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## Girls and Boys as Victims: Asymmetries and dynamics in European public discourses on genital modifications in children

### **Introduction**

This paper starts with a discussion about the symmetrical aspects of circumcision of girls and circumcision of boys. In a brief overview of historical changes in the discourses on circumcision, especially regarding girls, we can see how a conceptual asymmetry was created through the activist claim, introduced in the early 1980s and prominent since then, that one of the phenomena, in whatever form, was to be labelled ‘mutilation’, the other ‘harmless’.

The paper will further discuss later developments in the form of an activist movement (the genital integrity movement, *intactivists*) contending that also boys without decision-making capacity need to have legal protection against non-medical procedures that irreversibly change their genitals.

Examples from the academic, medical, and political-legal fields in Europe will demonstrate a general trend in which the symmetries between circumcision of girls and boys are again being brought out, now within a children’s rights perspective.

### **The symmetrical aspects of circumcision of girls and boys**

There are some difficulties involved in juxtaposing the practices of female and male circumcision. Most obvious is the fact that ‘male circumcision’ (MC) is a rather homogenous procedure (removal of the foreskin of the penis), while female circumcision (FC) – most often officially labelled ‘female genital mutilation’ (FGM) – comprises a variety of procedures. The FGM concept encompasses all kinds of non-medically motivated procedures, ranging from pricking of the clitoris or clitoral hood in order to draw a drop of blood to more extensive ones, such as removal of parts of the labia and clitoris, and infibulation (e.g., WHO 2008, UNICEF 2013).

Even though there are good reasons to dissociate them, there is a common denominator and ground for juxtaposition: Both male and female circumcision are procedures

that intentionally alter the genital organs for non-medical reasons in children that lack decision-making capacity.

There are short-term medical consequences as a result of all such procedures: pain, bleeding, and a risk of infection (AAP 2012, Carpenter & Kettrey 2015). Long-term complications after circumcision of both girls and boys are contested, but for divergent reasons. It has been argued that many often-cited long-term sequelae after female circumcision regarding prevalence and scope have been unsubstantiated or exaggerated in grey literature, by activists and in some academic publications (Hernlund & Shell-Duncan 2007, Hodžić 2013, Obermeyer 2005, PPAN 2012, Shweder 2000, 2005, 2013), while long-term sequelae after male circumcision have been silenced or neglected (Darby 2015, Earp 2015a, Frisch 2012, Frisch, et al. 2013, Johnsdotter 2013). The same goes for discussions about consequences for sexual function after these genital modifications: public discourse contends that female circumcision has detrimental effects on sexual life, while circumcision of boys is usually portrayed as having no negative effects on sexuality at all (Bell 2005, Earp 2015a, Earp & Darby 2017, Johnsdotter 2013).

Setting aside, for the moment, the dominant public discourse in Europe about the inappropriateness of comparing male and female circumcision, we can note that in practically all societies where female circumcision is practised, boys are as well. The idea of symmetry is well established in many groups. For example, in Sierra Leone in West Africa (Ahmadu 2000), in Nigeria (Caldwell, et al. 1997), and in Somalia (Talle 1993, Gele, et al. 2015), male and female circumcision are regarded as symmetrical practices. Canadian anthropologist Janice Boddy describes local views in northern Sudan and compares them to European notions about gender:

In European societies, gender is commonly thought to arise from “pre-social” biological sex, gender assignment depends on what the genitals look like at birth. Today, if sex at birth is deemed ambiguous, a baby’s genitals may be surgically “corrected,” shaped to fit the “natural” binary form. And in cases of adult gender dysphoria, where visible sex and gender disposition fail to match, the genitals may be surgically altered to bring the two into “normal” alignment, so as to fix the body’s “mistake.” Here external anatomy affirms and indexes gender.

In northern Sudan a similar outcome unfolds, but its logic differs: once a child has gained social awareness, generally around the age of six, its genitals are conventionally shaped to the exigencies of gender by removing their “naturally atypical” parts – the femalely concealing foreskin or ‘veil’ of the penis, the malely protruding clitoris and labia. [...] ... thereby endowing each [boy and girl] with the potential for virtuous sociality. The modified body reflects its envisaged moral and social role (Boddy 2007:288).

