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The child's right to genital integrity

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Abstract

People in liberal societies tend to feel a little uncomfortable talking about male genital cutting, but generally do not think it is morally abhorrent. But female genital cutting is widely considered to be morally repulsive. This common social intuition – that male genital cutting is benign, but female genital cutting is impermissibly harmful – is mirrored in the policies of real-world liberal governments and real-world international liberal institutions. The difference in attitudes towards these practices could be explained by investigation into the cultural biases of people in liberal societies, where social preference is given to practices conducted by majority and established minority group members over those practised by members of marginalised groups. In this article, I argue that the intuition cannot be defended from a liberal position committed to equal children's rights. I defend children's equal right to bodily integrity. I claim that in practice children's right to bodily integrity is conditional on it serving their greater interests – which sometimes require adults to interfere with children's bodies in ways that we would not interfere with adults' bodies. But, I argue, this practical conditionality ought not to mean that the state treat male and female children differently. I make a case for the child's inviolable right to genital integrity, based on the relationship between the child's genital integrity and their sexual and genital autonomy in adulthood. I outline and respond to potential criticisms, namely that (i) male genital cutting has medical benefits that outweigh its harms and that (ii) female genital cutting is more socially harmful than male genital cutting.

Keywords

autonomy, children's rights, genital cutting, harm, liberal society

People in liberal societies tend to feel a little uncomfortable talking about male genital cutting, but generally do not to think it is morally abhorrent.[1] But female genital cutting is widely considered to be morally repulsive.[2] This common social intuition – that male

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genital cutting is benign, but female genital cutting is impermissibly harmful – is mirrored in the policies of real-world liberal governments and real-world international liberal institutions. The difference in attitudes towards these practices could be explained by investigation into the cultural biases of people in liberal societies, where social preference is given to practices conducted by majority and established minority group members over those practised by people from marginalised groups.[3] In this article, I argue that the intuition cannot be defended from a liberal position committed to equal children's rights.[4] I make a case for some content of a particular account of those rights, aiming to speak to the wider debate about children's rights within the liberal paradigm (Brennan and Noggle, 1997; Brighouse and Swift, 2014; Clayton, 2006; Cowden, 2016; Feinberg, 1992; Fowler, 2010, 2014; Gutmann, 1980; Jaworska and Tannenbaum, 2018; Leib and Ponet, 2012; Liao, 2015; Mills, 2004; Noggle, 2018; O'Neill, 1988; Schrag, 2004). It must be acknowledged that this topic is highly politically sensitive and controversial, not least because anti-genital cutting arguments can and have been highjacked by racists, anti-Semites and the culturally intolerant (Cowburn and Sharman, 2017; Rassbach, 2016; Tuchman, 2005). I do not intend to criticise any religious or cultural group per se, nor object to the practice of genital modification by consenting and autonomous adults. It would be contrary to my commitment to respecting self-regarding autonomous decision-making to suggest that the state ought to oppose genital alteration chosen by adults for religious, cultural[5] or any other purposes. Rather, the article is intended to illuminate the contradiction in real-world liberal policy on non-autonomous genital cutting, to suggest that this contradiction is incompatible with a commitment to equal children's rights, to argue that since children cannot autonomously consent to or seek out non-therapeutic genital cutting it is impermissible in a liberal society and to claim that this could be institutionalised in the form of a specific child's right to genital integrity.

In the first section, I introduce the problem. I discuss several real-world inconsistencies vis-à-vis male and female genital cutting to show how the intuition outlined earlier is echoed in real-world liberal policy. In the second section, I claim that all children's physical vulnerability to harm by their parents or carers justifies certain rights of protection. I draw upon liberal children's rights theorists to flesh out my interpretation of the kinds of rights children ought to have and why. In the third section, I defend children's equal right to bodily integrity. I claim that in practice children's right to bodily integrity is conditional on it serving their greater interests – which sometimes require adults to interfere with children's bodies in ways that we would not interfere with adults' bodies. But, I argue, this practical conditionality ought not to mean that the state treat male and female children differently. In the fourth section, I make a case for the child's inviolable right to genital integrity, on the basis that children cannot consent to genital cutting, and that genital integrity is essential for their future adult genital and sexual autonomy. In the fifth section, I outline and respond to potential criticisms, namely that (i) male genital cutting has medical benefits that outweigh its harms and that (ii) female genital cutting is more socially harmful than male genital cutting. I conclude in the sixth section.

I

It is no secret that female genital cutting is a controversial practice.[6] In recent years, it has gathered increasing attention in the popular media, among politicians and within academia in Western states, and increasing global migration has rendered it a more pressing issue for liberal governments (Arora and Jacobs, 2016; Bell, 2005; Chambers, 2004; Cloward, 2016; Dustin, 2010; Galeotti, 2007; Mazor, 2013; Nussbaum, 1999; Rahman and Toubia, 2000; Shweder, 2005). But male genital cutting[7] seldom attracts similar levels of public scrutiny (Bell, 2005; Dustin, 2010) and receives considerably less than female genital cutting proportionally.[8] There *are* anti-male genital cutting media campaigns (Naish, 2015; Worley, 2017) and medical and academic critics (Bell, 2005; BMA, 2006; Chambers, 2018; Earp, 2013, 2015, in press; Fox and Thomson, 2005; Frisch and Earp, 2018; Hammond and Carmack, 2017; Lang, 2013; Merkle and Putzke, 2013; Svoboda, 2006), and the Council of Europe has expressed concern for male infants' welfare (Resolution 1952, 2013). However, the legal default position on male genital cutting is acceptance, even in societies that do not embrace it whole-heartedly.

The World Health Organisation's (WHO) positions on male and female genital cutting are very different. The organisation seeks the eradication of female genital cutting and refers to all variations as 'Female Genital Mutilation' in its policy statements (2010; Fact Sheet, 2017). Simultaneously, the organisation explicitly endorses male genital cutting, claiming that it is an important way to prevent HIV (WHO, 2018). The WHO's reports discuss male genital cutting by non-medics (2008, 2017: 24/25, 31–33), and although it implies that it would be safer for cutting to be performed by professionals in sterile environments, it does not openly condemn non-medicalised and unsterile male genital cutting.

Female genital cutting, in all its forms, is unequivocally outlawed in the United Kingdom (Female Genital Mutilation Act, 2003), the United States (Federal Prohibition of Female Genital Mutilation Act, 1993) and Germany (BMZ, 2015) and is condemned by the European Union (European Parliament Resolution 2012/2684(RSP); European Commission, 2016). Although a British judge has declared male genital cutting to be a 'significant harm' (Case No: LJ13C00295, 2015), and it gathers increasing criticism in the British press (Naish, 2015; Worley, 2017), it *is* permitted with parental consent (BMA, 2006). In Germany, a new law was passed explicitly legalising male genital cutting for religious purposes following a court ruling that it was a violation of the child's right to bodily integrity (Foddy, 2013). The United States has one of the largest percentages of secular male genital cutting in the world, with the WHO estimating that 75% of non-Muslim and non-Jewish American males have had their foreskins removed for non-therapeutic purposes. But, when medical staff in a hospital in Seattle sought to offer local Somali women a genitalia 'nicking' service for their daughters they were prevented from doing so by 'Schroeder's law', which seeks to end the practice of female genital cutting (Davis, 2013: 457; Earp, 2013: 419; Galeotti, 2007: 91). The aim of the staff at the Seattle hospital was to dissuade the mothers from performing more intrusive cutting in unsanitary conditions, and the 'nicking' would have been *as* if not considerably *less* materially damaging than routine male foreskin removal (female type IV compared with male type I).[9]

