

## **Primer on Genital Cutting Customs (Circumcision), Bodily Integrity and Children’s Genital Autonomy**

Compiled by Tim Hammond - Outreach Coordinator, Attorneys for the Rights of the Child  
This primer viewable and PDF downloadable at: [www.arclaw.org/resources/articles/primer](http://www.arclaw.org/resources/articles/primer)

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(topics: Anatomy, Ethics, Human Sexuality, Gender Studies, Law/Human Rights, Public Health)

## ANATOMY

### **The prepuce: Specialized mucosa of the penis and its loss to circumcision**

*“The amount of tissue loss estimated in the present study is more than most parents envisage from pre-operative counselling. Circumcision also ablates junctional mucosa that appears to be an important component of the overall sensory mechanism of the human penis.”*

J.R. Taylor, A.P. Lockwood and A.J. Taylor. *British Journal of Urology* 77:2 (1996), 291-295.

### **Immunological functions of the human prepuce**

*“The actual effect of circumcision is the destruction of the clinically demonstrated hygienic and immunological properties of the prepuce and intact penis.”*

P.M. Fleiss, F.M. Hodges, R.S. Van Howe. *Sexually Transmitted Infections* 74, (1998), 364-367.

## **The prepuce**

*“The only portion of the body with less fine-touch discrimination than the glans penis is the heel of the foot. In contrast, the male prepuce ridged band at the mucocutaneous junction has a high concentration of encapsulated receptors.”*

C.J. Cold and J.R. Taylor. *British Journal of Urology* 83:S1 (1999), 34-44.

## **Anatomy and Physiology of the Human Prepuce**

*“Most relevant medical texts contain no information regarding the anatomy and physiology of the prepuce. Some do not even include the prepuce in diagrams of the penis. Often, the only thing a medical student will learn about the prepuce is the manner in which it will be excised. ...The fact that routine circumcision in America has become institutionalised may explain why some people find it difficult to ascribe any value or function to the prepuce. An overwhelming body of primary research, however, demonstrates that the prepuce does, in fact, have a wide range of valuable functions.”*

S. Scott. *Male and Female Circumcision*. In G.C. Denniston, et al (Eds.), Kluwer Academic/Plenum Publishers, New York, (1999), 9-18.

## **Fine-touch pressure thresholds in the adult penis**

*“Circumcision ablates the most sensitive parts of the penis.”*

M.L. Sorrells, J.L. Snyder, M.D. Reiss, et al. *British Journal of Urology International* 99, (2007), 864-869.

**The Prepuce: Anatomy and Physiology of the Foreskin** (video, 19 min.)  
Doctors Opposing Circumcision. (2016).

**Anatomy of the Penis: Penile and Foreskin Neurology** (video, 16 min.)  
Doctors Opposing Circumcision. (2016).

## **ANTHROPOLOGY / SOCIOLOGY**

### **Genital Pain vs. Genital Pleasure: Why the one and not the other?**

*“It is clear to this writer that before genital mutilations of our children can cease; before male violence against women can end; and before human violence can be eliminated that a moral revolution must take place. Pain must be declared immoral and pleasure must be declared morally necessary if we are to become moral persons.”*

J.W. Prescott. *Truth Seeker*, (July/August 1989), 14-21.

### **The Sorcerer’s Apprentice: why we can’t stop circumcising boys**

*“Almost alone in the wealthy world, the United States still circumcises most newborn boys. Elsewhere this practice is disappearing, except when it is done for religious reasons. Why not here? Another failure of the medical establishment?”*

R. Darby. *Contexts* 4:2, (2005), 34-39.

### **Genital Cutting and Western Discourses on Sexuality**

*“Although critiques of female circumcision have been widely taken up, general public opinion toward male circumcision remains indifferent. This difference cannot merely be explained by the natural attributes and effects of these practices. ...In particular, I suggest that certain problematic understandings of male and female sexuality are deeply implicated in the dominant Western discourses on genital surgery.”*

K. Bell. *Medical Anthropology Quarterly* 19:2, (2005), 125-148.

### **A Rose by Any Other Name? Rethinking the Similarities and Differences between Male and Female Genital Cutting**

*“We propose a scale of damage for male circumcision to complement the World Health Organization’s categorization of female genital mutilation. ...The origins of the double standard identified are placed in historical perspective, and in a brief conclusion we make a plea for greater gender neutrality in the approach to this contentious issue.”*

R. Darby and J.S. Svoboda. *Medical Anthropology Quarterly* 21:3, (2007), 301-323.

## **Framing Male Circumcision as a Human Rights Issue? Contributions to the Debate Over the Universality of Human Rights**

*“The comparison of global responses to male and female circumcision in this article sheds light on the cultural obstacles to global consensus on human rights as universal principles and underscores the difficulty of adopting ‘neutral’ universalist rights claims devoid of cultural and ideological content.”*

D.L. DeLaet. *Journal of Human Rights* 8:4, (2009), 405-426.

## **Disputing the myth of sexual dysfunction of circumcised women**

*“Bondo women elders believe and teach that excision improves sexual pleasure by emphasizing orgasms reached through stimulation of the g-spot, which is said to be more intense and satisfying for an experienced woman. Excision of the protruding clitoris is said to aesthetically and physiologically enhance the appearance of the vulva and facilitate male/female coitus by removing any barrier to complete, deep and full penetration.”*

F.S. Ahmadu and R.A. Shweder. *Anthropology Today* 25:6, (2009), 14-19.

## **Male Circumcision Grief: Effective and Ineffective Therapeutic Approaches**

*“Cultural circumcision has been an under recognised cause of male body-loss grief. Male circumcision grief is now being more commonly expressed. ...We found that therapists were reluctant to accept that the grief was real, were unaware of foreskin functions, denied circumcision had physical or psychological sequelae and minimized patient grief using humor, cultural aesthetics, controversial health benefits, sexism, and an erroneous understanding of penile anatomy and sexual function.”*

L. Watson and T. Golden. *New Male Studies: International Journal* 6:2, (2017), 109-125.

## **ETHICS**

### **Informed Consent, Parental Permission, and Assent in Pediatric Practice**

*“Thus ‘proxy consent’ poses serious problems for pediatric health care providers. Providers have legal and ethical duties to their child patients render competent medical care based on what the patient needs, not what someone else expresses. The pediatrician’s responsibility to his or her patient exists independently of parental desires or proxy consent.”*

American Academy of Pediatrics Committee on Bioethics. *Pediatrics* 95:2 (1995), 314-317.

## **The conundrum of children in the U.S. health care system**

*“One area in which children's rights are rarely considered in the USA is that of autonomy over their bodies. This right is routinely ignored in the arena of health care decision making. This article discusses the complex reasons why children's voices are typically not heard in the USA, the consequences of their disempowerment, and the ethical obligations of health care providers to advocate for the rights of children, even in the absence of a legal mandate to do so.”*

W.K. Mohr and S.S. Kennedy. *Nursing Ethics* 8:3, (2001), 196-210.

## **Rationalising circumcision: From tradition to fashion, from public health to individual freedom**

*“The rationalisations invented to provide support for the practice of genital mutilation – whether male or female – within various cultural and religious settings have very little to do with finding a critical and reflective moral justification for these practices. In order to question the ethical acceptability of the practice in its non-therapeutic forms, we need to focus on child rights protection.”*

S.K. Hellsten. *Journal of Medical Ethics* 30, (2004), 248-253.

## **The new politics of male circumcision: HIV/AIDS, health law, and social justice**

*“We suggest that, as with female genital cutting, male circumcision ought to be debated within a paradigm of social justice which gives adequate weighting to the interest of all affected parties (including women whose health may actually be compromised by the procedure) and which renders visible the socio-economic dimensions of the issue. ...The shift in analytical frame that we propose has the potential not only to make us re-think our approach to the ethics and legality of male circumcision by challenging its construction as a familial decision but also to impact on the need for a broader conceptualisation of health law as rooted in social justice.”*

M. Fox and M. Thomson. *Legal Studies* 32:2, (2012), 255-281.

## **Infant circumcision: The last stand for the dead dogma of parental (sovereign) rights**

*“It is argued that the notion that parents have a right to make decisions concerning their child's bodies and minds—irrespective of the child's interests—is a dead dogma. The ramifications of this argument for the circumcision debate are then spelled out and discussed.”*

R.S. VanHowe. *Journal of Medical Ethics* 39:7, (2013), 475-481.

## **Religious circumcision, invasive rites, neutrality and equality: bearing the burdens and consequences of belief**

*“People who sincerely feel harmed by their having been circumcised can express their views towards, and hopefully engage with, identifiable bodies which promoted the practice among their parents. In this sense, those who inflict invasive rites can be confronted with responsibility for the consequences of their beliefs.”*

M.T. Johnson. *Journal of Medical Ethics* 39:7, (2013), 450-455.

## **Neonatal Male Circumcision, If Not Already Commonplace, Would Be Plainly Unacceptable by Modern Ethical Standards**

*“If the practice were not imposed on defenseless children, its continuity might be threatened. The low rate of voluntary adult circumcision ...indicates that few grown men would be prepared to undergo the procedure.”*

A. Myers. *American Journal of Bioethics* 15:2, (2015), 54-55.

## **Female genital mutilation and male circumcision: toward an autonomy-based ethical framework**

*“The non-therapeutic alteration of children’s genitals is typically discussed in two separate ethical discourses; one for girls...and one for boys. ...I call into question the moral and empirical basis for such a distinction and I argue that it is untenable. ...I propose an ethical framework that...is based on considerations of bodily autonomy and informed consent, rather than sex or gender.”*

B.D. Earp. *Medicolegal and Bioethics* 5:1, (2015), 89-104.