It has been suggested that in many societies, female circumcision was introduced in imitation of the male ritual (Cohen 1997:562). Rationales for circumcision of boys and girls vary with local context, but the genital modifications are often performed with similar motives irrespective of gender: to prepare the child for a life in religious community, to accentuate gender difference and to perfect gendered bodies, for beautification, for cleanliness, to improve the social status of the child through ritual, and so on.

Furthermore, local linguistic terms often demonstrate conceptual sameness (Boyle 2002, Forward 2012). In Egypt, the Arabic word *khitan* is used for circumcision of both boys and girls, and the same goes for the Swahili word *kutairi* in Kenya. Often it is possible to specify gender through added linguistic information, such as *fanadu* (circumcision) in Kriolu in Guinea-Bissau, and *fanadu di mindjer* to specify circumcision for girls and *fanadu di omi* for boys.<sup>1</sup> In Somali, *gudniinka* refers to both sexes and is specified in the expressions *gudniinka dumarka* (FC) and *gudniinka wiilasha* (MC).

### **The 1980s activist movement: the ‘mutilation’ label**

In pre-1980s scholarly work, the two practices were often juxtaposed and none of them seen as particularly problematic (Johnsdotter 2012, Johnsdotter & Mestre i Mestre 2017).<sup>2</sup> This situation changed with the 1979 publication of Fran P. Hosken’s *The Hosken Report: Genital and Sexual Mutilation of Females*. Fran Hosken and other radical feminists, among them Daly (1979), Levin (1980), and Thiam (1978), advocated a new attitude to circumcision of girls, claiming that such practices were about *mutilation*. The new terminology was introduced to a broad audience at the World Conference on Women, Copenhagen, in July 1980. The American sociologist Elizabeth Heger Boyle reports that:

Many African women found the discourse offensive. For example, at the international women’s conference in Copenhagen in 1980, African women boycotted the session featuring Fran Hosken, calling her perspective ethnocentric and insensitive to African women (Boyle 2002:47).

Andro, et al. (2016) describe it as ‘a tense confrontation between the European and African delegations. The majority of the latter were still calling for the practice to be recognized as a rite of passage to adulthood on a par with the circumcision of boys’ (p. 17).<sup>3</sup>

Activist efforts during the subsequent years resulted in increasing acceptance of the term *mutilation*, or FGM [female genital mutilation] (e.g., Shell-Duncan & Hernlund 2000). The conceptual separation between FC and MC widened (Andro, et al. 2016). The Sudanese physician Nahid Toubia, co-founder and director of the activist organisation RAINBO and associate professor at Columbia University School of Public Health, was one of the strongest voices in convincing the general public that circumcision of girls and circumcision of boys must be regarded as different practices, and should not be compared. In an academic article published in the prestigious *New England Journal of Medicine* in 1994, she asserted:

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<sup>1</sup> ‘Traditional and local terms for FGM’ in *Female Genital Mutilation: Calderdale Strategic Response* CSCB/SAB FGM Strategy (2017). Accessed 2017-10-13 at <http://www.calderdale-scb.org.uk/wp-content/uploads/2017/08/Calderdale-FGM-Strategy-2017.pdf>. The list exists in various versions on the Internet.

<sup>2</sup> For an example, see Edgerton quoted in Shweder (2005:184).

<sup>3</sup> Also the American anthropologist Ellen Gruenbaum describes the tensions at this conference, noting that the ‘backlash reactions at the Copenhagen conference and other venues – which seemed to be a reaffirmation of the right to circumcise girls and women – were probably a necessary step toward establishing African ownership of the issue. In subsequent years, the “Stay out of our business” sort of responses have changed to “We’re working on it. Here’s what you can do to help.”’ (Gruenbaum 2001:205-206).

From the perspective of public health, female circumcision is much more damaging than male circumcision. The mildest form, clitoridectomy, is anatomically equivalent to amputation of the penis (Toubia 1994:712).

Eventually, the World Health Organization adopted the term ‘female genital mutilation’ in the mid-1990s (UNICEF 2005) and governments in Europe followed, for example regarding terminology in laws banning the practice.

