National LGBTI Health Alliance
lesbian, gay, bisexual, transgender, intersex and other
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9 July 2013

Dr Ian Holland
Senate Committee Secretary
Parliament House
Canberra ACT 2600
Sent via email

Dear Dr Holland,

CONFIDENTIAL SUBMISSION TO INQUIRY ON INVOLUNTARY AND COERCED STERILISATION: MEDICAL IMAGES INCLUDED

I am writing to add important details about the supposedly "therapeutic" involuntary and coerced surgical "normalising" procedures to which intersex young people are subjected in Australia in 2013.

The World Health Organisation (WHO) has classified Female Genital Mutilation into four types by the extensiveness of the excision:

Type 1. Clitoridectomy (also called clitorectomy): partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).

Type 2. Clitoral and/or Labial Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).

Type 3. Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.

Type 4. Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

The WHO states that there are no health benefits to FGM, only harm (WHO, 2010). Thus it is inappropriate and inaccurate to label these procedures as "therapeutic".

Procedures that are routinely performed on intersex young people in Australia fit the WHO definition of Types 1, 2 and 4 Female Genital Mutilation.

These procedures are criminalised and acknowledged to have no therapeutic benefit when performed on young people who are classified as 'female' in Australia.

The Sex Discrimination Act (Sexual Orientation, Gender Identity and Intersex Status) 2013 prohibits discrimination on the basis of intersex status. Based on this legislation, we ask the Committee to recommend identical criminal sanctions against medically unnecessary "normalising" surgical procedures on intersex young people that are being mischaracterised as "therapeutic" by Australian medical professionals.

These procedures are standard medical practice in Australia and elsewhere today. In an anonymous online survey of current practice in feminizing surgery for congenital adrenal hyperplasia (CAH) among 162 specialists (60% paediatric surgeons or paediatric urologists) attending the IVth World Congress of the International Society of Hypospadias and Disorders of the Sex Development (ISHID) (sic) in 2011, 78% of surgeons reported that they preferred conducting early surgery before the age of two years. Most conduct surgical alteration of the clitoris, vagina and labia. Most surgeons reported that their techniques include surgical removal of clitoral erectile tissue (Yankovic, Cherian, Steven, Mathur, & Cuckow, 2013).

Research has found that women with CAH who were subjected to feminising genital surgery had significant impairment in clitoral sensitivity (Crouch, Liao, Woodhouse, Conway, & Creighton, 2008). In one study, only one third of women who had undergone clitoral reduction reported normal clitoral sensitivity in surgically affected area and no reduction in sensitivity in areas that had not been surgically altered (Crouch et al., 2008). Another study found that intersex people who were subjected to any form of clitoral surgery were significantly less likely to be orgasmic, with 26% reporting inability to orgasm (Creighton, 2004). Evidence from one study found that all participants who had clitoral surgery reported problems in one or more areas of sexual functioning (Minto, Liao, Woodhouse, Ransley, & Creighton, 2003).

A purely textual discussion of these involuntary and coerced medical procedures and the damage they cause is insufficient to convey their invasive nature.

Please note that the images below are extremely graphic and disturbing, and are shared here due to the need for the Senate Committee to understand the invasiveness of the medically unnecessary involuntary and coerced surgical procedures to which intersex young people are being subjected in Australia today and which rarely reach the Family Court because they are being labelled as “therapeutic” by medical professionals.

WARNING: The following images from medical journal articles are extremely graphic and disturbing.

GRAPHIC MEDICAL IMAGE REMOVED

Images drawn from medical journal article available at:
http://download.journals.elsevierhealth.com/pdfs/journals/2090-598X/PIIS2090598X12001623.pdf

Figure 1. Clitoroplasty technique with intersex young people (El-Sherbiny, 2013).

GRAPHIC MEDICAL IMAGE REMOVED

Images drawn from medical journal article available at:
http://download.journals.elsevierhealth.com/pdfs/journals/2090-598X/PIIS2090598X12001623.pdf

Figure 2. Vaginoplasty technique used for intersex young people (El-Sherbiny, 2013).

We recommend that the Committee consider the severity and irreversible damage caused by these involuntary and coerced "normalising" surgeries when evaluating the recommendations suggested in the previous submissions from the Alliance and our Member Organisations, A Gender Agenda (AGA), Androgen Insensitivity Syndrome Support Group Australia (AISSGA), and Organisation Intersex International (OII) Australia.

You are welcome to contact our Senior Health Policy Officer, Gávi Ansara

Yours sincerely

Warren Talbot
EXECUTIVE DIRECTOR

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