## **The Draft CDC Circumcision Recommendations: Medical, Ethical, Legal and Procedural concerns**

*“The draft CDC recommendations are not medically correct, ethically sound, legally permissible or procedurally valid. Accordingly, they should not be implemented and would be legally invalid if they are. They provide erroneous and misleading advice to physicians that exposes them to the threat of lawsuits by men and parents.”*

P.W. Adler. *International Journal of Children’s Rights* 24 (2016), 239-264.

[note: The CDC recommendations were adopted in 2015 despite overwhelmingly negative public comment and professional criticism.]

## **Circumcision is Unethical and Unlawful**

*“No national medical association anywhere recommends the procedure. As the balance of expert and popular opinion moves toward firmly opposing this procedure, courts will inevitably find themselves unable to overlook the inconsistency of circumcision with medical professionals’ ethical and legal duties to the child.”*

J.S. Svoboda, P.W. Adler and R.S. Van Howe. *Journal of Law, Medicine and Ethics* 44, (2016), 263-282.

## **Moral Hypocrisy or Intellectual Inconsistency?: A Historical Perspective on our Habit of Placing Male and Female Genital Cutting in Separate Ethical Boxes**

*“If the principles of bioethics and human rights are universal, applying to all persons irrespective of sex, race, religion, age, nationality, etc., then they must apply to boys and men as well as to girls and women.”*

R. Darby. *Kennedy Institute of Ethics Journal* 26:2, (2016), 155-163.

## **Between moral relativism and moral hypocrisy: Reframing the debate on “FGM”**

*“Since some forms of female genital alteration are comparatively minor, and can be done under sterile conditions, then it seems to me that I cannot rule out such a possibility (no matter how unpalatable I find this conclusion personally). At the same time, it seems that some genital-altering customs that are popular in Western countries, such as infant male circumcision or female genital ‘cosmetic’ surgeries (especially as performed on teenagers or younger girls), might need to be considered to be much more morally problematic than they are currently considered to be.”*

B.D. Earp. *Kennedy Institute of Ethics Journal* 26:2, (2016), 105-144.

## **In defence of genital autonomy for children**

*“I suggest that children of whatever sex or gender should be free from having healthy parts of their most intimate sexual organs either damaged or removed, before they can understand what is at stake in such an intervention and agree to it themselves.”*

B.D. Earp. *Journal of Medical Ethics* 41:3, (2016), 158-163.

## **Cultural Bias in American Medicine: The Case of Infant Male Circumcision**

*“We evaluate the charge of cultural bias as well as the response to it by the American Academy of Pediatrics Task Force, focusing on possible sources of subjective judgments that could play into assessments of benefit versus risk. Along the way, we discuss ongoing disagreements about the ethical status of non-therapeutic infant male circumcision and draw some more general lessons about the problem of cultural bias in medicine.”*

B.D. Earp and D.M. Shaw. *Journal of Pediatric Ethics* 1:1, (2017), 8-26.

## **The nurse’s role in ethics and human rights: protecting and promoting individual worth, dignity, and human rights in practice settings**

*“In a caring context, nurses advocate for patients’ rights, especially for those whose rights may be more easily violated or not fulfilled. The human rights of ... patients ...requires action designed to ensure that they are protected and promoted. Without exception, all nursing practice in all settings is grounded in respect for the inherent dignity, worth, unique attributes, and human rights of all individuals.”*

ANA Center for Ethics and Human Rights. *American Nurses Association*. Silver Spring, MD, (2016)

## **Nontherapeutic Circumcision of Minors as an Ethically Problematic Form of Iatrogenic Injury**

*“Many physicians to whom I speak these days now say that they would prefer not to circumcise and only do it because the parents ask for it. At the same time, it is often the case that the only reason parents ask for it is because they believe circumcision is ...recommended by health authorities[...]. It is time for this vicious circle to be broken. Who better to take the initiative than the community that introduced nontherapeutic circumcision in the first place—the American medical profession?”*

J.S. Svoboda. *American Medical Association Journal of Ethics* 19:8, (2017), 815-824.

## **The law and ethics of female genital cutting**

*“We show that there are troubling inconsistencies in the way in which female genital cutting is understood in Western contexts. Specifically: (a) all nontherapeutic genital alterations to female minors are criminalised...while even more invasive nontherapeutic genital alterations to male and intersex minors are permitted...; and (b) genital alterations of adult women regarded as ‘cosmetic’ in nature are treated as legal, while in some jurisdictions, anatomically identical procedures classified as ‘mutilation’ are illegal.”*

A. Shahvisi and B.D.Earp In S. Creighton & L.-M. Liao (eds.). *Female Genital Cosmetic Surgery: Solution to What Problem?* Cambridge University Press, Cambridge (2018 in press).

## **FAMILY PRACTICE / OBSTETRICS / PEDIATRICS** (see also Anatomy)

### **Circumcision and Informed Consent: Is more information always better?**

*“In the present study, at least, the judgment biases were not meaningfully important because factors unrelated to the physicians’ judgment (i.e., parents’ traditional, religious and social values) prevented the biases from having an effect on the parents’ decision.”*

J.J.J. Christensen-Szalanski, W.T. Boyce, H. Harrell, et al. *Medical Care* 25:9, (1987), 856-867.

### **Informed Consent, Parental Permission, and Assent in Pediatric Practice**

*“Thus ‘proxy consent’ poses serious problems for pediatric health care providers. Providers have legal and ethical duties to their child patients render competent medical care based on what the patient needs, not what someone else expresses. The pediatrician’s responsibility to his or her patient exists independently of parental desires or proxy consent.”*

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W.K. Mohr and S.S. Kennedy. *Nursing Ethics* 8:3, (2001), 196-210.

## **Short Changed? The Law and Ethics of Male Circumcision**

*“As was the case with child sexual abuse, we suggest that the contested nature of key conceptions in the circumcision debate – such as ‘child’, ‘harm’ and ‘pain’ – combined with the fact that such pain is inflicted within the sanctity of the family account for law’s resistance to attempts to regulate the practice or fully evaluate its risks.”*

M. Fox and M. Thomson. *International Journal of Children’s Rights* 13, (2005), 161-181.

## **To circumcise or not to circumcise? A Catholic Ethicist Argues that the Practice is Not in the Best Interest of Male Infants**

*“If promoting the dignity and respect of every human person is a priority for the United States and for Catholic health care, then it is time to better educate the public about this issue and protect those who are the most vulnerable in our society. Doing so is not only a social responsibility; it is a moral imperative as well.”*

P.A. Clark, SJ, PhD. *Health Progress* 87:5, (2006), 30-39.

## **To cut or not to cut? Personal factors influence primary care physicians’ position on elective newborn circumcision**

*“Although most respondents stated that they based their decisions on medical evidence, the circumcision status of, especially, male respondents played a huge role in whether they were in support of circumcisions or not. Another factor that had an influence was the circumcision status of respondents’ sons.”*

A.J. Muller. *Journal of Men’s Health* 7:3, (2010), 227-232.

## **Parents’ rationale for male circumcision**

*“Despite new medical information and updated stances from various medical associations, newborn male circumcision rates continue to be heavily influenced by the circumcision status of the child’s father.”*

C. Rediger and A.J. Muller. *Canadian Family Physician* 59, (2013), e110-115.

## **Infant circumcision: The last stand for the dead dogma of parental (sovereign) rights**

*“It is argued that the notion that parents have a right to make decisions concerning their child’s bodies and minds—irrespective of the child’s interests—is a dead dogma. The ramifications of this argument for the circumcision debate are then spelled out and discussed.”*

R.S. VanHowe. *Journal of Medical Ethics* 39:7, (2013), 475-481.

## **Shared decision making for routine infant circumcision: a pilot study**

*“A pilot study was conducted using the shared decision making (SDM) conceptual model to guide expectant parents through a 3-phase decision-making program about routine infant circumcision as part of their childbirth education class. Preparedness score were highest for those who decided to keep their expected sons’ penises natural. The SDM conceptual model of decision support is superior to solely providing written information because previous research has found providing written information to be ineffective.”*

T.M. Mitchell TM and C. Beal. *Journal of Perinatal Education* 24:3, (2015), 188-200.

## **Risks, Benefits, Complications and Harms: Neglected Factors in the Current Debate on Non-Therapeutic Circumcision**

*“Complications are not the only harms of circumcision: the American Academy of Pediatrics and other parties debating the pros and cons of circumcision should conceptualize their analysis more broadly as risk of harm vs. prospect of benefit, thereby factoring in the value of the foreskin to the individual and the physical and ethical harms of removing it from an unconsenting child.”*

R. Darby. *Kennedy Institute of Ethics Journal* 25:1, (2015), 1-34.

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*“No national medical association anywhere recommends the procedure. As the balance of expert and popular opinion moves toward firmly opposing this procedure, courts will inevitably find themselves unable to overlook the inconsistency of circumcision with medical professionals’ ethical and legal duties to the child.”*

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B.D. Earp and D.M. Shaw. *Journal of Pediatric Ethics* 1:1, (2017), 8-26.