Notwithstanding this general change of terminology in order to dissociate circumcision of girls from circumcision of boys, not all fractions were content using this term. A local organisation in Uganda, supported by the UN, suggested a new term: FGC [female genital cutting]. Those who worked in the field to change attitudes among a target population found the ‘mutilation’ terminology unfortunate. As reported in a dispatch from the United Nations Population Information Network:

REACH [the local Uganda-based organization] seeks to avoid fuelling unnecessary sensitivity about the issue. Thus, for example, participants coined a new phrase for FGM: “female genital cutting.” The term “female circumcision” was rejected as a misleading euphemism, but “female genital mutilation” was thought to imply excessive judgement by outsiders as well as insensitivity toward individuals who have undergone excision (UNFPA 1996).

This compromise term gained ground among researchers in Europe and North America,<sup>4</sup> but also among professional organisations such as FIGO (International Federation of Gynecology and Obstetrics). Even some activist organisations followed suit: the well-known former ‘FGM Network’ was renamed “The Female Genital Cutting Education and Networking Project” (still available at [fgmnetwork.org](http://fgmnetwork.org)). Some organisations and researchers use the combined term FGM/C to cover all kinds of aspects, signalling that they do indeed consider the practices ‘mutilation’ and do not want to compare them with what is done to boys, while concurrently admitting that the term has its drawbacks. For example, in 2005, UNICEF adopted the expression ‘female genital mutilation/cutting’ in a title of a publication.

### **Also advancing in the 1980s: the genital integrity movement and the intactivists**

About a third of the boys and men in the world go through circumcision for non-medical reasons (Dowsett & Couch 2007, DeLaet 2009). Some of the English-language countries – the US, Canada, the UK, and Australia – introduced male infant circumcision in the 19<sup>th</sup> century as a means to prevent masturbation – at the time regarded as potentially fatal (Darby 2003, Friedman 2001, Gollaher 2000). While figures dropped in the UK, Canada, and Australia in the 20<sup>th</sup> century (Carpenter 2010, Zoske 1998), prevalence and incidence in the US remained high. Though the figures are dropping, still about 80% of US boys and men are circumcised

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<sup>4</sup> A search on Google Scholar with the exact phrase ‘female genital cutting’ in the title, renders 856 hits. ‘Female genital mutilation’ in the title: 2,990 hits. ‘Female circumcision’: 1,470 hits. (2017-10-13)

(Morris, et al. 2016).<sup>5</sup> Consequently, it is not surprising to find the strongest movement against circumcision of boys in the US. In Europe, prevalence figures have been low in all countries during the last half century. Circumcision of boys in Europe is primarily associated with minority groups, such as Jews and Muslims.

From scattered voices in the US in the 1970s opposing the routine circumcision of baby boys in hospitals, a broader grassroots movement advanced in the 1980s and continued to do so in the 1990s. Activist movements in the US include NOCIRC (National Organization of Circumcision Information Resource Centers, founded in 1985 by healthcare professionals), NOHARMM (National Organization to Halt the Abuse and Routine Mutilation of Males, founded in 1992), Doctors Opposing Circumcision (founded in 1995), and others. In 2016, NOCIRC retired its name and adopted the name ‘Genital Autonomy – America’ (GA-America).<sup>6</sup>

Contemporary movements addressing the issue of circumcision of boys often gather under the umbrella terms *genital integrity* and *genital autonomy*.<sup>7</sup> A branch of the movement wishes to focus less on cutting and more on the intactness of no cutting, and therefore they gather under the concept *intactivism* (Johnson & O’Branski 2013). ‘Intact’ organisations are now present also in Europe, including ‘Intact Denmark’ and ‘Intact Switzerland’, and numerous other organisations work toward the same goal under other monikers.

Often these organisations tap into and use existing arguments in campaigns aiming at protecting girls from circumcision. This became particularly useful when major groups working to stop FGM started to increasingly frame the issue in terms of girls’ and women’s ‘right to bodily integrity’ and other human rights rather than emphasising health consequences (Obermeyer 2005, Shell-Duncan 2008).