So, in many real-world liberal countries, the state permits adults to cut the genitalia of male children in non-medicalised environments, and with non-medical equipment,

concurrently banning female genital cutting of any kind. I am not the first person to have noticed inconsistency, or indeed 'double standards', in the policies of real-world liberal societies (Galeotti, 2015: 290, see also Galeotti, 2007: 94; Shahvisi and Earp, in press). Anna Elisabetta Galeotti persuasively argues that members of the dominant cultural groups, be they majority or established minority groups, in Western societies often characterise those from marginalised cultural groups as lacking autonomy in order to justify banning the traditions and practices they find unpalatable, such as wearing headscarves (2015: 290/291). Similarly, Clare Chambers (2004) argues contra Martha Nussbaum (1999), that if liberals want to object to autonomous female genital cutting, then they should also object to breast augmentation because the social influences that might drive a woman to undergo genital alteration are similar to those that might drive a woman to have breast implants (Chambers, 2004). The difference with this article is that the person affected by the cultural tradition is non-autonomous by definition. My main argument concerns the impact of practices conducted by adults across the sociocultural spectrum on the *future autonomy of non-autonomous children*, rather than how liberals perceive adults from marginalised cultural groups with regard to their autonomy and self-affecting actions. In the following section, I develop an account of the moral status of the child, highlighting their physical vulnerability, and argue that children ought to have equal rights as children.

II

Whatever rights children have, they should at least all have the same rights. This seems obvious from a liberal egalitarian point of view. But, it is also consistent with the broader modern normative consensus that universalism and impartiality are essential moral commitments, '[o]n this much at least utilitarians and Kantians . . . can agree. Everyone counts for one, no one for more than one' nor indeed, less than one (Goodin, 1988: 664). The debate about what justifies children's rights, and what the proper content of those rights should be continues, but there is a growing consensus that in liberal societies, at least, all children ought to have the same rights.

It is obvious that all children are different, and that children are raised in very different ways within real-world liberal societies. Children have different personal characteristics, different genders, biological sex traits, ethnicities, national backgrounds, economic backgrounds and genetic makeup; there are infinite things contributing to a given child's particularity. But all children have one thing in common: they are all *physically vulnerable* to harm by their parents or carers.[10] There are various social and embodied conditions that multiply the likelihood that their vulnerability will be exploited; for example, biological sex traits, economic background and belonging to a *marginalised* ethnic or cultural minority group in unjust societies. But (particularly) young children's physical vulnerability transcends all social and embodied differences between individual children. Infants are especially vulnerable because they depend entirely on others for survival and development. They are effectively powerless with regard to how and when they are fed (they can let others know when they want to be fed, but they depend on others to provide food), they wholly depend on others for clothing, shelter, transport, care through sickness, cleanliness and so on. This vulnerability means

that parents and carers have a negative duty not to harm their children, and governments have a positive duty to protect children from harmful parents and carers.[11] One way of institutionalising children's necessary protection from harm is in the form of specific *rights*. In the following sections, I consider particular rights that the child might have. But before doing so, I explore problems with the conception of the child within liberal theory, which translates into a legal and philosophical vulnerability that mirrors their brute real-world vulnerability.

The status of children within liberal theory presents a conundrum with regard to their rights. Ethan J. Leib and David L. Ponet propose that '[c]hildren are the orphans of political theory' (2012: 178). While not necessarily 'orphans' of liberal theory, liberals have only relatively recently been giving proper attention to children and their rights. We have moved on from the idea that children are their parents' property, but the jury is still out on whether they are their parents' moral equals (Brennan and Noggle, 1997: 2), and they are systematically excluded from the same rights in real-world liberal societies and within liberal theory (Brennan and Noggle, 1997; Leib and Ponet, 2012; Schrag, 2004). It would be ethically problematic to discriminate against children, simply because they are children, and would perhaps be equivalent to discriminating against women, or ethnic minorities, *because* they are women, or ethnic minorities (Fowler, 2014: 96). If we commit to ensuring equal rights for *all* individuals, discrimination on such bases would be unjustified. And so, these exclusions are often defended with reference to children's incapacity to decide what is good for them or to protect themselves from harm. For example, we know that smoking may cause smokers various terminal illnesses and is addictive. Adults are permitted to smoke because liberals respect adults' autonomy[12] and defend their right to choose for themselves whether or not the benefits they get from smoking are worth the risks. But liberals assume that children are not autonomous and are incapable of evaluating the costs and benefits of harmful activities. Thus, we protect them from the harms of smoking until they reach maturity. So, the conundrum is: what rights can children have if they are not autonomous?

In The Child's Right to an Open Future, Joel Feinberg provides a compelling solution to the child's status conundrum (1992). He proposes three categories of rights: 'A-C rights', which are rights that children and adults have in common; 'A rights', which are rights that only autonomous adults have; and 'C rights', which are held by children[13] (76/77). 'A-C rights' include (e.g.) the right to bodily integrity, freedom from torture, freedom from coercion and not to be robbed. These tend to be passive rights, in the sense that people hold them by virtue of being people, rather than because they have cultivated autonomy. 'A rights' include (e.g.) voting, smoking, freedom of conscience and driving, which adults have by virtue of their autonomy. There are two subcategories of 'C rights', all of which protect children's interests, some of which protect their future autonomy. These are 'dependency rights', such as the right to be fed, to shelter and to protection, which children need in order to subsist, and; 'rights in trust', which protect the child's potential future 'A rights' (76/77).

It is assumed that every child could become an adult bearer of 'A rights', and so has a right *to* them. Parents, and the state in its capacity as *parens patriae*, have a responsibility to protect, respect and preserve the child's potential autonomy and access to 'A rights', which is equal to their responsibility to respect the dignity and moral status of fellow

adult citizens (78). This means that interference with a child in a way that reduces her potential future ability to exercise her autonomy and choose between a set of options is a violation of her ‘rights in trust’. Here, the child’s interests are intimately linked with her potential to become an adult who can act with meaningful autonomy in a liberal society. She might choose to undergo a procedure that her parents would otherwise have chosen for her as a child, but what matters is that she is able to make that decision for herself as an adult.

I started this section defending a normative commitment to children’s rights of protection. I claimed that these rights ought to be equal to children as children, and because infants and young children are physically vulnerable to harm by their parents or carers irrespective of their sex traits, culture, economic background or ethnicity. I then outlined Feinberg’s categorisation of rights, identifying children’s ‘rights in trust’ as those which protect children’s *future* autonomy, and ‘dependency rights’ and ‘A-C rights’ as those aimed at protecting the child from harm from others, and enabling them to survive. I move on, in the next section, to explore the nature of children’s right to bodily integrity.

III

If children have a right to bodily integrity, it should be applied equally. This means that what is considered an impermissibly harmful violation of *one* child’s bodily integrity should be considered an impermissibly harmful violation of *all* children’s bodily integrity.

But what does a right to bodily integrity mean for children in practice? Most liberal theorists and real-world liberal institutions, who value self-determination for individual flourishing, seem to agree that people, by virtue of being people, have a right to ‘control one’s own body’ (Shaman, 2008: 229; see also Fabre, 2006; EU Charter of Fundamental Rights, Article 3; Phillips, 2013). But infants and young children are not in control of their bodies in a way comparable to adults. As they grow, they may develop greater physiological control of their bodies, but it might be argued that people are not fully in control of their bodies until they can be said to be autonomous. Given the liberal assumption that children are not entirely autonomous, it is reasonable to say that a liberal position that categories children as non-autonomous cannot easily commit to the idea that children have complete ‘control of their bodies’. If this is the case, what right to bodily integrity do they have? Can it be inviolable? There are times when it is necessary to interfere with a child’s bodily integrity for their own sake and to protect them from harms that might be worse than those incurred by the violation of bodily integrity.