## **Are Physicians Blameworthy for Iatrogenic Harm Resulting from Unnecessary Genital Surgeries?**

*“We argue that physicians should, in certain cases, be held accountable by patients and their families for harm caused by ‘successful’ genital surgeries performed for social and aesthetic reasons. We explore the question of physicians’ blameworthiness for three types of genital surgeries common in the United States.”*

S. Reis-Dennis and E. Reis. *American Medical Association Journal of Ethics* 19:8, (2017), 825-833.

## **GENDER STUDIES / SOCIOLOGY**

### **A proposed relationship between circumcision and neural reorganization**

*“It is hypothesized that circumcision reorganizes the male’s somato-cortex to raise the threshold of sexual excitability/distraction. This threshold shift thereby allows the young men of a social group a) to be slightly more tractable in executing corporate activities beneficial to the community and b) to be slightly more restrained sexually and more cooperative in the pair bond.”*

R.S. Immerman and W.C. Mackey. *Journal of Genetic Psychology* 159:3, (1998), 367-378.

### **A biocultural analysis of circumcision**

*“Inferential data support the hypothesis that a practical consequence of circumcision, complementary to any religious-symbolic function, is to make a circumcised male less sexually excitable and distractible, and, hence, more amenable to his group’s authority figures.”*

R.S. Immerman and W.C. Mackey. *Social Biology* 44:3-4, (1997), 265-275.

### **Male Genital Mutilation (Circumcision): A Feminist Study of a Muted Gender Issue**

*“Feminism...is for building new and fairer social politics for both genders, especially children. ...Women will also benefit from defending male children’s rights. ... (W)omen are recommended to take the initiative to encourage men to break the barrier of silence about MGM, to support them, and be understandable when some of them show resistance or denial.”*

Seham Abd el Salam. *Post-Masters Fellowship Research*. American University in Cairo (1999).

## **Rationalising circumcision: From tradition to fashion, from public health to individual freedom**

*“The rationalisations invented to provide support for the practice of genital mutilation – whether male or female – within various cultural and religious settings have very little to do with finding a critical and reflective moral justification for these practices. In order to question the ethical acceptability of the practice in its non-therapeutic forms, we need to focus on child rights protection.”*

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K. Bell. *Medical Anthropology Quarterly* 19:2, (2005), 125-148.

## **Circumcision and the socially imagined sexual body**

*“Circumcision can be seen rather as a sociocultural intervention with post hoc medical justification. ...Does circumcision reduce penile sensitivity? ...The nature of the loss is in a sense ‘unspeakable’ and for many people unimaginable, because the reception of delicate sensation is not part of their notion of masculine sexuality.”*

J. Richters. *Health Sociology Review* 15, (2006), 248-257.

## **A Rose by Any Other Name? Rethinking the Similarities and Differences between Male and Female Genital Cutting**

*“We propose a scale of damage for male circumcision to complement the World Health Organization’s categorization of female genital mutilation. ...The origins of the double standard identified are placed in historical perspective, and in a brief conclusion we make a plea for greater gender neutrality in the approach to this contentious issue.”*

R. Darby and J.S. Svoboda. *Medical Anthropology Quarterly* 21:3, (2007), 301-323.

## **Foreskin is a Feminist Issue**

*“The areas of overlap we have focused on are the mechanisms by which genital cutting functions to mark and define bodies in ways which clearly demarcate the sexes—both by managing sexuality and by coding bodies and particular body parts as masculine or feminine. Through an exploration of these technologies of cutting we have sought to highlight the relevance of routine neonatal circumcision for feminist objectives.”*

M. Fox and M. Thomson. *Australian Feminist Studies* 24:60, (2009), 195-210.

## **A Tale of Two Technologies: HPV Vaccination, Male Circumcision and Sexual Health**

*“Our analysis highlights the importance of considering how technologies like HPV vaccination and circumcision contribute to the ongoing construction of gender (including ‘good’ and ‘bad’ men and women), race, and sexuality. It is precisely at these intersections of bodies with technologies that the ‘double standard’ is reproduced.”*

L.M. Carpenter and M.J. Casper. *Gender and Society* 23:6, (2009), 790-816.

## **To cut or not to cut? Personal factors influence primary care physicians’ position on elective newborn circumcision**

*“Although most respondents stated that they based their decisions on medical evidence, the circumcision status of, especially, male respondents played a huge role in whether they were in support of circumcisions or not. Another factor that had an influence was the circumcision status of respondents’ sons.”*

A.J. Muller. *Journal of Men’s Health* 7:3, (2010), 227-232.

## **Opposition to the Jewish rite of circumcision in modern Israeli society as expression of motherhood and feminism**

*“The opposition to circumcision in Israel is a statement that goes against the devaluation of the primary dyad between a mother and her child. It is not an isolated event but a part of a broader conceptual believes [sic] that emphasizes more ‘feminine’ values such as motherhood, breastfeeding, nature and ecology, as opposed to ‘muscular’ values as culture, ritual ceremonies, financial wealth and militarism.”*

Y. Bankirer, Y. Abramovich, S. Gooldin et al. (Abstract) *European Psychiatry* 25:S1, (2010), 530.

## **Circumcision: Identity, Gender and Power**

*“Without compromising either our children’s identity or our survival as a people, we can invite all of our Jewish children, our baby girls and our baby boys, into a brit b’lee milah, a covenant without circumcision, and school them in the wisdom love and beauty of the Jewish tradition.”*

M. Pollack. *Tikkun* (2011)

## **Male circumcision and sexual function in men and women: a survey-based, cross-sectional study in Denmark**

*“Circumcision was associated with frequent orgasm difficulties in Danish men and with a range of frequent sexual difficulties in women, notably orgasm difficulties, dyspareunia, and a sense of incomplete sexual needs fulfillment.”*

M. Frisch, M. Lindholm and M. Grønbaek. *International Journal of Epidemiology* 40:5, (2011), 1367–1368.

## **The Male Circumcision Debate: Social Movements, Sexual Citizenship and Human Rights**

*“The irony is such that as we as Westerners attempt to ‘save’ non-Westerners here by imposing legislation to protect them from most types of genital cutting, there is no one who can protect ‘us’ from ourselves. ...Because the practice of male neonatal circumcision is routinized in the United States and to a lesser extent other Western nations, the procedure has escaped this same scrutiny.”*

L. Sardi. *Societies Without Borders* 6:3, (2011), 304-329.

## **Questioning Circumcisionism: Feminism, Gender Equity and Human Rights**

*“The larger framework within which circumcision operates is referred to as ‘circumcisionism’. Circumcisionism is the hegemonic view that genital circumcision is a normative and acceptable practice.”*

T. Wisdom. *Righting Wrongs: A Journal of Human Rights* 2:1, (2012), 1-32.

## **The new politics of male circumcision: HIV/AIDS, health law, and social justice**

*“We suggest that, as with female genital cutting, male circumcision ought to be debated within a paradigm of social justice which gives adequate weighting to the interest of all affected parties (including women whose health may actually be compromised by the procedure) and which renders visible the socio-economic dimensions of the issue. ...The shift in analytical frame that we propose has the potential not only to make us re-think our approach to the ethics and legality of male circumcision by challenging its construction as a familial decision but also to impact on the need for a broader conceptualisation of health law as rooted in social justice.”*

M. Fox and M. Thomson. *Legal Studies* 32:2, (2012), 255-281.

## **The Completely Unregulated Practice of Male Circumcision: Human Rights Abuse Enshrined in Law?**

*“The sheer antiquity of ‘ritual’ circumcision (and now after 140 years, Anglophone medicalized male circumcision) has allowed it to escape legal scrutiny, though there is much musing in the academic literature. Without legal incentive or bioethical rigor, medical authorities have created - indeed, established by conscious omission - a regulatory vacuum which suits their needs.”*

J. V. Geisheker. *New Male Studies: An International Journal* 2:1, (2013), 18-45.

## **Promoting genital autonomy by exploring commonalities between male, female, intersex, and cosmetic female genital cutting**

*“Genital autonomy is a unified principle that children should be protected from genital cutting that is not medically necessary. Safeguarding genital autonomy encompasses helping societies and individuals to explore wounds common across different forms of genital cutting regarding, gender, power, the quest for cultural belonging, and social and sexual control.”*

J.S. Svoboda. *Global Discourse* (2013).

## **Forced genital cutting in North America: Feminist theory and nursing considerations**

*“If feminism asserts that bodily integrity, autonomy, and fundamental human rights are essential components of gender equality, it follows that these must be afforded to all genders without discrimination. ...Nurses are positioned well to be at the forefront of this cause and have a clear ethical duty to advocate for the elimination of all forms of forced nontherapeutic genital cutting.”*

K. Antinuk. *Nursing Ethics* 20:6, (2013), 723-728.

## **Masculinity and Embodiment in the Practice of Foreskin Restoration**

*“The aim of this paper is to explore the body politics of men who pursue foreskin restoration, the organizations that support them, and the tools they use. Ultimately, I hope to lay bare what restoration really is and does for the men who practice it.”*

A. Kennedy. *International Journal of Men’s Health* 14:1, (2015), 38-54.

## **(Im)perishable Pleasure, (In)destructible Desire: Sexual Themes in U.S. and English News Coverage of Male Circumcision and Female Genital Cutting**

*“The English press depicted male circumcision as diminishing male sexuality, whereas U.S. papers showed it as enhancing male sexuality. These patterns are influenced by, and serve to reinforce, cultural norms of embodiment and ethnosexual boundaries based on gender, race, and nationality. They may, in turn, shape public understandings of female genital cutting and male circumcision as social problems.”*

L.M. Carpenter and H.H. Kettrey. *Journal of Sex Research* 52:8, (2015), 841-856.