There are some tensions between Europe (low MC prevalence figures) and the US (high MC prevalence figures). When the American Academy of Pediatrics issued a new pro-MC policy in 2012, thirty-eight physicians from sixteen European countries came together and co-authored a piece entitled ‘Cultural bias in the AAP’s 2012 Technical Report and Policy Statement on male circumcision’, which was published in the APA’s journal *Pediatrics* (Frisch, et al. 2013). In it, the European physicians argued that:

Cultural bias reflecting the normality of nontherapeutic male circumcision in the United States seems obvious. The conclusions of the AAP Technical Report and Policy Statement are far from those reached by physicians in most other Western countries (p. 798). [...] Physical integrity is [one] of the most fundamental and inalienable rights a child has. Physicians and their professional organizations have a professional duty to protect this right, irrespective of the gender of the child (Frisch, et al. 2013: 799).

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<sup>5</sup> Prevalence in the English-language countries where circumcision of boys was introduced to prevent masturbation: Canada 31.9%, UK 20.7%, Australia 26.6% (Morris, et al. 2016).

<sup>6</sup> <http://www.nocirc.org/>

<sup>7</sup> See the intactivist strategist Cohen (2015) for a discussion of the drawbacks of saying ‘autonomy’ instead of ‘integrity’.

## **A conceptual symmetry anew: examples from public discourse in Europe**

Public discourse in many European countries is increasingly characterised by a conceptual juxtaposition of female and male circumcision – just like decades ago, but yet very differently. Earlier in history, both practices were considered unproblematic in the sense that they were either accepted or unknown; today many actors claim that both practices are problematic and should be abolished, and on similar grounds (e.g., Boyle, et al. 2000, Darby 2015, 2016, Darby & Svoboda 2007, several chapters in the book edited by Denniston, et al. 1999, Earp 2015a, 2015c, 2016, Earp & Shaw 2017, McLaughlin & Jerome 2016, Svoboda 2013a). At this point in time, the main ideological resource employed is the human rights discourse, especially the children’s rights perspective. The article above, written by European physicians, is illustrative. They conclude their paper with the words:

There is growing consensus among physicians, including those in the United States, that physicians should discourage parents from circumcising their healthy infant boys because nontherapeutic circumcision of underage boys in Western societies has no compelling health benefits, causes postoperative pain, can have serious long-term consequences, constitutes a violation of the United Nations’ Declaration of the Rights of the Child, and conflicts with the Hippocratic oath: *primum non nocere*: First, do no harm (Frisch, et al. 2013:799).

The arguments used to advocate a position against circumcision of boys are very similar to those used for decades to raise awareness in the field of circumcision of girls in anti-FGM campaigning: the focus on harm, medical risks and long-time medical consequences, and the claim that violation of children’s rights takes place at circumcision. Surprisingly seldom the word ‘victim’ is employed in anti-MC discussions (exceptions include Boyle, et al. 2000, and Darby 2015). Political scientist Rebecca Steinfeld has argued that:

Male bodies are constructed as resistant to harm or even in need of being tested by painful ordeals, whereas female bodies are seen as highly vulnerable and in need of protection. In other words, vulnerability is gendered. And little girls are more readily seen as victims than little boys (Steinfeld, quoted in Earp 2014:14).

In the political-legal field, a case in the British Family Court in 2014 evoked discussions on a wide front. The origin of the discussion was a judgment, treating a suspected case of FGM in a family with both a daughter and a son. In the end, it could not be confirmed that FGM of any kind had been performed (*In the matter of B and G*, 2015). Yet the case received much attention since the judge, the President of the Family Division of the High Court, Sir James Munby, pondered over the fact that the boy in this African Muslim family had been subjected to circumcision or risked being so in the future. Indeed, in his judgment, he compares the two forms of circumcision:

It can readily be seen that although FGM of WHO Types I, II and III are all very much more invasive than male circumcision, at least some forms of Type IV, for example,

pricking, piercing and incising, are on any view much less invasive than male circumcision (*In the matter of G and B*, 2015: section 60).<sup>8</sup>

In the present case the point arises in striking form. The family, as I have said, are Muslims. I assume, therefore, that B either has been or will in due course be circumcised. Yet, entirely understandably, and, if I may say so, entirely appropriately, this is not a matter that has been raised before me. There is no suggestion, nor could there be, that B's circumcision can or should give rise to care proceedings. So, given the nature of the local authority's case on this point, we are in this curious situation. G's FGM Type IV (had it been proved) would have been relied upon by the local authority, prior to its change of stance referred to above, as justifying the adoption of both children, even though on any objective view it might be thought that G would have subjected to a process much less invasive, no more traumatic (if, indeed, as traumatic) and with no greater long-term consequences, whether physical, emotional or psychological, than the process to which B has been or will be subjected (*In the matter of G and B*, 2015: section 63).

