
Axillary hair at 8 yrs.

- Large urogenital sinus.
Raised as girl.
Clitoris excised.
(H.L.H. A26544)

Patients all had enlarged phallus, urogenital sinus and absent vagina at birth. Patient B had been mistaken for a boy and raised as such.

NOTE the excessive somatic growth, advanced skeletal development, high 17-ketosteroid output and early appearance of sexual hair. Patients were well developed muscularly, but did not seem especially "masculine."

Lawson Wilkins (Baltimore): "The Diagn. & Treatm. of Endocrine Disorders in Childh. & Adolesc." (1950)

Intersex Genital Mutilations

Medically Not Necessary, Irreversible
Cosmetic Genital Surgeries
On Children With Atypical Sex Anatomy

Documentation:
History & Current Practice



Zwischengeschlecht.org
"Human Rights For Normalization Test?"
<http://www.zwischengeschlecht.org>



Normal age 9 yrs.

Age 2 yrs. 11 mos.

Ht. age 4-3

Bone age 6-0

17-KS:

2 yrs. 9-12 mg/d.

3 yrs. 15-25 mg/d.

Pubic hair appeared at 20 mos.

Small urogenital sinus.

Siblings:

1. ♀ pseudohermaphrodite.

2. Female-normal.

3. ♂-macrogenitosomia and scrotum. (H.L.H.

4. ♂-macrogenitosomia A52394)

Clitoris amputated.

Raised as girl.

(H.L.H. A59183)

Age 4 yrs., 2 mos.

Ht. age 5-0

Bone age 7-6

17-KS: 16-22 mg/d.

No sexual hair.

Urogenital sinus non-

communicating.

Raised as boy.

Plastic operations on

hypospadiac penis

and scrotum. (H.L.H.

A52394)

Age 4 yrs.,

5 mos.

Ht. age 7-0

Bone age 11-0

17-KS:

17-22 mg/d.

Pubic hair at

2½ yrs.

Small urogenital

sinus.

Raised as girl.

Clitoris excised.

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NOTE the excessive somatic growth, advanced skeletal development, high 17-ketosteroid output and early appearance of sexual hair. Patients were well developed muscularly, but did not seem especially "masculine."

Lawson Wilkins (Baltimore): "The Diagn. a. Treatm. of Endocrine Disorders in Childh. a. Adolesc." (1950)

Present: Most Herms are submitted to multiple forced surgeries:

Beschreibung des Samples



Operationen nach Altersgruppen:

	keine OP	1 OP	2 OPs	>2 OPs
Kinder 0-3 J.:	42 %	34 %	12 %	7 %
Kinder 4-12 J.:	13 %	47 %	19 %	17 %
Jugendliche:	9 %	50 %	17 %	20 %
Erwachsene:	10 %	32 %	24 %	24 %

E.g. in Germany, at least one child is mutilated every day, both in Austria and Switzerland at least another one every week in each country.

XX secolo (3)

- **Rivolta dei sopravvissuti alla chirurgia forzata**

Auto-aiuto ed emancipazione, dal 1988 - oggi:

Australia/UK/USA: **AISSG**, D: **XY-Frauen (1997)**

Supporto tra pari, supporto psico-sociale per i genitori,
no alla chirurgia sui bambini.

1993:

Prime critiche pubbliche e organizzate dai sopravvissuti:

USA 1993: **Intersex Society of North America (ISNA)**

D 1996: **AG gegen Gewalt in der Pädiatrie und Gynäkologie (AGGPG)**

- **Denuncia della distruzione delle
sensazioni sessuali**

- **Violazione del diritto all'integrità fisica**

Boston, 26.10.1996:

1st HWA-Rally against Mutilators' Conference

Since 2004: 26.10. = "Intersex Awareness Day"



Hermaphrodites With Attitude, 1997



At times I feel like hiding in the closet, because it's like how can anybody accept somebody who has been this mutilated, you know, who can accept damaged goods?

And in other times I get so mad that I just want to get a dull rusty knife and start hacking off other doctors' genitals and say: "Here, you son of a bitch, now, how do you think it feels?"

Heidi Walcutt
20.10.1961–10.11.2010

(Video „**Hermaphrodites Speak!**“
07:58)

District Court Cologne, 12.12.2007: 1st Trial against an Intersex Mutilator -WON!



CEDAW Shadow Report 2008/2009

UN Committee CEDAW criticises Germany



Bild: Soli-Demo vor der UNO, Genf 25.1.2009 (zwischen Geschlecht.info)



Taten sprechen lauter als Worte!

Aufarbeitung! Entschädigung! Aufklärung! Aussöhnung!



Genitalverstümmelungen stoppen!



**2013: UN Special Rapporteur on Torture
condemns „involuntary genital normalizing surgeries“
and „sterilization“ on „Children who are born with
atypical sex characteristics“ (A/HRC/22/53)**



Bild:Aktion zur UPR-Session des UNHRC, Genf 20.10.2012 (zwischen-geschlecht.info)

XXI secolo

I mutilatori continuano imperturbabili

Besides lip service nothing new.

vs.