## **Circumcision, sexual experience and harm**

*“We also highlight some of the inconsistencies in the current legal treatment of male versus female forms of nontherapeutic childhood genital alteration, and suggest that problematically gendered assumptions about the sexual body may play a role in bringing about and sustaining such inconsistencies.”*

B.D. Earp and R. Darby. *Univ of PA Journal of International Law* 37:2, (2017), online, 1-56.

## **Male Circumcision Grief: Effective and Ineffective Therapeutic Approaches**

*“Cultural circumcision has been an under recognised cause of male body-loss grief. Male circumcision grief is now being more commonly expressed. ...We found that therapists were reluctant to accept that the grief was real, were unaware of foreskin functions, denied circumcision had physical or psychological sequelae and minimized patient grief using humor, cultural aesthetics, controversial health benefits, sexism, and an erroneous understanding of penile anatomy and sexual function.”*

L. Watson and T. Golden. *New Male Studies: International Journal* 6:2, (2017), 109-125.

## **Gender and genital cutting: A new paradigm**

*“In recent years...a growing movement of scholars, activists, and individuals affected by childhood genital cutting have argued that all children, regardless of sex or gender, should be protected from such intimate violations. By drawing attention to the overlapping harms to which female, male, and intersex children may be exposed as a result of having their genitals cut, this movement posits a sex and gender neutral—that is, human—right to bodily integrity and genital autonomy.”*

B.D. Earp and R. Steinfeld. In Teresa Giménez Barbat (Ed.), *Gifted Women, Fragile Men*. Euromind Monographs-2, Brussels: ALDE Group-EU Parliament, (2017).

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

*“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:*

- 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?”*

S. Johnsdotter. International Seminar on FGM/C: *Medicine to Critical Anthropology*. Rome, (24-25 November 2017).

## **The law and ethics of female genital cutting**

*“We show that there are troubling inconsistencies in the way in which female genital cutting is understood in Western contexts. Specifically: (a) all nontherapeutic genital alterations to female minors are criminalised...while even more invasive nontherapeutic genital alterations to male and intersex minors are permitted...; and (b) genital alterations of adult women regarded as ‘cosmetic’ in nature are treated as legal, while in some jurisdictions, anatomically identical procedures classified as ‘mutilation’ are illegal.”*

A. Shahvisi and B.D.Earp In S. Creighton & L.-M. Liao (eds.). *Female Genital Cosmetic Surgery: Solution to What Problem?* Cambridge University Press, Cambridge (2018 in press).

## **HISTORY**

### **The Guide of the Perplexed (1190 A.D.)**

*“The bodily pain caused to that member is the real purpose of circumcision. ...The fact that circumcision weakens the faculty of sexual excitement and sometimes perhaps diminishes the pleasure is indubitable. For if at birth this member has been made to bleed and has had its covering taken away from it, it must indubitably be weakened. ...In my opinion this is the strongest of the reasons for circumcision.”*

Moses Maimonides. *University of Chicago Press/S.Pines Transl.* Chicago, (1963), 609.

### **From ritual to science: The medical transformation of circumcision in America**

*“The peculiar history of neonatal circumcision in the United States exemplifies the process by which physicians, despite having no solid science of clinical outcomes, succeeded in transforming standard medical practice into social custom.”*

David L. Gollaher. *Journal of Social History* 28:1 (1994), 5-36.

### **To Mutilate in the Name of Jehovah or Allah: Legitimization of Male and Female Circumcision**

*“Juridical logic cannot acknowledge the distinction between female and male circumcision, both being the mutilation of healthy organs which is damaging to the physical integrity of the child, whatever the underlying religious motivations.”*

S.A. Abu-Sahlieh. *Medicine and Law* 13:7-8, (1994), 575-622.

### **The Sorcerer’s Apprentice: why we can’t stop circumcising boys**

*“Almost alone in the wealthy world, the United States still circumcises most newborn boys. Elsewhere this practice is disappearing, except when it is done for religious reasons. Why not here? Another failure of the medical establishment?”*

R. Darby. *Contexts* 4:2, (2005), 34-39.

## **Marked in Your Flesh: Circumcision from Ancient Judea to Modern America**

“A history of Jewish and Christian beliefs about circumcision from its ancient origins to the current controversy. ...Glick shows that Jewish American physicians were and continue to be especially vocal and influential champions of the practice which, he notes, serves to erase the visible difference between Jewish and gentile males. Informed medical opinion is now unanimous that circumcision confers no benefit and the practice has declined. ...Glick does not flinch from asking whether this procedure should continue to be the defining feature of modern Jewish identity.”

L.B. Glick. *Oxford University Press* (2006), 384 pgs. ISBN-10: 0195315944; ISBN-13: 978-0195315943

## **HUMAN SEXUALITY** (see also Anatomy)

### **The Guide of the Perplexed (1190 A.D.)**

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Moses Maimonides. *University of Chicago Press/S.Pines Transl.* Chicago, (1963), 609.

### **Fetal erection and its message to us**

*“Certainly by the time a baby gains enough control of its hands to begin exploration of what is nearest and dearest to it—its own body—the sexual pleasure center thereof has already been identified, from then on to be enjoyed as much as the surrounding culture will allow. ...In my opinion, any crippling interference with children’s normal body functions is a form of emotional as well as physical abuse.”*

M.S. Calderone. *Sex Information & Education Council of the U.S.-SIECUS Report* (May-July 1983), 9-10.

## **A proposed relationship between circumcision and neural reorganization**

*“It is hypothesized that circumcision reorganizes the male’s somato-cortex to raise the threshold of sexual excitability/distraction. This threshold shift thereby allows the young men of a social group a) to be slightly more tractable in executing corporate activities beneficial to the community and b) to be slightly more restrained sexually and more cooperative in the pair bond.”*

R.S. Immerman and W.C. Mackey. *Journal of Genetic Psychology* 159:3, (1998), 367-378.

## **Anatomy and Physiology of the Human Prepuce**

*“Most relevant medical texts contain no information regarding the anatomy and physiology of the prepuce. Some do not even include the prepuce in diagrams of the penis. Often, the only thing a medical student will learn about the prepuce is the manner in which it will be excised. ...The fact that routine circumcision in America has become institutionalised may explain why some people find it difficult to ascribe any value or function to the prepuce. An overwhelming body of primary research, however, demonstrates that the prepuce does, in fact, have a wide range of valuable functions.”*

S. Scott. *Male and Female Circumcision*. In G.C. Denniston, et al (Eds.), Kluwer Academic/Plenum Publishers, New York, (1999), 9-18.

## **A preliminary poll of men circumcised in infancy or childhood**

*“NOHARMM’s poll is the first to systematically document averse outcomes of childhood circumcision on men’s health and well-being. Its findings reveal wide-ranging physical, sexual and psychological consequences. Respondents probably represent a vanguard among circumcised males and their testimonies further challenge the appropriateness of non-therapeutic childhood circumcision. They also raise new research questions.”*

T. Hammond. *British Journal of Urology International* 83:S1, (1999), 85-92.

## **Adverse Sexual and Psychological Effects of Male Infant Circumcision**

*“Many men are so unhappy with being circumcised that they have even resorted to foreskin restoration methods in order to recover at least some of the sexual sensitivity lost to circumcision and as a mechanism to promote psychological healing.”*

G.J. Boyle and G.A. Bensley. *Psychological Reports* 88, (2001), 1105-1106.

## **Male Circumcision: Pain, Trauma and Psychosexual Sequelae**

*“Some circumcised men have described their current feelings in the language of violation, torture, mutilation and sexual assault. In view of the acute as well as long-term risks from circumcision and the legal liabilities that may arise, it is timely for health professionals and scientists to re-examine the evidence on this issue and participate in the debate about the advisability of this surgical procedure on unconsenting minors.”*

G.J. Boyle, R. Goldman, J.S. Svoboda, E. Fernandez. *Journal of Health Psychology* 7:3, (2002), 329-343.

## **My Painful Journey: A Retired Jewish Physician’s Acknowledgement of Circumcision Trauma Leads Him to Activism**

*“All men circumcised in infancy have been traumatized, but it is difficult to convince adult men of this fact. It almost takes a revelation, an epiphany, a leap of insight to close the gap of ignorance, fear, and repressed trauma, to enable us to come to realize and admit the harm of our own circumcision. I was fortunate enough to have been given that insight.”*

M.D. Reiss, M.D. In *Flesh and Blood: Perspectives on the Problem of Circumcision in Contemporary Society*. G.C. Denniston, et al (Eds.) Proceedings of the 2002 Seventh International Symposium on Human Rights and Modern Society: Advancing Human Dignity and the Legal Right to Bodily Integrity in the 21st Century. Kluwer Academic/Plenum Publishers, New York, (2004), 195-206.