The judge admits that these are 'deep waters' but he is 'concerned with a narrower question, namely how one accommodates the law's seemingly very different approaches to FGM and male circumcision within the provisions of section 31 of the Children Act 1989' (2015: section 65). He goes on by pointing out that 'there is a very clear distinction in family law between FGM and male circumcision', although 'both involve significant harm' (2015: section 73).

This juxtaposition of FC and MC, and the claim that both may lead to 'significant harm', aroused support among anti-MC scholars (e.g., Earp 2015b, who writes that the 'importance of this conclusion cannot be overstated: this is the first time in the history of British law that the non-therapeutic circumcision of male children has been described as a "significant harm."') and consternation among pro-MC scholars (e.g., Mcalister 2016, saying that 'his conflation of male circumcision and FGM as similar practices that amount to "significant harm" raises real concerns', pp. 266-267).

Another court case receiving much attention is the one that took place in Cologne, Germany, in 2012. A regional court, deciding on a case where circumcision of a 4-year-old Muslim boy had ended in medical complications, declared that circumcision of boys for non-medical reasons amounted to 'bodily harm' (the case discussed by, e.g., Levey 2013, Shweder 2013, Svoboda 2013b, Merkel & Putzke 2013, Yurdakul 2016). In effect, circumcision of boys for non-medical reasons was banned through this court decision. The ruling alarmed minority groups in Germany,<sup>9</sup> as well as in other parts of the world.<sup>10</sup> The court decision was sensitive, especially in light of what Jewish groups in Europe had suffered historically (see, e.g., Shweder 2013). 'The Orthodox Conference of European Rabbis in Berlin called it the "worst attack on Jewish life since the Holocaust" [Spiegel Online International 2012]', as reported by Levey (2013:326). In December 2012, the German parliament passed a law – on the initiative of Chancellor Angela Merkel – which affirmed that

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<sup>8</sup> A similar argument is also raised by some scholars. For an early example, see Denniston, et al. 1999 (preface).

<sup>9</sup> 'Circumcision ruling condemned by Germany's Muslim and Jewish leaders', *The Guardian*, June 27, 2012.

<sup>10</sup> 'German ruling against circumcising boys draws criticism', *The New York Times*, June 26, 2012.

parents can have their sons circumcised also outside medical settings as long as it is performed by a trained practitioner (Levey 2013, Merkel & Putzke 2013).

The level of political tension over the issue of circumcision of boys in Europe became clear when the Council of Europe drafted a resolution on ‘children’s right to physical integrity’ (Council of Europe 2013a). In the draft, it was suggested that children in Europe needed to be protected against all forms of violence, including ‘female genital mutilation, the circumcision of young boys for religious reasons’ (section 2). Turkish delegates protested and wanted every section that mentioned the words ‘circumcision of young boys’ to be deleted (Council of Europe 2013a, Amendment 5). Further, delegates from both Turkey and the UK reacted against section 7.4 – about ‘striking a balance between the rights and the best interest of the child and the rights and religious freedoms of parents and families’ – but for opposite reasons. The Turkish delegates demanded that the whole paragraph be deleted, while the British wanted the last lines to be rephrased as to stress the ‘rights of children to protection against violations of their physical integrity according to human rights standards’. They left an explanatory note: ‘Paragraph 7.4 suggested “striking a balance between the rights and the best interest of the child and the rights and religious freedoms of parents and families”. There is no such balance as the rights of children to be protected from serious physical abuse is fundamental and non-negotiable’ (Council of Europe 2013a, Amendment 1).