For example, the right to refuse medical treatment has often been associated with a right to bodily integrity (Shaman, 2008). So a commitment to the inviolability of children’s right to bodily integrity would render it unjust to administer immunisations against meningitis, polio, hepatitis and other harmful diseases in infancy,[14] because infants are unable either to consent to or refuse the pre-emptive medical treatment. For Brian D. Earp, the threshold for what is a permissible violation of children’s bodily integrity – which he defines as ‘the physical state of being all-in-onepiece, unbroken, undivided, intact’ – is ‘medical necess[ity]’ (Earp, in press: 1/2). An inviolable right to bodily integrity – which I define as including control of one’s medical treatment, in

addition to one's body being 'intact' – would also mean that it would be impermissible to give a child liquid paracetamol, especially if she disliked it and tried to prevent her parents from giving it to her by moving her head out of the way and screaming whenever they tried to do so. But it seems to be reasonable to force a child to take liquid paracetamol to reduce fever and ease pain and to administer immunisations, because of our parental and social duty to protect children from pain and harmful diseases. Thus, in practice, children's right to bodily integrity is *conditional* on it serving their best interests in a given situation and is often trumped by other rights and needs of the child.

Does this flexibility mean that under some conditions it is permissible to cut a child's genitalia? For example, if the cut is as innocuous as an ear-piercing? Or if the child's parents are committed to a religious or cultural group that has a strong attachment to traditions of genital cutting? Does applying the right equally mean that if all forms of genital cutting are impermissible, then any kind of cutting of infants' bodies, such as ear-piercing, should also be impermissible? In the following section, I argue that children ought to have an inviolable right to *genital* integrity which means that no matter what the parents' cultural and/or religious commitments and beliefs, or how materially innocuous the cut might seem, non-therapeutic genital cutting is impermissible.

IV

In order to care for children, it is sometimes necessary to violate their bodily integrity to some extent (Earp, in press). As such, we might reject the idea that children have a right to bodily integrity at all. In this case, we could not object to genital cutting of any kind on the basis of it being a violation of their bodily integrity. If children do not have a right to bodily integrity, then it could reasonably be argued that parents ought to be permitted to perform genital cutting traditions in view of their rights to freedom of expression. We do things to children that are equally as materially harmful as some minor forms of genital cutting, so what is the problem? Here, I suggest that children ought to have an inviolable right to genital integrity. I argue that this right is justified by (1) children's equal vulnerability and our corresponding duties of care to children; (2) the significance that genitals have for adult flourishing and autonomy; and (3) the inability of children (defined as non-autonomous) to consent to genital cutting means it is a coercive setback to that future autonomy. Thus, a right to genital integrity is a *right in trust* for children – it protects their future right to genital and sexual autonomy. I move straight to justifications (2) and (3) having defended justification (1) in section II of this article, where I claimed that children's physical vulnerability transcends all other sociopolitical contexts, and that as such, children ought to have equal rights of protection from harm by their parents and/or carers.

Just as with many other areas of infants' and children's lives, carers sometimes have to make difficult decisions in a child's stead, such as, permitting blood transfusions, immunisation injections, administering medicines or correcting cleft lips. Generally, these decisions are made without much complaint from the children when they become adults or from wider society. But there is something about the invasion of the genital area that is more problematic than these forms of bodily intrusion. Genitals have a special status in society and play an important role in our adult sexual autonomy. We work hard

to keep them covered up, we tend only to show our genitals to others if we want to have a special relationship with them – either for procreation or for pleasure. We teach children not to allow others to touch their genitals from as early an age as possible and we (rightly) ostracise adults who gain sexual pleasure from children's bodies and genitalia. President Trump's comments about women would not have seemed quite so appalling if he had said 'you can grab them by the arm' or 'ear', we would probably have thought it an odd thing to say, but we would not have been nearly so appalled (see Revesz, 2016 for a full transcript of Trump's comments). It was the sexual nature of the boast, and the violation of a private and revered part of women's bodies that felt so morally atrocious. This special social significance is linked to the essential role genitalia plays in our individual personal lives. Genitals play a fundamental part in how we understand ourselves, as sexual or asexual beings, and with regard to our gender identity, be it binary or non-binary (see Butler, 1990, for her theory of the relationship between gender, sexuality and desire). Sex, either for pleasure or for procreation, has an important role in many adults' lives and for many adults' individual flourishing. As such, it is important for adults to be able to exercise autonomy over their sexual lives.

Though children are non-autonomous, they have an interest in becoming autonomous adults, and since sexuality is highly likely to be an important part of their adult experience, there seems to be a duty to protect children's ability to exercise autonomy over their future sexual lives. Children have a *right in trust* to adult sexual autonomy. The cutting of the intimate organs directly related to sexual and genital autonomy sets back that autonomy, by interfering with their natural appearance, causing pain, loss of sensation, in some cases sterilisation, and potentially causing the affected person lasting psychological trauma. Routine male genital cutting (male type I) is significantly more materially damaging than the clitoral hood 'nicking' suggested for Somali women by the Seattle hospital (female type IV). But even in the rare cases that non-autonomous genital cutting seems as materially innocuous as ear-piercing, it is more problematic because it sets back their future sexual and genital autonomy before they are able to choose how to lead their own sexual lives, or even understand the meaning of sexuality in general terms.[15] Infants and very young children, who we (liberals) define as non-autonomous, cannot give meaningful consent for interference with their genitalia, and so infant genital cutting is non-consensual by nature. As such, any kind of genital cutting is a violation of the child's bodily and/or genital integrity in the first instance, and it is also a non-consensual setback to the future adult's genital autonomy because it removes the possibility for the adult to choose whether or not to have their genitalia cut.

If we accept the idea that children ought to have a strict right to genital integrity, the case against female *and* male genital cutting is simple: children have an inviolable right to genital integrity; genital cutting violates this right; and all forms of genital cutting are impermissible.[16] In the following section, I outline and respond to two potential objections to the argument that *all* children ought to have a right to genital integrity.

V

The first potential objection I respond to (i) is that there are medical benefits to male genital cutting which makes it permissible, because its potential benefits outweigh its

harms. The second (ii) is that female genital cutting is worse than male genital cutting *on the whole* because it is symptomatic of and integral to violent systems of gendered oppression. I outline and respond to each objection in turn.

i

From a liberal point of view, harm to others is generally considered to be impermissible, but is not impermissible per se. People harm each other all the time. Harming another person might cause them discomfort, pain and possibly set back interests in other areas of their life. But harmful acts are not always wrong. Harmful acts are impermissible and wrong *if* the actor's 'indefensible (unjustifiable and inexcusable) conduct' violates the harmed party's rights (Feinberg, 1984: 34/35). As such, harmful acts that do not indefensibly violate the harmed party's rights may be permissible from a liberal point of view. Indeed, if a harmful act has some benefits for the affected party, then it might be the case that the act is defensible, and so not a violation of the harmed party's rights at all.

It is often argued that male genital cutting has medical benefits that make its harms permissible. For instance, Matthew Kramer draws upon the findings of the American Association of Pediatrics (AAP) that infant male genital cutting is 'mildly beneficial' to claim that 'the crusades against circumcision that are currently being conducted by some knights of the foreskin are especially dubious' (Kramer, 2017: 85). The argument here is that if foreskin removal has medical benefits, then infant boys have an interest in having the procedure. Further, if it is not very harmful or has mild benefits, then there are no grounds to object to it without unfairly violating the religious freedom of Jewish and Muslim parents wishing to continue the practice.[17] Any liberal policy that seems to discriminate against Muslim and Jewish people is rightly viewed with a suspicion and rancour amplified by extensive historical injustice.