## **Genital Cutting and Western Discourses on Sexuality**

*“Although critiques of female circumcision have been widely taken up, general public opinion toward male circumcision remains indifferent. This difference cannot merely be explained by the natural attributes and effects of these practices. ...In particular, I suggest that certain problematic understandings of male and female sexuality are deeply implicated in the dominant Western discourses on genital surgery.”*

K. Bell. *Medical Anthropology Quarterly* 19:2, (2005), 125-148.

## **Circumcision and the socially imagined sexual body**

*“Circumcision can be seen rather as a sociocultural intervention with post hoc medical justification. ...Does circumcision reduce penile sensitivity? ...The nature of the loss is in a sense ‘unspeakable’ and for many people unimaginable, because the reception of delicate sensation is not part of their notion of masculine sexuality.”*

J. Richters. *Health Sociology Review* 15, (2006), 248-257.

## **Disputing the myth of sexual dysfunction of circumcised women**

*“Bondo women elders believe and teach that excision improves sexual pleasure by emphasizing orgasms reached through stimulation of the g-spot, which is said to be more intense and satisfying for an experienced woman. Excision of the protruding clitoris is said to aesthetically and physiologically enhance the appearance of the vulva and facilitate male/female coitus by removing any barrier to complete, deep and full penetration.”*

F.S. Ahmadu and R.A. Shweder. *Anthropology Today* 25:6, (2009), 14-19.

## **Male circumcision and sexual function in men and women: a survey-based, cross-sectional study in Denmark**

*“Circumcision was associated with frequent orgasm difficulties in Danish men and with a range of frequent sexual difficulties in women, notably orgasm difficulties, dyspareunia, and a sense of incomplete sexual needs fulfillment.”*

M. Frisch, M. Lindholm and M. Grønbaek. *International Journal of Epidemiology* 40:5, (2011), 1367–1368.

## **Male circumcision decreases penile sensitivity as measured in a large cohort**

*“This study confirms the importance of the foreskin for penile sensitivity, overall sexual satisfaction, and penile functioning. Furthermore, this study shows that a higher percentage of circumcised men experience discomfort or pain and unusual sensations as compared with the uncircumcised population.”*

G.A. Bronselaer, J.M. Schober, H.F.L. Meyer-Bahlburg, et al. *British Journal of Urology International* 111, (2013), 820-827.

## **Unspeakable Mutilations: Circumcised Men Speak Out**

*“Often overlooked in these debates are the adult men whose lives have been adversely affected because they were circumcised as infants or children. The suffering of these men remains cloaked in silence and unrecognized by the medical profession and society at large. In this book, 50 men, of widely differing ages and from varying walks of life, explain how circumcision has harmed their self-esteem, physical well-being and sexual experience. In analyzing these accounts, the compiler demonstrates that the process of grieving for a lost foreskin closely parallels the experiences of those who have suffered amputation, rape, body dysmorphic disorder, the death of a loved-one, or delayed post-traumatic stress.”*

Lindsay R. Watson. *Unspeakable Mutilations: Circumcised Men Speak Out*. Ashburton, NZ: Lindsay R. Watson (2014).

## **(Im)perishable Pleasure, (In)destructible Desire: Sexual Themes in U.S. and English News Coverage of Male Circumcision and Female Genital Cutting**

*“The English press depicted male circumcision as diminishing male sexuality, whereas U.S. papers showed it as enhancing male sexuality. These patterns are influenced by, and serve to reinforce, cultural norms of embodiment and ethnosexual boundaries based on gender, race, and nationality. They may, in turn, shape public understandings of female genital cutting and male circumcision as social problems.”*

L.M. Carpenter and H.H. Kettrey. *Journal of Sex Research* 52:8, (2015), 841-856.

## **Circumcision of Infants and Children: Short-Term Trauma and Long-Term Psychosexual Harm**

*“Sexual harms that may follow circumcision include reduced sexual sensation in the remaining penile structures, difficulty with masturbation, increased chafing in both the circumcised man and his sexual partner, as well as reduced overall psychosexual/psychological tension relief and subjective satisfaction.”*

G.J. Boyle. *Advances in Sexual Medicine* 5, (2015), 22-38.

## **Infant circumcision and adult penile sensitivity: Implications for sexual experience**

*“The current tendency to draw broad conclusions about the effects of neonatal circumcision on adult sexuality from group ‘averages’, thereby obscuring the responses of individual participants, is problematic. No one engages in sexual activity as an embodied statistical average; instead, each person’s sexual experience is unique. Moreover, it will be important to explore a wider range of sexual outcome variables and to do so with longer-term follow-up into older age.”*

B.D. Earp. *Trends in Urology & Men’s Health*, (July/August 2016), 1-5.

## **Long-term adverse outcomes from neonatal circumcision reported in a survey of 1,008 men: an overview of health and human rights implications**

*“Findings highlight important health and human rights implications resulting from infringements on the bodily integrity and future autonomy rights of boys, which may aid health care and human rights professionals in understanding this emerging vanguard of men who report suffering from circumcision.”*

T. Hammond and A. Carmack. *International Journal of Human Rights* 21:2, (2017), 189-218.

## **Male Circumcision Grief: Effective and Ineffective Therapeutic Approaches**

*“Cultural circumcision has been an under recognised cause of male body-loss grief. Male circumcision grief is now being more commonly expressed. ...We found that therapists were reluctant to accept that the grief was real, were unaware of foreskin functions, denied circumcision had physical or psychological sequelae and minimized patient grief using humor, cultural aesthetics, controversial health benefits, sexism, and an erroneous understanding of penile anatomy and sexual function.”*

L. Watson and T. Golden. *New Male Studies: International Journal* 6:2, (2017), 109-125.

## **Attitudes about one’s circumcision status is more important than actual circumcision status for men’s body image and sexual functioning**

*“This study was among the first to empirically document a sample of men who experience distress over their circumcision status. ...Men who were circumcised as adults or intact men reported higher satisfaction with their status than those who were circumcised neonatally or in childhood. ...Furthermore, these findings demonstrate the possible deleterious consequences to men’s sexuality (e.g. body image, sexual functioning) that may arise from negative attitudes toward their own circumcision status.”*

J.A. Bossio and C.F. Pukall. *Archives of Sexual Behavior* (September 2017)

## **Circumcision, sexual experience and harm**

*“We also highlight some of the inconsistencies in the current legal treatment of male versus female forms of nontherapeutic childhood genital alteration, and suggest that problematically gendered assumptions about the sexual body may play a role in bringing about and sustaining such inconsistencies.”*

B.D. Earp and R. Darby. *Univ of PA Journal of International Law* 37:2, (2017), online symposium.

## **False beliefs predict increased circumcision satisfaction in a sample of US American men**

*“These findings provide tentative support for the hypothesis that the lack of harm reported by many circumcised men, like the lack of harm reported by their female counterparts in societies that practice FGC, may be related to holding inaccurate beliefs concerning unaltered genitalia and the consequences of childhood genital modification.”*

B.D. Earp, L. Sardi and W. Jellison. *Culture, Health and Sexuality*, (in press, 2018).

## **LAW / HUMAN RIGHTS**

### **Circumcision as Child Abuse: The Legal and Constitutional Issues**

*“The most promising approach would seem to be a civil rights class action against hospitals designed to prevent routine neonatal circumcision, that is, in cases where circumcision is not medically warranted. A class action suit would focus on the individuals most culpable since competent surgeons are aware that routine neonatal circumcision is not good medical practice.”*

W.E. Brigman. *Journal of Family Law* 23:3, (1984-85), 337-357.

### **Religious Exemptions from Child Abuse Statutes**

*“The Constitutional guarantees of freedom of religion do not sanction harming another person in the practice of one’s religion, and they do not allow religion to be a legal defense when one harms another.”*

American Academy of Pediatrics Committee on Bioethics. *Pediatrics* 81, (1988), 169-171.

### **The First Circumcision Case**

*“The first case to challenge circumcision anywhere, the United States or any other country, was the Adam London case. A petition to have the California Supreme Court review the rulings of the lower courts was summarily rejected by the Supreme Court. This is the story of the issues and the happenings.”*

R.W. Morris. *Truth Seeker*, (July/August 1989), 47-50.

### **The conundrum of children in the U.S. health care system**

*“One area in which children's rights are rarely considered in the USA is that of autonomy over their bodies. This right is routinely ignored in the arena of health care decision making. This article discusses the complex reasons why children's voices are typically not heard in the USA, the consequences of their disempowerment, and the ethical obligations of health care providers to advocate for the rights of children, even in the absence of a legal mandate to do so.”*

W.K. Mohr and S.S. Kennedy. *Nursing Ethics* 8:3, (2001), 196-210.

## **Rationalising circumcision: From tradition to fashion, from public health to individual freedom**

*“The rationalisations invented to provide support for the practice of genital mutilation – whether male or female – within various cultural and religious settings have very little to do with finding a critical and reflective moral justification for these practices. In order to question the ethical acceptability of the practice in its non-therapeutic forms, we need to focus on child rights protection.”*

S.K. Hellsten. *Journal of Medical Ethics* 30, (2004), 248-253.

## **Short Changed? The Law and Ethics of Male Circumcision**

*“As was the case with child sexual abuse, we suggest that the contested nature of key conceptions in the circumcision debate – such as ‘child’, ‘harm’ and ‘pain’ – combined with the fact that such pain is inflicted within the sanctity of the family account for law’s resistance to attempts to regulate the practice or fully evaluate its risks.”*

M. Fox and M. Thomson. *International Journal of Children’s Rights* 13, (2005), 161-181.

## **Tortorella v. Castro**

*“Even if a surgery is executed flawlessly, if the surgery were unnecessary, the surgery in and of itself constitutes harm...the patient has gone under the knife and has been subject to pain and suffering.”*

Court of Appeal, Second District, Division 3, California. No B184043 (June 1, 2006).