In the final documents, Resolution 1952 (Council of Europe 2013b) and Recommendation 2023 (2013c), this dilemma is handled in different ways. In Resolution 1952, circumcision of boys was still mentioned as a violation of the child’s physical integrity, but a section had been added: member states were urged to ‘clearly define the medical, sanitary and other conditions to be ensured for practices which are today widely carried out in certain religious communities, such as the non-medically justified circumcision of young boys’ (section 7.5.2, Council of Europe 2013b). In the final Recommendation 2023, the word ‘circumcision’ is not mentioned at all. The Parliamentary Assembly welcomes the work undertaken by the Council to eliminate all forms of violence against children (resulting in Resolution 1952) but points out that ‘a certain category of human rights violations against children is not yet explicitly covered by any international or European policy or legal instrument’ (section 3, Council of Europe 2013c). Nonetheless, criticism from minority groups was fierce. Among them was the Jewish organisation Milah UK.<sup>11</sup> In a later Resolution (Council of Europe 2015) entitled ‘Freedom of religion and living together in a democratic society’, the Parliamentary Assembly admits that ‘[c]ertain religious practices remain controversial, among them circumcision of young boys, and that ‘there is no consensus among Council of Europe member States on these matters’ (section 8, Resolution 2076, Council of Europe 2015). They conclude the matter by stating that:

As far as circumcision of young boys is concerned, the Assembly refers to its Resolution 1952 (2013) on children’s right to physical integrity and, out of a concern to protect children’s rights which the Jewish and Muslim communities surely share, recommends that member States provide for ritual circumcision of children not to be allowed unless practised by a person with the requisite training and skill, in appropriate medical and health conditions. Furthermore, the parents must be duly informed of any potential medical risk or possible contraindications and

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<sup>11</sup> <http://www.milahuk.org>



take these into account when deciding what is best for their child, bearing in mind that the child's interest must be considered the first priority (section 9, Council of Europe 2015).

Milah UK was delighted that Resolution 2076 was issued, and 'welcomed assurances from the Council of Europe that it will not undertake further work to outlaw the religious circumcision of boys'.<sup>12</sup>

Yet, it seems, a growing number of activist organisations and official bodies in Europe tend to make declarations in which they place circumcision of girls and circumcision of boys on an equal footing. For example, all the Nordic Ombudsmen for Children (children's commissioners) have joined forces and declared that circumcision of boys is a violation from a children's rights perspective (Nordic Ombudsmen for Children 2013). A growing number of professional healthcare bodies make public declarations that male circumcision conflicts with the rights of the child, among them the Royal Dutch Medical Association (KNMG 2010), the Swedish Medical Society (2010), and Norway's union of nurses in 2013.<sup>13</sup>

### **Concluding commentary: a dilemma without viable solution**

In a perfect world, it would be possible to resolve controversy through solid scientific research: How harmful is circumcision of girls, and to what extent is it reasonable to talk about harm involved when young boys are circumcised? 'Science' gives very inconclusive answers, and the compiled research about FC and MC displays contradictions rather than conclusions.

Some social science studies are especially interesting in this respect: researchers who critically study the production of scientific knowledge and who demonstrate how such knowledge production is embedded in wider structures influencing the presentation of the results. Regarding research – initiated by WHO – on medical (obstetric) consequences of female circumcision, American anthropologist Saida Hodžić (2013) 'trace[d] the social and governmental lives of fact and meaning-making' in an ethnographic study focusing on the question: 'how did WHO research that was intended to counter alarmist discourses about female genital cutting end up legitimizing them?' (2013:86). Quite similar in scope is another study (Giami, et al. 2015, see also de Camargo, et al. 2013) discussing the knowledge production at the 2007 WHO technical consultation on MC and HIV, which ended in the WHO recommendation of male circumcision as a tool to prevent the spread of HIV. They assert that '[t]his kind of conference is not a site for the production of scientific knowledge, but rather a place where scientific results are used in order to justify and legitimate the

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<sup>12</sup> April 11, 2014: <http://www.milahuk.org/council-of-europe-gives-circumcision-assurances/>

It was further clarified in a CE formal document that '[i]n respect of the circumcision of boys, the Advisory Committee on the Framework Convention for the Protection of National Minorities, for instance, encourages the member state authorities "to maintain their open dialogue with minority representatives on this issue and to ensure that outstanding queries are clarified in conformity with a judgment of the national Supreme Court which held that circumcisions performed in a medically appropriate way and without causing unnecessary pain are not illegal or punishable" (section 131, Council of Europe 2016).