I respond to the argument that male genital cutting has benefits that outweigh its harms by first challenging the assumption that male genital cutting is relatively harmless. I sketch out a harm spectrum to assess the extent of the material damage of the practice and demonstrate the material parallels between various forms of male and female genital cutting. The point of this is to show that there is equivalence between some forms of male and female genital cutting, and that therefore they should be treated in the same way. I then argue that because there is no uncontested evidence that any medical benefits of genital cutting outweigh its harms, the burden of proof ought to be on those who seek to continue the practice because it is irreversible, and thus removes the possibility for the child to choose to conform on becoming an autonomous adult.

Harm is not zero-sum. There are harms that are worse than others, both materially, and in so far as they continue to impact on the victim's well-being throughout their life. Some harmful acts might seem relatively benign, such as nicking a piece of another person's skin, or maybe cutting off a piece of another person's ostensibly useless skin or flesh, like the earlobe. While other harmful acts intuitively seem to be impermissibly damaging, such as removing large parts of the external ear and re-stitching it to narrow the earhole. If a harmful act causes the victim a physical injury, the overall extent of harm can be assessed according to (1) the material damage done to the physical form and (2) how far the physical injury continues to affect the victim – how far the victim's

harmed condition is also a *harmful condition*. A cut finger is a harmed condition for anybody, but it is a harmful condition for a pianist whose injury will deplete her ability to play the piano, and thus work. This is harm as setback to interests, where harm is measured by how far harmful acts deplete victims' stake in something that improves their well-being, or interests (Feinberg, 1984: 31).

Consider infant ear-piercing and foot-binding.[18] In both practices, parents conform(ed) to certain beauty norms and permanently change(d) their children's bodies. Infants and young children cannot consent to either practice, and so both are coercive violations of bodily integrity. But foot-binding seems more harmful than ear-piercing, for two main reasons. First, the material damage in the case of ear-piercing is comparatively minor. A sharp needle is forced through the earlobe, and a stud is placed in the hole. In the case of foot-binding, adults would break the bones in young girls' feet – forcing their toes to touch their insteps – and bind their feet in tight straps to thwart growth. Second, a hole in a child's earlobe, whether maintained or left to close over and scar, is unlikely to impair her ability to hear, and therefore set back her interest in hearing properly. But foot-binding seriously impaired girls' and women's ability to walk and use their feet in a normal way (Black, 2008: 327). Thus, foot-binding was considerably more harmful than infant ear-piercing because the initial injury was severe, and the victims' interests in something beneficial to their physical well-being were extraordinarily set back.

Seeing harm on a spectrum, and not zero-sum, enables comparison of the different ways that various forms of genital cutting affect children. If male genital cutting is less materially damaging than the least harmful form of female genital cutting, it might be the case that it is not such a severe violation of bodily integrity. From here, it might reasonably be argued that since genital cutting for religious or cultural reasons is important for the parents' freedom of expression, it is an unreasonable violation of the parents' rights to legislate against non-therapeutic male genital cutting. But, if there are forms of male genital cutting that are just as materially harmful as female genital cutting, and female genital cutting is considered to be impermissible, then this counter argument is ineffective.

Using the harm spectrum sketched out earlier, we might rank the variations of genital cutting outlined in footnotes 6 and 7 as follows (from the most materially harmful to the least materially harmful): infibulation, removal of the clitoris and labia, clitoridectomy, urethra cutting, extreme foreskin removal with and without *metzitzah b'peh*, partial and complete clitoral hood and foreskin removal and all other non-medical procedures harmful to *female and male* genitalia. Partial, complete and extreme infant foreskin removal is routine in the United States and practised regularly in many countries across the world. A different amount of skin is removed in each case of foreskin removal. It is difficult to establish what the difference is between sensations for those who have and who have not have their foreskins removed, and many men are content with having had the procedure (Chambers, 2008: chap. 1; Moore, 2015). But, according to some medical commentators, all types of foreskin removal desensitise the penile glans, changing the way the affected person experiences sexual pleasure, and can cause painful erections later in life (Chambers, 2008: 35; Frisch and Earp, 2018: 627/628; Hammond and Carmack, 2017; Svoboda, 2006). And a significant number of men express extreme

discontent about having been cut as infants (see for instance: Dillon, 1995; and members of the Men Do Complain Campaign). Extreme foreskin cutting completely removes the skin covering the glans. It leaves the penis ‘denuded’ and obliterates ‘“veins, arteries, and capillaries . . . nerves, . . . nerve endings,” along with dartos muscle . . . desensitisation of the glans (a naturally internal organ) due to . . . constant exposure and abrasion’, among other things that may reduce the amount of pleasure possible (Lang, 2013: 429). The procedure completely removes a large amount of non-regenerative tissue, and so any pleasure that the adult would have experienced from the foreskin itself, including its natural sliding function, is permanently removed. Furthermore, there are multiple possible complications with the procedure. Indeed, in 2018, an Italian toddler died as a consequence of extreme blood loss following a religious genital cutting procedure carried out in a migrant centre (BBC, 2018; Lusher, 2018). And even when practised in a medical setting, there are many things that could go wrong.

For instance, the Stanford Medical guidelines for infant ‘circumcision’ list many potential risks, such as excessive foreskin removal where ‘it is possible to draw skin from the penile shaft up into a circumcision device and remove too much . . . and . . . the initial appearance can be quite distressing to both parents and practitioner’, ‘amputation of the glans’ which is a ‘devastating complication’, other complications for which ‘surgical correction is necessary’ and the possibility of death (Stanford Medicine, 2018). All of these potential complications seem considerably worse than ‘nicking’ the clitoral hood – which was not permitted in the case of the Seattle hospital – and removing a large amount of non-regenerative tissue also seems more harmful than a ‘nick’ of the skin, since the material damage is greater, and the function on the skin is completely lost. And so, it seems clear that the types of male genital cutting practised on a regular basis by socially established majority and minority groups in some Western liberal societies, are more, or considerably more, harmful than the least harmful forms of female genital cutting which are strictly prohibited in Western liberal societies.

Some argue that this policy incongruence is justifiable because male genital cutting has some medical benefits (see for instance Kramer, 2017). But the position that male genital cutting has medical benefits is not accepted unequivocally by the medical community. In fact, ‘[m]edical evidence about its health impact is equivocal’ (BMA, 2018), and while ‘the medical harms or benefits have not been unequivocally proven [. . .] there are clear risks of harm if the procedure is done inexpertly’ (BMA, 2006). And there are many medics who claim that the harms of male genital cutting are worse, or considerably worse, than any perceived benefit (see Bell, 2005; BMA, 2006; Davis, 2013; Earp, 2013, in press; Foddy, 2013; Fox and Thompson, 2005; Frisch and Earp, 2018; Hammond and Carmack, 2017; Lang, 2013; Mazor, 2013; Merkle and Putzke, 2013). Therefore, the argument that male genital cutting has some mild benefits is not as persuasive as its advocates assume. Indeed, as Chambers argues, ‘*the very fact that there is a reasonable disagreement about the harms of circumcision* means that it is a violation of freedom and equality to circumcise someone without his consent’ (Chambers, 2018: 24). As such, the burden of proof should be on those who seek to defend male genital cutting, and as it stands there is no uncontested evidence that it is beneficial.

But let us assume that the AAP is correct and that infant male genital cutting has some mild benefits – benefits enough that it is mildly in the child’s interest to have their

foreskin removed. Within the context of our commitment to equal children's rights – which ought to mean that each child is given as equal a start in life as is possible, then it might be argued that all infant boys should have their foreskins removed by state legislation. If we accept a paternalist policy for *some* children on the basis of its medical benefits, then it ought to be a policy for *all* children given our commitment to equal children's rights. If a policy of this kind were to be enacted for all male infants, then in the interest of treating 'like cases as like' it would be necessary to investigate whether or not clitoral hood removal also had 'mild benefits' equivalent to those of male genital cutting, and if there were, then it would be necessary to commit to removing the prepuces of *all* infants with male *and* female sex traits.