## **Framing Male Circumcision as a Human Rights Issue? Contributions to the Debate Over the Universality of Human Rights**

*“The comparison of global responses to male and female circumcision in this article sheds light on the cultural obstacles to global consensus on human rights as universal principles and underscores the difficulty of adopting ‘neutral’ universalist rights claims devoid of cultural and ideological content.”*

D.L. DeLaet. *Journal of Human Rights* 8:4, (2009), 405-426.

## **Questioning Circumcisionism: Feminism, Gender Equity and Human Rights**

*“The larger framework within which circumcision operates is referred to as ‘circumcisionism’. Circumcisionism is the hegemonic view that genital circumcision is a normative and acceptable practice.”*

T. Wisdom. *Righting Wrongs: A Journal of Human Rights* 2:1, (2012), 1-32.

## **The new politics of male circumcision: HIV/AIDS, health law, and social justice**

*“We suggest that, as with female genital cutting, male circumcision ought to be debated within a paradigm of social justice which gives adequate weighting to the interest of all affected parties (including women whose health may actually be compromised by the procedure) and which renders visible the socio-economic dimensions of the issue. ...The shift in analytical frame that we propose has the potential not only to make us re-think our approach to the ethics and legality of male circumcision by challenging its construction as a familial decision but also to impact on the need for a broader conceptualisation of health law as rooted in social justice.”*

M. Fox and M. Thomson. *Legal Studies* 32:2, (2012), 255-281.

## **Violating Children’s Rights: Harmful practices based on tradition, culture, religion or superstition**

*“A children’s rights analysis suggests that non-consensual, non-therapeutic circumcision of boys, whatever the circumstances, constitutes a gross violation of their rights, including the right to physical integrity, to freedom of thought and religion and to protection from physical and mental violence. ...Health practitioners should be encouraged to work actively to eliminate these harmful practices as part of their codes of ethical conduct.”*

*Report from International NGO Council on Violence Against Children* (2012), 21-22, 47.

## **Children’s right to physical integrity**

*“The Parliamentary Assembly is particularly worried about a category of violation of the physical integrity of children, which supporters of the procedures tend to present as beneficial to the children themselves despite clear evidence to the contrary. This includes, among others, female genital mutilation, the circumcision of boys for religious reasons, early childhood medical interventions in the case of intersex children...”*

Council of Europe Parliamentary Assembly. *Resolution 1952*, (2013), 1-2.

## **After Cologne: male circumcision and the law. Parental right, religious liberty or criminal assault?**

*“After a resounding decision by a Cologne district court that non-therapeutic circumcision constitutes bodily assault, the German legislature responded by enacting a new statute expressly designed to permit male circumcision, ...We...analyze two major flaws in the new German law which we consider emblematic of the difficulty that any legal attempt to protect medically irrelevant genital cutting is bound to face.”*

R. Merkel and H. Putzke. *Journal of Medical Ethics* 39:7, (2013), 444-449.

## **Promoting genital autonomy by exploring commonalities between male, female, intersex, and cosmetic female genital cutting**

*“Genital autonomy is a unified principle that children should be protected from genital cutting that is not medically necessary. Safeguarding genital autonomy encompasses helping societies and individuals to explore wounds common across different forms of genital cutting regarding, gender, power, the quest for cultural belonging, and social and sexual control.”*

J.S. Svoboda. *Global Discourse* (2013).

## **Is circumcision legal?**

*“An important, divisive, and unanswered question of American law –and indeed of international law –is whether it is legal to circumcise healthy boys.”*

P.W. Adler. *Richmond Journal of Law and the Public Interest* XVI:iii, (2013), 439-483.

## **The Completely Unregulated Practice of Male Circumcision: Human Rights Abuse Enshrined in Law?**

*“The sheer antiquity of ‘ritual’ circumcision (and now after 140 years, Anglophone medicalized male circumcision) has allowed it to escape legal scrutiny, though there is much musing in the academic literature. Without legal incentive or bioethical rigor, medical authorities have created - indeed, established by conscious omission - a regulatory vacuum which suits their needs.”*

J. V. Geisheker. *New Male Studies: An International Journal* 2:1, (2013), 18-45.

## **The child’s right to an open future: Is the principle applicable to non-therapeutic circumcision?**

*“Respect for the open future principle thus requires parents to leave their boys’ foreskins alone and let them make up their own minds about such an intimate personal choice when they reach the age of consent.”*

R.J.L. Darby. *Journal of Medical Ethics* 39, (2013), 463-468.

## **Infant circumcision: The last stand for the dead dogma of parental (sovereign) rights**

*“It is argued that the notion that parents have a right to make decisions concerning their child’s bodies and minds—irrespective of the child’s interests—is a dead dogma. The ramifications of this argument for the circumcision debate are then spelled out and discussed.”*

R.S. VanHowe. *Journal of Medical Ethics* 39:7, (2013), 475-481.

## **Can culture justify infant circumcision?**

*“The paper addresses arguments in the recent philosophical and bioethical literature claiming that social and cultural benefits can justify non-therapeutic male infant circumcision. It rejects these claims by referring to the open future argument, according to which infant circumcision is morally unjustifiable because it violates the child’s right to an open future.”*

E. Sarajlic. *Res Publica* 20, (2014), 327-343.

## **Constituting Children’s Bodily Integrity**

*“Children have constitutional rights to bodily integrity. ...A broader understanding of state action in the context of children’s rights may provide a partial solution.”*

B. J. Hill. *Case Western Reserve Legal Studies Research Paper*, 2014-35, (2015), 1-45.

## **Circumcision is Unethical and Unlawful**

*“No national medical association anywhere recommends the procedure. As the balance of expert and popular opinion moves toward firmly opposing this procedure, courts will inevitably find themselves unable to overlook the inconsistency of circumcision with medical professionals’ ethical and legal duties to the child.”*

J.S. Svoboda, P.W. Adler and R.S. Van Howe. *Journal of Law, Medicine and Ethics* 44, (2016), 263-282.

## **The nurse’s role in ethics and human rights: protecting and promoting individual worth, dignity, and human rights in practice settings**

*“In a caring context, nurses advocate for patients’ rights, especially for those whose rights may be more easily violated or not fulfilled. The human rights of ... patients ...requires action designed to ensure that they are protected and promoted. Without exception, all nursing practice in all settings is grounded in respect for the inherent dignity, worth, unique attributes, and human rights of all individuals.”*

ANA Center for Ethics and Human Rights. *American Nurses Association*. Silver Spring, MD, (2016)

## **Are Physicians Blameworthy for Iatrogenic Harm Resulting from Unnecessary Genital Surgeries?**

*“We argue that physicians should, in certain cases, be held accountable by patients and their families for harm caused by ‘successful’ genital surgeries performed for social and aesthetic reasons. We explore the question of physicians’ blameworthiness for three types of genital surgeries common in the United States.”*

S. Reis-Dennis and E. Reis. *American Medical Association Journal of Ethics* 19:8, (2017), 825-833.

## **Nontherapeutic Circumcision of Minors as an Ethically Problematic Form of Iatrogenic Injury**

*“Many physicians to whom I speak these days now say that they would prefer not to circumcise and only do it because the parents ask for it. At the same time, it is often the case that the only reason parents ask for it is because they believe circumcision is ...recommended by health authorities[...]. It is time for this vicious circle to be broken. Who better to take the initiative than the community that introduced nontherapeutic circumcision in the first place—the American medical profession?”*

J.S. Svoboda. *American Medical Association Journal of Ethics* 19:8, (2017), 815-824.

**Long-term adverse outcomes from neonatal circumcision reported in a survey of 1,008 men: an overview of health and human rights implications**

T. Hammond and A. Carmack. *International Journal of Human Rights* 21:2, (2017), 189-218.

*“Findings highlight important health and human rights implications resulting from infringements on the bodily integrity and future autonomy rights of boys, which may aid health care and human rights professionals in understanding this emerging vanguard of men who report suffering from circumcision.”*

**Circumcision, sexual experience and harm**

*“We also highlight some of the inconsistencies in the current legal treatment of male versus female forms of nontherapeutic childhood genital alteration, and suggest that problematically gendered assumptions about the sexual body may play a role in bringing about and sustaining such inconsistencies.”*

B.D. Earp and R. Darby. *Univ of PA Journal of International Law* 37:2, (2017), online symposium.

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

*“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:*

- 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?”*

S. Johnsdotter. *International Seminar on FGM/C: Medicine to Critical Anthropology*. Rome, (24-25 November 2017).

## **The law and ethics of female genital cutting**

*“We show that there are troubling inconsistencies in the way in which female genital cutting is understood in Western contexts. Specifically: (a) all nontherapeutic genital alterations to female minors are criminalised...while even more invasive nontherapeutic genital alterations to male and intersex minors are permitted...; and (b) genital alterations of adult women regarded as ‘cosmetic’ in nature are treated as legal, while in some jurisdictions, anatomically identical procedures classified as ‘mutilation’ are illegal.”*

A. Shahvisi and B.D.Earp In S. Creighton & L.-M. Liao (eds.). *Female Genital Cosmetic Surgery: Solution to What Problem?* Cambridge University Press, Cambridge (2018 in press).