<sup>13</sup> Co-signing the statement issued by the Nordic Ombudsmen for Children (2013). See also 'Doctors defy new circumcision law', stating that a majority of the Norwegian doctors reserve themselves against performing circumcision (<http://www.newsenglish.no/2015/01/22/doctors-defy-new-circumcision-law/>).

implementation of evidence-based public health policy' (2015:590). They discuss what kind of scientific knowledge was mobilised, and contends that the framework of the technical consultation discussions was rather narrow.<sup>14</sup>

As many scholars have argued (among them, Earp 2017), the controversy over circumcision of boys cannot be solved by scientific data. It is an issue that has to be argued out by society's stakeholders, weighing various values against each other. One way to boil down the arguments from both sides is to say that the tensions mainly involve two camps: one cherishing pluralistic values, stating that liberal, democratic, pluralistic societies must be able to harbour a variety of cultural and religious practices (e.g., Levey 2013, Shweder 2000, 2005, 2013, Yurdakul 2016, Zakir 2016), and another, arguing from a children's rights perspective, privileging the child's right to bodily integrity (e.g., Darby 2016, Darby & Svoboda 2007, Earp 2014, 2015c, 2017, Frisch, et al. 2013).

This is however not only a matter of values – but also a matter of what is politically feasible. Most scholars would agree that, on strictly anatomical grounds, the removal of the foreskin in boys (legal) is a more extensive procedure than pricking of the genitals in girls (illegal).<sup>15</sup> Decades of activism to eradicate 'FGM', striving to make all forms of it criminal, was politically doable. To introduce a corresponding legislation outlawing circumcision of boys is not feasible in relation to Muslim and Jewish minority groups in Europe. And as long as a majority of US boys are being circumcised, and the practice is cherished by WHO, there is no prospect of success for anti-MC advocates in Europe.

Another path to obtain gender equality would be to decriminalise milder – in the sense 'non-harming'<sup>16</sup> – forms of circumcision in girls (this alternative is discussed, explicitly or implicitly, by, e.g., APA 2010, Arora & Jacobs 2016, Gele, et al. 2013, Rogers 2016, Shweder 2000, 2013, Zakir 2016). However, every time such a suggestion has popped up, it has been fiercely fought down by anti-FGM advocates (Johnsdotter & Essén 2010). There is a pending FGM case in the US, in which a Michigan doctor with a background in the Dawoodi Bohra Muslim group has performed some kind of milder FC procedure (nicking or scraping the genitals according to media reports) in two 7-year-old-girls from the same ethnic group.<sup>17</sup> This case is of particular interest for the discourses in Europe as well as on the global level. The defence will focus on the issue of religious rights<sup>18</sup> and, likely, display the parallel to circumcision of boys and what is legally accepted under the umbrella of religious freedom in the US.

Sooner or later, European societies need to respond to the following questions, which, in reality, are one and the same question formulated from different perspectives:

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<sup>14</sup> It has been pointed out by Darby and Svoboda that 'we now find the WHO conducting two quite separate research projects: one to find evidence for the harm of [female circumcision], another to find evidence for the benefits of [male circumcision]' (2007:312).

<sup>15</sup> For a compelling discussion about how this situation has played out in Italy, see Fusaschi (2015).

<sup>16</sup> What can be regarded 'harm' is a complex issue, and one around which many discussions regarding both FC and MC revolve.

<sup>17</sup> <http://edition.cnn.com/2017/04/22/health/detroit-genital-mutilation-charges/index.html>. We can note that also the first and only FGM court case in Australia concerned a 'nicking' (Rogers 2016).

<sup>18</sup> <http://www.independent.co.uk/news/world/americas/female-genital-mutilation-religious-right-us-first-case-fgm-detroit-michigan-a7748736.html>

- Why should girls not enjoy the same opportunities as boys to be incorporated into cultural and religious communities through a ritual involving minor cutting of their genitals?
- Why should boys not have the same legal protection as girls against non-medically motivated alterations of their genitals?

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