It might be the case that some people would not object to state legislated infant prepuce removal if it has mild benefits, but I doubt the idea would sit comfortably with many. There are many reasons for our moral discomfort with the idea – reasons independent of any medical benefits or material harms of prepuce cutting. Among them is our understanding that the genital area has a special significance and plays an essential part in autonomous adult flourishing. Regardless of the burden of proof, for it to seem acceptable in societies that claim to respect the autonomy of adult individuals, the medical benefits of infant prepuce removal would have to be overwhelming for them to eclipse the setback to affected children's future genital autonomy and justify the physical coercion.

ii

A second objection to my argument stresses the social contexts of male and female genital cutting. The objection goes as follows: Female genital cutting occurs in societies with entrenched ideas about females' inferiority to males; female genital cutting is symptomatic of and consolidates these ideas and is part of wider systems of violence against women and girls; the fact that it has this role in these societies means that it is worse than male genital cutting – all things considered – because it consolidates and perpetuates patriarchal violence; therefore, it does not hold that male and female genital cutting ought to be treated in the same way, even if they are materially equivalent. That is, the 'symbolic harms' of female genital cutting amplify its abhorrence and justify the difference in the way that male and female practices are treated in liberal societies.[19]

For Joseph Mazor, one of the most significant differences between male and female genital cutting is that in societies where female genital cutting is practiced there are 'deeply-rooted attitudes about the lower status of women'[20] (2013: 427). Mazor maintains that this is so significant that even in cases where the costs and benefits of the two procedures are *the same*, there is more reason to object to female genital cutting. Susan Moller Okin hooks her critique of multiculturalism to several interrelated claims: Group rights undermine the liberal commitment to individual liberty; which is potentially bad for women whose hard won equal rights depend on this commitment; and that most minority cultures have deeply rooted ideas about male dominance over women (1999). Okin justifies this with reference to religious texts that are transparently patriarchal (11–14). Many religions, Okin observes, were established with ideas about the inferior status of women. So, it is not controversial to suppose that members of these religious

groups are indeed influenced by such ideas, even if they reject them. Patriarchal ideas may feed a wider system of norms and values which influence the social structures of the group and are perpetuated by the members of the society as they internalise the norms. In patriarchal systems, women would seem to be complicit in their own oppression, because they internalise the assumption that they are inferior to men. These internalised assumptions are thought to affect women's preferences to the extent that they become 'non-autonomous preferences', a position fuelling arguments by liberals and feminists to query the consent given by women from marginalised groups for self-affecting genital cutting (Galeotti, 2007: 99/100). These arguments emphasise the idea that there is a very real form of social oppression in patriarchal societies, which ultimately multiplies the chances that female children's vulnerability to physical harm will be exploited. This means that female genital cutting is worse than male genital cutting on balance, because the girls in practicing societies experience more hardship and harm throughout their lives, simply because they are female.

This is an interesting objection, which appears to be empirically true. For example, Somali communities tend to practise the most intrusive form of female genital cutting – infibulation (Cloward, 2016: 97–101; Rahman and Toubia, 2000: 8; Slack, 1988: 450–54). According to Cloward (2016: 100), Somali people continue the practice for 'social acceptance' primarily, and then for 'preservation of virginity'. Infibulation is practised with the overt intention of controlling women's and girls' sexuality, both by removing large parts of the external genitalia to reduce sexual pleasure and preserving virginity until marriage by making vaginal penetration more difficult. The idea that this is necessary for women and girls to be socially accepted indicates that those communities are patriarchal, if we take 'patriarchy' to mean social systems that expressly control female behaviour for the perceived benefit of men. The desire to control women's and girls' behaviour in this way amplifies the moral abhorrence of infibulation and other more extreme forms of female genital cutting. And treating women and girls as subservient to men and boys undermines the liberal commitment to the moral equality of persons. As such, the contextual *social* harm, or symbolic harm, of female genital cutting may indeed make it worse than male genital cutting overall.

Galeotti (2007) argues that the 'symbolic harm' of female genital cutting is not a sufficient reason to object to consensual female 'circumcision'. In a similar case to the Seattle hospital discussed earlier, a Florentine hospital considered performing a minor form of genital cutting for adult women of Somalian heritage. The objective of the proposal was to enable the women to enhance their sense of cultural identity and belonging to their community as members of a marginalised minority group, by undergoing a symbolic and minimal form of the more intrusive traditional forms practised by Somali communities (compare female types III and IV). Crucial to the instance is the fact that these were adult women seeking the cutting for themselves, rather than for their children. Despite this, the proposal caused moral outrage across the sociopolitical spectrum, and in 2006, a law was passed outlawing any kind of female genital cutting, consensual or otherwise (91/92). Consequently, adult women were forbidden from choosing minor genital cutting of their own bodies, while it remained legal for parents to have their male sons' genitalia cut for religious purposes (Viviani et al., 2006: 142). Galeotti argues that this case illustrates real-world liberal bias in favour 'of what is familiar', where

practices conducted by members of marginalised groups are viewed as 'foreign, strange, and consequently suspicious' (2007: 102).

This bias in favour of the familiar obscures understanding of the similarity between commonplace practices and those that are viewed with suspicion. And it is against this bias that I defend my central normative commitment: Children's rights to bodily and genital integrity should be applied *equally* and irrespectively of sex traits, culture or any other line of distinction we might reach for; if female genital cutting is a violation of the child's bodily integrity, then so is male genital cutting; if girls have a right in trust to genital and sexual autonomy, then so do boys. Imagine, for the sake of argument, a wealthy Western society in which women and girls receive the social favour that men receive in contemporary real-world Western societies. Imagine that the majority of positions of economic, political and domestic power are held by women. Men (and boys) are treated relatively well, and they have formal legal and political equality. Despite this formal equality, complex and pervasive social forces seem to prevent them from having equivalent economic, political and domestic power to women. In this society, it has become normal to remove varying amounts of girls' clitoral hoods while they are infants. It may be a very small amount of the clitoral hood, or it may be the entire clitoral hood and some of the tissue extending beyond it. It is not uncommon for part of the external clitoris to be removed during these procedures, or for women who have undergone clitoral hood removal to experience pain when they become sexually aroused, to have a reduced sense of sexual pleasure, or to have other forms of sexual dysfunction. It is not illegal for clitoral hood removal to be performed in unsanitary conditions by people who have not been trained in medicine and without any form of anaesthesia. This is not done exclusively for religious purposes; in fact, the majority of women and girls in this society have been cut for non-religious purposes. If this seems to be morally problematic, then the commonplace practice of male genital cutting in real-world liberal societies should also seem morally problematic, despite the social power imbalance between men and women.

Contextually speaking, female genital cutting's social harms may indeed make it more morally problematic than male genital cutting *on the whole* because it is a violent expression of female oppression. But even in ideal circumstances, such as if there were no gendered oppression in practising communities, we should still object to female and male genital cutting because all children ought to have, by virtue of their physical vulnerability and their inability to consent to a practice that will set back their future sexual autonomy, an equally applied right to bodily integrity or an equal right to genital integrity.