## **NURSING**

### **The conundrum of children in the U.S. health care system**

*“One area in which children's rights are rarely considered in the USA is that of autonomy over their bodies. This right is routinely ignored in the arena of health care decision making. This article discusses the complex reasons why children's voices are typically not heard in the USA, the consequences of their disempowerment, and the ethical obligations of health care providers to advocate for the rights of children, even in the absence of a legal mandate to do so.”*

W.K. Mohr and S.S. Kennedy. *Nursing Ethics* 8:3, (2001), 196-210.

### **Forced genital cutting in North America: Feminist theory and nursing considerations**

*“If feminism asserts that bodily integrity, autonomy, and fundamental human rights are essential components of gender equality, it follows that these must be afforded to all genders without discrimination. ...Nurses are positioned well to be at the forefront of this cause and have a clear ethical duty to advocate for the elimination of all forms of forced nontherapeutic genital cutting.”*

K. Antinuk. *Nursing Ethics* 20:6, (2013), 723-728.

## **Shared decision making for routine infant circumcision: a pilot study**

*“A pilot study was conducted using the shared decision making (SDM) conceptual model to guide expectant parents through a 3-phase decision-making program about routine infant circumcision as part of their childbirth education class. Preparedness score were highest for those who decided to keep their expected sons’ penises natural. The SDM conceptual model of decision support is superior to solely providing written information because previous research has found providing written information to be ineffective.”*

T.M. Mitchell TM and C. Beal. *Journal of Perinatal Education* 24:3, (2015), 188-200.

## **The nurse’s role in ethics and human rights: protecting and promoting individual worth, dignity, and human rights in practice settings**

*“In a caring context, nurses advocate for patients’ rights, especially for those whose rights may be more easily violated or not fulfilled. The human rights of ... patients ...requires action designed to ensure that they are protected and promoted. Without exception, all nursing practice in all settings is grounded in respect for the inherent dignity, worth, unique attributes, and human rights of all individuals.”*

ANA Center for Ethics and Human Rights. *American Nurses Association*. Silver Spring, MD, (2016), 1-7.

## **PSYCHOLOGY**

### **Circumcision: The Hidden Trauma—How an American Cultural Practice Affects Infants and Ultimately Us All**

*This first intensive exploration of the unrecognized psychological and social aspects of circumcision has been endorsed by dozens of professionals in mental health, medicine, and social science. It explains the tenacity of the practice and the contradictory information and beliefs about it. Based on clinical reports, interviews, surveys, and thorough documentation, circumcision has potential effects not only on men and sexuality, but also on mother-child relationships, male-female relationships, and societal traits and problems.*

R. Goldman. Vanguard Publications, Boston, MA, 1997.

## **A proposed relationship between circumcision and neural reorganization**

*“It is hypothesized that circumcision reorganizes the male’s somato-cortex to raise the threshold of sexual excitability/distraction. This threshold shift thereby allows the young men of a social group a) to be slightly more tractable in executing corporate activities beneficial to the community and b) to be slightly more restrained sexually and more cooperative in the pair bond.”*

R.S. Immerman and W.C. Mackey. *Journal of Genetic Psychology* 159:3, (1998), 367-378.

## **The psychological impact of circumcision**

*“An early trauma can alter a whole life, whether or not the trauma is consciously remembered. Lack of awareness does not necessarily mean that there has been no impact on thinking, feeling, attitude, behaviour and functioning. ...Awareness about circumcision is changing, and investigation of the psychological and social effects of circumcision opens a valuable new area of inquiry. Researchers are encouraged to include circumcision status as part of the data to be collected for other studies and to explore a range of potential research topics.”*

R. Goldman. *British Journal of Urology International* 83:S1, (1999), 93-102.

## **A preliminary poll of men circumcised in infancy or childhood**

*“NOHARMM’s poll is the first to systematically document averse outcomes of childhood circumcision on men’s health and well-being. Its findings reveal wide-ranging physical, sexual and psychological consequences. Respondents probably represent a vanguard among circumcised males and their testimonies further challenge the appropriateness of non-therapeutic childhood circumcision. They also raise new research questions.”*

T. Hammond. *British Journal of Urology International* 83:S1, (1999), 85-92.

## **Adverse Sexual and Psychological Effects of Male Infant Circumcision**

*“Many men are so unhappy with being circumcised that they have even resorted to foreskin restoration methods in order to recover at least some of the sexual sensitivity lost to circumcision and as a mechanism to promote psychological healing.”*

G.J. Boyle and G.A. Bensley. *Psychological Reports* 88, (2001), 1105-1106.

## **Male Circumcision: Pain, Trauma and Psychosexual Sequelae**

*“Some circumcised men have described their current feelings in the language of violation, torture, mutilation and sexual assault. In view of the acute as well as long-term risks from circumcision and the legal liabilities that may arise, it is timely for health professionals and scientists to re-examine the evidence on this issue and participate in the debate about the advisability of this surgical procedure on unconsenting minors.”*

G.J. Boyle, R. Goldman, J.S. Svoboda, E. Fernandez. *Journal of Health Psychology* 7:3, (2002), 329-343.

## **Circumcision Policy: A Psychosocial Perspective**

*The contentiousness of the ongoing American circumcision debate suggests that non-evidence-based factors may be involved in committee position statements. Various factors related to psychology, sociology, religion and culture could underlie policy decisions. A negotiated compromise between polarized committee factions may introduce additional psychosocial factors. It is recommended that an open discussion of psychosocial factors take place and that the potential biases of committee members be recognized.*

R. Goldman. *Paediatrics & Child Health* 9, (2004), 630-633.

## **Circumcision of Infants and Children: Short-Term Trauma and Long-Term Psychosexual Harm**

*“Psychological harms include short-term trauma as well as potential for long-term emotional disturbances, including sadness, frustration, distress and anger –akin to post-traumatic stress disorder (PTSD). In this paper, the extent and severity of these various harms are considered and it is argued that they are more serious and more widespread than is commonly believed.”*

G.J. Boyle. *Advances in Sexual Medicine* 5, (2015), 22-38.

## **Can Babies Remember Trauma? Symbolic forms of representation in traumatized infants**

*“Not only do infants experience pain—and severe stress—but they are capable of forming symbolic representations and somatic memories of traumas they have suffered.”*

S.W. Coates. *Journal of the American Psychoanalytic Association* 64:4 (2016), 751-776.

## **Long-term adverse outcomes from neonatal circumcision reported in a survey of 1,008 men: an overview of health and human rights implications**

*“Listening to respondents’ experiences can contribute to understanding a problem that empirical investigations alone may be unable to identify. Findings are likely to have broader implications for men’s health than is currently understood by mainstream medicine, human rights advocates and the general public.”*

T. Hammond and A. Carmack. *International Journal of Human Rights* 21:2, (2017), 189-218.

## **Male Circumcision Grief: Effective and Ineffective Therapeutic Approaches**

*“Cultural circumcision has been an under recognised cause of male body-loss grief. Male circumcision grief is now being more commonly expressed. ...We found that therapists were reluctant to accept that the grief was real, were unaware of foreskin functions, denied circumcision had physical or psychological sequelae and minimized patient grief using humor, cultural aesthetics, controversial health benefits, sexism, and an erroneous understanding of penile anatomy and sexual function.”*

L. Watson and T. Golden. *New Male Studies: International Journal* 6:2, (2017), 109-125.

## **PUBLIC HEALTH**

### **A Cost-Utility Analysis of Neonatal Circumcision**

*“Using sensitivity analysis, it was difficult to arrange a scenario that made neonatal circumcision cost effective. Neonatal circumcision is not good health policy, and support for it as a medical procedure cannot be justified financially or medically.”*

R.S. Van Howe. *Medical Decision Making* 24 (2004), 584-601.

### **Male Circumcision and HIV Prevention: Is there really enough of the right kind of evidence?**

*“At the moment, the enthusiasm for male circumcision is proffered to displace the disappointment of previous ‘silver’ or ‘magic’ bullets that have not worked as well as we had hoped.”*

G.W. Dowsett and M. Couch. *Reproductive Health Matters* 15:29, (2007), 33-44.

## **Male circumcision is not the HIV ‘vaccine’ we have been waiting for!**

*“Recent evidence demonstrates that the Langerhans cells in the foreskin have a protective effect against pathogens, including HIV, by producing the protein langerin.”*

L.W. Green, R.G. McAllister, K.W. Peterson, et al. *Future HIV Therapies* 2:3, (2008), 193-199.

## **Male Circumcision and HIV Prevention: Insufficient Evidence and Neglected External Validity**

*“Studies published since the RCCTs show that (1) male circumcision is not correlated with lower HIV prevalence in some sub-Saharan populations; (2) circumcision is correlated with increased transmission of HIV to women; and (3) male circumcision is not a cost-effective strategy.”*

L.W. Green, J.W. Travis, R.G. McAllister, et al. *American Journal of Preventive Medicine* 39:5, (2010), 479-482.