- **Azioni legali contro i mutilatori**

I contenzioso di successo a Colonia.

- **Lavoro politico e sui media**

“Herms Media offensive, procedure parlamentari.

- **Proteste e azioni:**

in tribunale e di fronte agli ospedali e alle conferenze.

- **Bioethica**

Solo quando si parla con le persone interessate e non per loro.

- **Solidarietà**

ancora troppo poca.



D\$D-Life

IGM Global 'Cartel' 2013:
"Multidisciplinary" =
Ped Endos & Scalpels
Running The Show +
Ethics & Psych Fig Leaf



14 Multidisziplinäre Teams + Medizinethik in S, PL, D, F, UK, NL

STOP Genital Mutilation as “Raw Material” for Sex/Gender Research!



11th EMBL/EMBO “From Biology to Behaviour”, 6.11.2010

Emi Koyama, Lisa Weasel:

From Social Construction to Social Justice: Transforming How We Teach About Intersexuality (2002)

There has been a **growing interest and attention** to the topic of intersexuality in Women's Studies in the recent years.

the preliminary results of this pilot study nonetheless confirmed our prediction that intersex existence is understood and presented largely **as a scholarly object to be studied in order to deconstruct the notion of binary sexes** (and thus sexism and homophobia) rather than a subject that has real-world implications for real people.

While it is important and encouraging that feminist and LGBT communities are beginning to recognize and embrace the issue of intersexuality, and Women's Studies, Gender Studies and Queer Studies courses may be the only place where intersexuality is incorporated into the curriculum, the specific ways in which intersex issues are introduced in these classrooms should be strengthened and made more relevant to the social justice movement. **Despite instructors' good intentions**, a lack of awareness and attention to the realities of intersex lives biases the presentation of the topic, potentially unintentionally **perpetrating the invisibility and objectification of intersex people.**

<http://www.ipdx.org/pdf/wsq-intersex.pdf>

<http://www.ipdx.org/publications/pdf/teaching-intersex.pdf>

Potenziali conflitti di interessi

**Il problema dell'appropriazione da parte di
alcuni studi di genere & LG(B)((T))Q**

Solidarietà o proiezione?

**Le mutilazioni genitali sui bambini intersex
non sono un'attrazione nella lotta LGBTQ
contro il two-sex-system
o l'eteronormatività!**

**La maggior parte delle persone intersex
NON si definisce intersex
(or bother too much about “identifying” at all),
ma continua a soffrire delle conseguenze
delle mutilazioni genitali.**

Solidarietà o proiezione?

Potential Conflicts of Interest

**The Problem of Appropriation by
some Gender Studies & LG(B)((T))Qs**

“That especially Trans*folk, Lesbians and Gays have been tackling this subject, is due to an **excess of projection.**

They don't see, how their own set of problems, i.e. coming-out and social recognition, is **not the same as the hermaphrodites'.**

They don't see, how the adoption of hermaphrodites by lesbian, gay, and trans*movements without being asked, is tantamount to blindsiding and colonialisation, and is morally inappropriate, because it **masks the particular interests of survivors of medical violence.”**

— Georg Klauda, 2002

Il problema dell'appropriazione da parte di alcuni studi di genere & LG(B)((T))Q

Ideational Appropriation:

- **adozione non richiesta: annessione, dichiarazione di essere la sotto categoria di un gruppo (es. Transgender), furto del simbolo intersex**
- **Gli ermafroditi letti attraverso la lente lgbt o le teorie del genere (“eccesso di proiezione”)**
 - **glorificati come ‘ermafroditi ideali’ (intatti)**
 - **ignorato il 90% di ermafroditi ‘reali’ mutilati**
- **LG(B)((T))(((I)))Q: “cascata di colonialismo”**
 - **Es. i transessuali sono colonizzati dai gay e colonizzano a loro volta gli intersessuali**

(Georg Kluda: “Fürsorgliche Belagerung”, 2002)

The Problem of Appropriation by some Gender Studies & LG(B)((T))Qs

Salient Example:

At the very first Intersex-Rallies, Transsexuals came for support, BUT brought their own campaign-shirts and 'asked' everybody to wear them – to the detriment of the message, and of intersex participants.



Il problema dell'appropriazione da parte di alcuni studi di genere & LG(B)((T))Q

Herms as a means to an end for 3rd party interests

Evoluzione storica dell'appropriazione dal 1864:

- **i gay come "ermafroditi psicologici" e "terzo sesso" come motivazione per la liberazione Gay (Ulrichs, Hirschfeld)**
- **le mutilazioni di ermafroditi come fondamento scientifico per la teoria del genere (Money, Butler)**
- **il femminismo ha abbracciato la teoria del genere di Money senza mettere in discussione le sue origini e la sua formazione (Millett, Rubin, Schwarzer)**
- **i crimini medici sugli ermafroditi come dati e materiale grezzo per la ricerca sul genere e sul sesso fino ad oggi.**

Salient Example:

In the Hirschfeld-Biopic 'The Einstein of Sex',
at the behest of rich parents,
Hirschfeld mutilates a herm for money ...