VI

In this article, I have argued that neither male nor female genital cutting ought to be permitted in liberal societies if they are committed to equal children's rights. First, I showed that there is inconsistency in the policies of real-world liberal institutions with regard to male and female genital cutting. I argued that children ought to have *equal* rights of protection because their vulnerability to harm by others transcends all social contexts. I moved on to examine the nature of the child's bodily integrity, which is

necessarily conditional in practice. Then, I argued that this conditionality should not be used to justify non-autonomous genital cutting despite the fact that we often do things to children that could be construed as violating their bodily integrity. I claimed that children ought to have an inviolable right to genital integrity because of their significance for individual autonomous flourishing. I responded to the potential criticism that male genital cutting can be justified because its medical benefits outweigh its harms. First, I outlined the material parallels between male genital cutting and some forms of female genital cutting – which is considered impermissible in all real-world liberal societies. Second, I argued that because the medical community does not agree that male genital cutting has any benefits, this counter argument is not as powerful as its defenders might like. Finally, I responded to the potential argument that female genital cutting is more socially harmful than male genital cutting, and therefore, there is not such a strong case against male genital cutting. I conceded the idea that the social harms of female genital cutting are potentially greater than those of male genital cutting, but pointed out that this conclusion may come from a perspective skewed by liberal bias in favour of the familiar, and stressed the central normative commitment to the idea that all children need rights of protection from harm by others because their physical vulnerability and powerlessness transcend their social conditions.

My argument will be convincing to people who accept the normative commitment to children's equal rights of protection, and children's right to genital integrity, or equal right to bodily integrity. It will not be acceptable to people who think that parents' right to continue cultural and religious traditions trumps children's right to bodily or genital integrity. Defenders of parental rights of freedom of expression over children's rights might draw on the practical conditionality of the right to bodily integrity to defend male genital cutting – we do other things to children that violate their bodily integrity, so why should we violate parents' rights to religious and cultural expression in the name of children's rights to bodily integrity? But this position would be difficult to defend from a liberal egalitarian starting point, and it would be hard to maintain the difference in how male and female genital cutting are treated in the real world, since both irreversible procedures set back the child's future sexual autonomy, are unnecessarily harmful and physically coercive.

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Notes

1. I focus on non-autonomous genital cutting. Autonomous genital cutting – chosen freely by an adult – has a different moral character to non-autonomous genital cutting. For a discussion of autonomous female genital cutting, see for instance: Chambers (2004), Galeotti (2007) and Nussbaum (1999).
2. I use the politically neutral terms 'male and female genital cutting' throughout the article, except in quotations.
3. See Sorrell (2013) for an investigation into how a pragmatic approach to social inquiry helps elucidate the different moral significances of a given culturally embedded practice which may be different to that of the person conducting the inquiry. People in contemporary liberal societies are more likely to view female genital cutting as morally abhorrent because it is not practised by the dominant cultural groups in those societies. See too, Shahvisi and Earp (in press) for an excellent examination of the material parallels between female genital cutting surgeries that are permitted by UK law for 'cosmetic' purposes, and the 'cultural' female genital cutting practices considered to be intolerably harmful.
4. I do not examine surgery on intersex children due to space limitations. But intersex children would be equally entitled to the rights discussed and introduced in this article. There has been an increase in attention to reconstructive surgeries performed on intersex children, with, for instance, Human Rights Watch condemning the practice as an unnecessary and harmful violation of the child's human rights (2017).
5. Some activists in real-world liberal societies object to any form of female genital cutting, even if minor and sought by an adult woman for her own body, because they view it to be symbolically and socially harmful (Galeotti, 2007).
6. The World Health Organisation categorises 'Female Genital Mutilation' as follows: type I: partial or total removal of the external clitoris and/or the clitoral hood (prepuce). We can distinguish the different forms this takes as: (a) 'partial clitoral hood removal;' (b) 'complete clitoral hood removal' and (c) 'external clitoris removal' (generally known as clitoridectomy); type II: partial or total removal of the clitoris and the small labia, with or without removal of the large labia; type III: narrowing the vaginal opening and creating a seal to cover the opening by cutting and repositioning the small labia and/or the large labia, with or without removal of the external clitoris (generally known as infibulation); and type IV: all other non-medical procedures that are harmful to female genitalia, for example: pricking, nicking, piercing, slicing, scraping and cauterization (2008).
7. The World Health Organisation does not have a classification of the different types of male genital cutting equivalent to the classification for female genital cutting. I classify them as follows: type I: foreskin (prepuce) cutting. Generally cut at different points on the penis: (a) 'partial foreskin removal' – cut within the portion of skin over the glans; (b) 'complete foreskin removal' – cut at the point where the glans meet the rest of the penis and (c) 'extreme foreskin removal' – cut below the corona of the glans (Lang, 2013: 429); type II: foreskin removal with *metzitzah b'peh*. After removing the child's foreskin, the mohel puts his mouth directly on the wound to suck the blood and mix it with wine that he has in his mouth (it goes without saying that this is ethically problematic for additional reasons). Or he uses a pipette to transfer the wine to the wound (Davis, 2013: 456). The skin is cut away at the same points as type I; type III: cutting open part or all of the urethra, the first cut is usually an inch or so long,

but may extend to the base of the scrotum (not widely practised, also known as subincision, see for instance Bell, 2005; Gould, 1969); type IV: all other non-medical procedures harmful to male genitalia, for example: pricking, nicking, piercing, slicing, scraping and cauterization.
8. Around a third of the world's male population has had their genitals cut (Foddy, 2013: 415).
9. See footnotes 6 and 7 for typologies of male and female genital cutting.
10. See Goodin (1985: 112–13) for a discussion of the relational nature of vulnerability. That is, there is always an agent to whom the vulnerable party is vulnerable.
11. For a discussion of the positive and negative duties owed to the vulnerable see Goodin (1985); and for a discussion of children's powerlessness and dependency in relation to our perfect and imperfect obligations to them see O'Neill (1988).
12. See Galeotti (2015) for a discussion of the difficulty in observing autonomy in others and what that means for the organisation of liberal societies.
13. And adults in some cases.
14. In the United Kingdom, infants are routinely given vaccinations against many contagious and potentially fatal diseases. See NHS Choices (2016).
15. There may be a case against infant ear piercing which stresses the fact that it is a non-consensual violation of the child's bodily integrity for non-medical purposes. From the point of view of material damage alone this would have to be maintained if we want to object to minor forms of non-autonomous genital cutting. While I am not particularly in favour of infant ear-piercing, I do not consider it to be as morally problematic as its materially equivalent form of genital cutting because earlobes do not have an equivalent role in adult flourishing and autonomy.
16. As pointed out at the beginning of this article, intersex children would also be entitled to this right.
17. See Chambers (2018: 19–29) for an excellent account of why the religious freedom of the child's parents does not trump the child's right to bodily integrity from a neutralist's perspective.
18. For a discussion of why foot-binding is not permissible in liberal societies see Chambers (2004: 14/15, 24/25).
19. See Galeotti (2007) for a discussion of how 'symbolic harm' – where accommodating any form of female genital cutting is seen as public recognition or acceptance of female oppression – is used by many real-world feminists and liberals to object to all forms of female genital cutting, even if chosen consensually by an adult.
20. This argument echoes Martha Nussbaum's claim that female genital cutting is 'unambiguously linked to customs of male domination' (1999: 123/124).

References

Arora, K. S., and A. J. Jacobs. 2016. "Female Genital Alteration: A Compromise Solution." *The Journal of Medical Ethics* 42, no. 3: 1–7.

BBC. 2018. "Italy Circumcision Kills Toddler with One Man Charged." Accessed March 19, 2019. https://www.bbc.co.uk/news/world-europe-46671457.

Bell, K. 2005. "Genital Cutting and Western Discourses on Sexuality." *Medical Anthropology Quarterly* 19, no. 2: 125–48.

Black, F. C. 2008. "Foot-binding." In *The Oxford Encyclopedia of Women in World History*, edited by B. G. Smith, 327–29. Oxford: Oxford University Press.

Brennan, S., and R. Noggle. 1997. “The Moral Status of Children: Children’s Rights, Parents’ Rights, and Family Justice.” *Social Theory and Practice* 23, no. 1: 1–26.

Brighouse, H., and A. Swift. 2014. *Family Values: The Ethics of Parent-Child Relationships*. Princeton: Princeton University Press.

British Medical Association (BMA). 2006. “Ethics: The Law and Ethics of Male Circumcision.” Accessed April 16, 2016. https://www.bma.org.uk/advice/employment/ethics/children-and-young-people/male-circumcision.

British Medical Association (BMA). 2018. “Law and Ethics of Male Circumcision.” Accessed December 9, 2018. https://www.bma.org.uk/advice/employment/ethics/children-and-young-people/male-circumcision.

Butler, J. 1990. *Gender Trouble*. New York: Routledge.

Chambers, C. 2004. “Are Breast Implants Better Than Female Genital Mutilation? Autonomy, Gender Equality and Nussbaum’s Political Liberalism.” *Critical Review of International Social and Political Philosophy* 7, no. 3: 1–33.

Chambers, C. 2008. *Sex, Culture, and Justice: The Limits of Choice*. Pennsylvania: Pennsylvania State University Press.

Chambers, C. 2018. “Reasonable Disagreement and the Neutralist Dilemma: Abortion and circumcision in Matthew Kramer’s *Liberalism with Excellence*.” *The American Journal of Jurisprudence* 63, no. 1: 9–32.

Clayton, M. 2006. *Justice and Legitimacy in Upbringing*. Oxford: Oxford University Press.

Cloward, K. 2016. *When Norms Collide: Local Responses to Activism against Female Genital Mutilation and Early Marriage*. Oxford: Oxford University Press.

Cowburn, A., and J. Sharman. 2017. “Ukip Announces Plan for Mandatory FGM Checks on ‘At Risk’ Girls.” *Independent*, April 24. Accessed December 20, 2018. https://www.independent.co.uk/news/uk/politics/ukip-fgm-mandatory-checks-girls-at-risk-female-genital-mutilation-a7699006.html.

Cowden, M. 2016. *Children’s Rights: From Philosophy to Public Policy*. London: Palgrave Macmillan.

Davis, D. S. 2013. “Ancient Rites and New Laws: How Should we Regulate Religious Circumcision of Minors?” *Journal of Medical Ethics* 39, no. 7: 456–58.

Dillon, L. 1995. “Whose Body, Whose Rights?” Accessed December 20, 2018. https://www.youtube.com/watch?v=5JsieythZvU.

Dustin, M. 2010. “Female Genital Cutting/Mutilation in the UK: Challenging the Inconsistencies.” *European Journal of Women’s Studies* 17, no. 1: 7–23.

Earp, B. D. 2013. “The Ethics of Infant Male Circumcision.” *Journal of Medical Ethics* 39, no. 7: 418–20.

Earp, B. D. 2015. *Do the Benefits of Male Circumcision Outweigh the Risks? A Critique of the Proposed CDC Guidelines*. Frontiers in Pediatrics, Child Health and Human Development, March 18. Accessed December 20, 2018. http://journal.frontiersin.org/article/10.3389/fped.2015.00018/full.

Earp, B. D. in press. “The Child’s Right to Bodily Integrity.” In *Ethics and the Contemporary World*, edited by D. Edmonds. Abingdon, UK: Routledge. Accessed December 20, 2018. https://www.academia.edu/37138614/The_childs_right_to_bodily_integrity.

EU Charter of Fundamental Rights, Article 3. “Right to Integrity of the Person.” Accessed December 20, 2018. http://fra.europa.eu/en/charterpedia/article/3-right-integrity-person.

European Commission. 2016. “Justice; Eliminating Female Genital Mutilation.” Accessed December 20, 2018. http://ec.europa.eu/justice/gender-equality/gender-violence/eliminating-female-genital-mutilation/index_en.htm.

European Parliament Resolution 2012/2684(RSP), 14th June 2012. Accessed December 20, 2018. http://www.europarl.europa.eu/sides/getDoc.do?type=TA&language=EN&reference=P7-TA-2012-261.

Fabre, C. 2006. *Whose Body is it Anyway? Justice and the Integrity of the Person*. Oxford: Oxford University Press.

Family Court Sitting at Leeds Case No: LJ13C00295. 2015. In the Matter of B and G (Children) (No 2). Royal Courts of Justice Strand, London, UK.

Federal Ministry for Economic Cooperation and Development (BMZ). 2015. *Female Genital Mutilation; The Contribution Made by German Development Policy Towards Ending this Violation of the Rights of Girls and Women*. Bonn: BMZ. Accessed December 20, 2018. https://www.bmz.de/en/publications/type_of_publication/strategies/Strategiepapier350_02_2015.pdf.

Feinberg, J. 1984. *The Moral Limits of the Criminal Law: Harm to Others*. Oxford: Oxford University Press.

Feinberg, J. 1992. “The Child’s Rights to an Open Future.” In *Freedom and Fulfilment: Philosophical Essays*, edited by Joel Feinberg, 76–97. Princeton: Princeton University Press.

Female Genital Mutilation Act 1993, H.R. 3247. Accessed May 28, 2019. https://www.congress.gov/bill/103rd-congress/house-bill/3247.

Female Genital Mutilation Act 2003. UK: The Stationary Office Limited. Accessed May 28, 2019. https://www.legislation.gov.uk/ukpga/2003/31/pdfs/ukpga_20030031_en.pdf

Foddy, B. 2013. “Medical, Religious and Social Reasons for and Against an Ancient Rite.” *Journal of Medical Ethics* 39, no. 7: 415.

Fowler, T. M. 2010. “The Problems of Liberal Neutrality in Upbringing.” *Res Publica* 16, no. 4: 367–81.

Fowler, T. M. 2014. “The Status of Child Citizens.” *Politics, Philosophy & Economics* 13, no. 1: 93–113.

Fox, M., and M. Thomson. 2005. “A Covenant with the Status Quo? Male Circumcision and the New BMA Guidance to Doctors.” *Journal of Medical Ethics* 31, no. 8: 463–69.

Frisch, M., and B. D. Earp. 2018. “Circumcision of Male Infants and Children as a Public Health Measure in Developed Countries: A Critical Assessment of Recent Evidence.” In *Global Public Health: An International Journal for Research Policy and Practice* 13, no. 5: 626–641.

Galeotti, A. E. 2007. “Relativism, Universalism, and Applied Ethics: The Case of Female Circumcision.” *Constellations* 14, no. 1: 91–111.

Galeotti, A. E. 2015. “Autonomy and Cultural Practices: The Risk of Double Standards.” *The European Journal of Political Theory* 14, no. 3: 277–96.

General Assembly Council of Europe Resolution no. 1952. 2013. Children’s right to physical integrity. Accessed May 28, 2019. http://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=20174

Goodin, R. E. 1985. *Protecting the Vulnerable*. Chicago: University of Chicago Press.

Goodin, R. E. 1988. “What is So Special about Our Fellow Countrymen?” *Ethics* 98, no. 4: 663–86.

Gould, R. A. 1969. *Yiwara: Foragers of the Australian Desert*. New York: Charles Scribner’s Sons.

Gutmann, A. 1980. “Children, Paternalism and Education: A Liberal Argument.” *Philosophy and Public Affairs* 9, no. 4: 338–58.

Hammond, T., and A. Carmack. 2017. “Long-term Adverse Outcomes from Neonatal Circumcision Reported in a Survey of 1,008 Men: An Overview of Health and Human Rights Implications.” *The International Journal of Human Rights* 21, no. 2: 189–218.