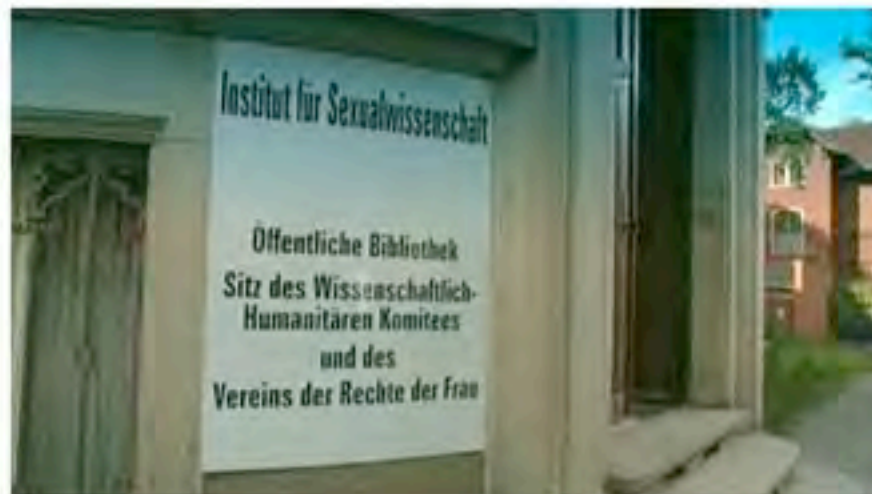
... operiert jedoch unbeirrt weiter. Schon legt er das amputierte zwitterige Genital in die Nierenschale ...



... i.e. a treasure chest, urgently needed to finance Hirschfeld's new 'Institute for Sexology' in order to advance gay liberation ... *(fictious but telling!)*



Der erfolgreichen Gründung des "Instituts für Sexualwissenschaft" in der nächsten Szene steht somit nichts mehr im Wege:



Der Zwitter hat seinen Zeck erfüllt ...

Il problema dell'appropriazione da parte di alcuni studi di genere & LG(B)((T))Q

Nella pratica politica:

- **“inclusione” (como luce posteriore):** annessione e nello stesso tempo gli intersessuali e le loro richieste vengono resi invisibile nello spazio pubblico e nella politica

Esempio saliente:

- **Parlamento tedesco: 26.11.2009-30.06.2010** gli intersessuali vengono nominati in 29 documenti, non una sola volta per porre fine alle mutilazione, ma solo per “il riconoscimento dell'identità sessuale” per gay etc.

Solidarietà o proiezione?

Le mutilazioni genitali sui bambini non sono una contraddizione del binarismo sessuale o dell'eteronormatività!

Le mutilazioni devono essere fermate

- O R A ! -

NON “dopo l’abolizione del genere”

Le mutilazioni devono essere FERMATE ORA!

Le demarcazioni sono una necessità politica:

- **fermare le mutilazioni genitali il prima possibile richiede delle azioni tattiche e pragmatiche, la capacità di ottenere la maggioranza**
- **come fondamentali diritti umani e problema etico**
 - Diritto all'integrità fisica e di autodeterminazione,
 - Protezione per i bambini contro le mutilazioni genitali,
 - Rispetto della Creazione così come è**un divieto legale può ottenere una maggioranza e guadagnare il sostegno anche dei partiti conservatori e cristiani :-)**
- Introdotta politicamente come un tema di genere e LGBT, la domanda di messa al bando è stata pressoché abbandonata, prima ancora che noi potessimo spiegare di cosa si tratta :-)

Requests to Solidary Non-Herms and their Organisations

- 1) Acceptance of herms living as
males, females, and herms**
- 2) Solidarity in the struggle against
genital mutilations, and for
“Human rights for hermaphrodites, too!”**

Richieste alla solidarietà LGBTQ

- una riflessione critica sulle proprie pratiche e teorie
- riflessione critica sulla propria storia
- rispetto della lotta decennale degli intersessuali contro le mutilazioni genitali come una **lotta indipendente** per *“il diritto all’**autodeterminazione** dei bambini intersessuali e per il loro **diritto all’integrità fisica**”*
- Supportare gli intersessuali nella loro lotta contro le mutilazioni genitali al meglio delle proprie possibilità, **NON** usare la sofferenza degli intersex come materiale per le proprie battaglie

Menschenrechte auch für Zwitleri!
NEIN!
zu genitalen Zwangsoperationen

Wir fordern:
umfassende
Informations
gegen
Manipulation!

Schluss mit
genitalen
Zwangs
operationen!

STOP
Genitalverstümmelung
im Kinderspital!

**NEIN
ZU
GENITAL
ZWANGS
OPERATIONEN
NON!**

Grazie!