Human Rights Watch. 2017. *US: Harmful Surgery on Intersex Children; Medically Unnecessary Operations Risk Lifelong Suffering*. Accessed December 20, 2018. https://www.hrw.org/news/2017/07/25/us-harmful-surgery-intersex-children.

Jaworska, A, and J. Tannenbaum. 2018. “The Moral Status of Children.” In *The Routledge Handbook of the Philosophy of Childhood and Children*, edited by A. Gheaus, G. Calder, and J. De Wispelaere, 67–78. London: Routledge.

Kramer, M. H. 2017. *Liberalism with Excellence*. Oxford Scholarship. https://doi.org/10.1093/oso/9780198777960.001.0001.

Lang, D. P. 2013. “Circumcision, Sexual Dysfunction and the Child’s Best Interests: Why the Anatomical Details Matter.” *Journal of Medical Ethics* 39, no. 7: 429–31.

Leib, E. J., and D. L. Ponet. 2012. “Fiduciary Representation and Deliberative Engagement with Children.” *The Journal of Political Philosophy* 20, no. 2: 178–201.

Liao, M. S. 2015. *The Right to be Loved*. Oxford: Oxford University Press.

Lusher, A. 2018. “Boy Dies after Circumcision in Italy, Prompting Police Charge of US Man.” *Independent*. Accessed March 19, 2019. https://www.independent.co.uk/news/world/europe/circumcision-italy-boy-dies-rome-man-charged-nigerian-toddler-refugee-a8698821.html.

Mazor, J. 2013. “The Child’s Interests and the Case for the Permissibility of Male Infant Circumcision.” *Journal of Medical Ethics* 39, no. 7: 421–28.

Men Do Complain Campaign. Accessed December 20, 2018. https://www.mendocomplain.com/.

Merkle, R., and H. Putzke. 2013. “After Cologne: Male Circumcision and the Law. Parental Right, Religious Liberty or Criminal Assault?” *Journal of Medical Ethics* 39, no. 7: 444–49.

Mills, C. 2004. “The Child’s Right to an Open Future?” *Journal of Social Philosophy* 34, no. 4: 499–509.

Moore, P. 2015. *Young Americans Less Supportive of Circumcision at Birth*. YouGov; Lifestyle. Accessed December 20, 2018. https://today.yougov.com/topics/lifestyle/articles-reports/2015/02/03/younger-americans-circumcision.

Naish, J. 2015. “Should All Boys be Circumcised? Some Experts Say Yes – but are they Ignoring Worrying Risks?” *Mail Online*. Accessed December 20, 2018. http://www.dailymail.co.uk/health/article-2936977/Baby-boys-dilemma-parent-experts-say-boys-circumcised-ignoring-worrying-risks.html.

NHS Choices Vaccinations. 2016. *Childhood Vaccines Timeline*. Accessed December 9, 2018. https://www.nhs.uk/Conditions/vaccinations/Pages/childhood-vaccination-schedule.aspx.

Noggle, R. 2018. “Children’s Rights.” In *The Routledge Handbook of the Philosophy of Childhood and Children*, edited by A. Gheaus, G. Calder, and J. De Wispelaere, 101–111. London: Routledge.

Nussbaum, M. 1999. *Sex and Social Justice*. Oxford: Oxford University Press.

Okin, S. M. 1999. “Is Multiculturalism Bad for Women?” In *Is Multiculturalism Bad for Women? Susan Moller Okin with Respondents*, edited by J. Cohen, M. Howard, and M. C. Nussbaum, 9–24. Princeton: Princeton University Press.

O’Neill, O. 1988. “Children’s Rights and Children’s Lives.” *Ethics* 98, no. 3: 445–63.

Phillips, A. 2013. *Our Bodies, Whose Property?* Princeton: Princeton University Press.

Rahman, A., and N. Toubia. 2000. *Female Genital Mutilation: A Guide to Laws and Policies Worldwide*. New York: Zed Books.

Rassbach, E. 2016. *Coming Soon to a Court Near You: Religious Male Circumcision*. University of Illinois Law Review 2016, no. 4: 1347–1360.

Revesz, R. 2016. "Full Transcript: Donald Trump's Lewd Remarks about Women on Days of Our Lives Set in 2005." *The Independent*, October 7. Accessed December 20, 2018. https://www.independent.co.uk/news/world/americas/read-donald-trumps-lewd-remarks-about-women-on-days-of-our-lives-set-2005-groping-star-a7351381.html.

Schrag, F. 2004. "Children and Democracy: Theory and Policy." *Politics, Philosophy & Economics* 3, no. 3: 365–79.

Shahvisi, A., and D. Earp Brian. (in press). The law and ethics of female genital cutting. In *Female Genital Cutting Surgery: Solution to What Problem?*, edited by S. Creighton and L.-M. Liao. Cambridge: Cambridge University Press.

Shaman, J. M. 2008. *Equality and Liberty in the Golden Age of State Constitutional Law*. Oxford: Oxford University Press.

Shweder, R. A. 2005. "When Cultures Collide: Which Rights? Whose Tradition of Values? A Critique of the Global Anti-FGM Campaign." In *Global Justice and the Bulwarks of Localism*, edited by C. L. Eisgruber and A. Sajo, 181–99. The Netherlands: Koninklijke NV.

Slack, A. T. 1988. "Female Circumcision: A Critical Appraisal." *Human Rights Quarterly* 10, no. 4: 437–86.

Sorrell, K. 2013. "Pragmatism and Moral Progress: John Dewey's Theory of Social Inquiry." *Philosophy and Social Criticism* 39, no. 8: 809–24.

Stanford Medicine. 2018. *Complications of Circumcision*. Accessed December 20, 2018. http://med.stanford.edu/newborns/professional-education/circumcision/complications.html.

Svoboda, J. S. 2006. "Genital Integrity and Gender Equity." In *Bodily Integrity and the Politics of Circumcision*, edited by G. C. Denniston, P. Grassivaro Gallo, F. M. Hodges, M. F. Milos, and F. Viviani, 149–64. Dordrecht: Springer.

The World Health Organisation (WHO). 2008. *Eliminating female genital mutilation*. Geneva: WHO Press.

The World Health Organisation (WHO). 2010. *Neonatal and Male Child Circumcision*. Geneva: WHO Press.

The World Health Organisation (WHO). 2017. *Factsheet on Female Genital Mutilation*. Accessed December 20, 2018. http://www.who.int/mediacentre/factsheets/fs241/en/.

The World Health Organisation (WHO). 2018. *Manual for male circumcision under local anaesthesia and HIV prevention services for adolescent boys and men*. Geneva: World Health Organization. Licence: CC BY-NC-SA 3.0 IGO.

Tuchman, A. 2005. "Circumcision." In *Anti-Semitism: A Historical Encyclopaedia of Prejudice and Persecution*, edited by R. S. Levy, 128. Santa Barbara, CA: ABC CLIO.

Viviani, F., G. L. Costardi, L. Capparotto, and P. Grassivaro Gallo. 2006. "Male Circumcision in Italy." In *Bodily Integrity and the Politics of Circumcision*, edited by G. C Denniston, P. Grassivaro Gallo, F. M. Hodges, M. F. Milos, and F. Viviani, 141–47. Dordrecht: Springer.

Worley, W. 2017. "Campaigners Call for "Barbaric" Male Circumcision to be Treated the Same as Female Genital Mutilation." *The Independent*. Accessed December 20, 2018. http://www.independent.co.uk/news/world/americas/male-circumcision-female-genital-mutilation-fgm-treated-the-same-campaigners-a7765126.html.