## **The new politics of male circumcision: HIV/AIDS, health law, and social justice**

*“We suggest that, as with female genital cutting, male circumcision ought to be debated within a paradigm of social justice which gives adequate weighting to the interest of all affected parties (including women whose health may actually be compromised by the procedure) and which renders visible the socio-economic dimensions of the issue. ...The shift in analytical frame that we propose has the potential not only to make us re-think our approach to the ethics and legality of male circumcision by challenging its construction as a familial decision but also to impact on the need for a broader conceptualisation of health law as rooted in social justice.”*

M. Fox and M. Thomson. *Legal Studies* 32:2, (2012), 255-281.

## **Critique of African RCTs into Male Circumcision and HIV Sexual Transmission**

*“On the basis of three seriously flawed Sub-Saharan African randomized clinical trials into female-to-male sexual transmission of HIV, in 2007 WHO/UNAIDS recommended circumcision of millions of African men as an HIV prevention measure, despite the trials being compromised by irrational motivated reasoning, inadequate equipoise, selection bias, inadequate blinding, problematic randomization, trials stopped early with exaggerated treatment effects, and failure to investigate non-sexual transmission.”*

G.J. Boyle, G. J. (2013). Critique of African RCTs into male circumcision and HIV sexual transmission. In G.C. Denniston, F.M. Hodges, & M.F. Milos (Eds.), *Genital cutting: Protecting children from medical, cultural, and religious infringements* (Ch. 15, pp. 219-242). Dordrecht, The Netherlands: Springer. ISBN: 978-94-007-6407-1.

## **Out of step: fatal flaws in the latest AAP policy report on neonatal circumcision**

*“The policy statement and technical report suffer from several troubling deficiencies, ultimately undermining their credibility. These deficiencies include the exclusion of important topics and discussions, an incomplete and apparently partisan excursion through the medical literature, improper analysis of the available information, poorly documented and often inaccurate presentation of relevant findings, and conclusions that are not supported by the evidence given.”*

J.S. Svoboda and R.S. Van Howe. *Law, Ethics and Medicine* 39:7 (2013), 434-441.

## **Statement by statement analysis of the 2012 Report from the American Academy of Pediatrics Task Force on Circumcision: When National Organizations are Guided by Personal Agendas II**

*“Since release of the report, other national medical organizations have rejected infant circumcision as unwarranted medically and as ethically unacceptable. No organizations outside of the United States have adopted their conclusions. The report is poorly written, poorly researched, makes unsubstantiated claims, and reaches an illogical conclusion.”*

R.S. Van Howe. *Academia.edu* (2013), 1-46.

## **Cultural bias in the AAP’s 2012 Technical Report and Policy Statement on Male Circumcision**

*“Seen from the outside, cultural bias reflecting the normality of nontherapeutic male circumcision in the United States seems obvious, and the report’s conclusions are different from those reached by physicians in other parts of the Western world, including Europe, Canada, and Australia. ...[C]laimed health benefits, including protection against HIV/AIDS, ...do not represent compelling reasons for surgery before boys are old enough to decide for themselves.”*

M. Frisch, Y. Aigrain, V. Barauskas, et al. *Pediatrics* 131 (2013), 796-800.

## **Male circumcision and HIV: A controversy study on facts and values**

*“We seek to reconstruct, based on an analysis of the literature on the topic, key moments in the history of the controversy about the association between male circumcision and HIV prevention, analysing more closely the three randomised studies, given their relevance to the argumentative strategy employed by those who defend circumcision as a prevention method. ...In conclusion, it seems that reasonable arguments for a more cautious approach are not being adequately considered.”*

K.R. de Camargo, A.L. de Oliveira Mendonça, C. Perrey, et al. *Global Public Health* 8:7, (2013), 769-783.

## **Libertarianism and circumcision**

*“Libertarianism proscribes the use of violence against innocent people. Babies are innocent; this cannot be denied. Nor will anyone quarrel with the view that circumcision is a violent, invasive act, when not undertaken volitionally. Newborns lack the volition to make any such choice for themselves. Hence, it is unjustified, according to libertarian principles.”*

P. Testa and W.E. Block. *International Journal of Health Policy and Management* 3:1, (2014), 33-40.

## **Hybrid forum or network? The social and political construction of an international ‘technical consultation’: Male circumcision and HIV prevention**

*“This consultation cannot be described as the constitution of a ‘hybrid forum’, which is characterized by its openness to a debate as well as a plurality of issues formulated by the actors and of resources used by them. On the contrary, little room was allowed for contradictory discussions, as if the decision had already been made before the Montreux consultation.”*

A. Giami, C. Perrey, A.L. de Oliveira Mendonça, et al. *Global Public Health* 10:5-6, (2015), 589-606.

## **A CDC-requested, Evidence-based Critique of the Centers for Disease Control and Prevention 2014 Draft on Male Circumcision: How Ideology and Selective Science Lead to Superficial, Culturally-biased Recommendations by the CDC**

*“One has to wonder how much of the effort to ‘prove’ that circumcision prevented HIV and other sexually transmitted diseases in Africa was actually not about helping those in Africa, but more about maintaining the current rates of circumcision in the United States, keeping them from going into free fall. The narrow, single-minded focus of the CDC in this draft supports this contention.”*

R.S. Van Howe. *ResearchGate.net* (2015), 1-208.

[note: The CDC recommendations were adopted in 2015 despite overwhelmingly negative public comment and professional criticism.

## **Do the benefits of male circumcision outweigh the risks? A critique of the proposed CDC guidelines**

*“The CDC relies more heavily than is warranted on studies from Sub-Saharan Africa that neither translate well to North American populations nor to circumcisions performed before the age of sexual debut; that it employs an inadequate conception of risk in its benefit vs. risk analysis; that it fails to consider the anatomy and functions of the penile prepuce...; that it underestimates the adverse consequences associated with circumcision by focusing on short-term surgical complications rather than long-term harms; ...that it evinces a superficial and selective analysis of the literature on sexual outcomes associated with circumcision; and that it gives less attention than is desirable to ethical issues surrounding autonomy and bodily integrity.”*

B.D. Earp. *Frontiers in Pediatrics* 3:18, (2015), 1-4.

[note: The CDC recommendations were adopted in 2015 despite overwhelmingly negative public comment and professional criticism.]

## **Circumcision of male infants and children as a public health measure in developed countries: A critical assessment of recent evidence**

*“Although we set aside the burgeoning bioethical debate surrounding the moral permissibility of performing non-therapeutic circumcisions on healthy minors, we argue that, from a scientific and medical perspective, current evidence suggests that circumcision is not an appropriate public health measure for developed countries such as the United States.”*

M. Frisch and B. Earp. *Global Public Health* (2016), 1-16.

## **The Draft CDC Circumcision Recommendations: Medical, Ethical, Legal and Procedural concerns**

*“The draft CDC recommendations are not medically correct, ethically sound, legally permissible or procedurally valid. Accordingly, they should not be implemented and would be legally invalid if they are. They provide erroneous and misleading advice to physicians that exposes them to the threat of lawsuits by men and parents.”*

P.W. Adler. *International Journal of Children’s Rights* 24 (2016), 239-264.

[note: The CDC recommendations were adopted in 2015 despite overwhelmingly negative public comment and professional criticism.]

## **Male Circumcision Grief: Effective and Ineffective Therapeutic Approaches**

*“Cultural circumcision has been an under recognised cause of male body-loss grief. Male circumcision grief is now being more commonly expressed. ...We found that therapists were reluctant to accept that the grief was real, were unaware of foreskin functions, denied circumcision had physical or psychological sequelae and minimized patient grief using humor, cultural aesthetics, controversial health benefits, sexism, and an erroneous understanding of penile anatomy and sexual function.”*

L. Watson and T. Golden. *New Male Studies: International Journal* 6:2, (2017), 109-125.

## **Circumcision, autonomy and public health**

*“We discuss some of the main disagreements about the moral permissibility of performing a nontherapeutic surgery on a child to benefit potential future sexual partners of his. In this context, we raise concerns not only about weaknesses in the available evidence concerning such claims of benefit, but also about a child’s moral interest in future autonomy and the preservation of his bodily integrity. We conclude that circumcision of minors in developed countries on public health grounds is much harder to justify than proponents of the surgery suggest.”*

B.D. Earp and R. Darby. *Public Health Ethics*, (2018). In press.

## **RELIGION**

### **The Guide of the Perplexed (1190 A.D.)**

*“The bodily pain caused to that member is the real purpose of circumcision. ...The fact that circumcision weakens the faculty of sexual excitement and sometimes perhaps diminishes the pleasure is indubitable. For if at birth this member has been made to bleed and has had its covering taken away from it, it must indubitably be weakened. The Sages, may their memory be blessed, have explicitly stated: It is hard for a woman with whom an uncircumcised man has had sexual intercourse to separate from him. In my opinion this is the strongest of the reasons for circumcision.”*

Moses Maimonides. *University of Chicago Press Chicago/S.Pines Transl.*, (1963), 609.

### **Religious Exemptions from Child Abuse Statutes**

*“The Constitutional guarantees of freedom of religion do not sanction harming another person in the practice of one’s religion, and they do not allow religion to be a legal defense when one harms another.”*

American Academy of Pediatrics Committee on Bioethics. *Pediatrics* 81, (1988), 169-171.

## **To Mutilate in the Name of Jehovah or Allah: Legitimization of Male and Female Circumcision**

*“Juridical logic cannot acknowledge the distinction between female and male circumcision, both being the mutilation of healthy organs which is damaging to the physical integrity of the child, whatever the underlying religious motivations.”*

S.A. Abu-Sahlieh. *Medicine and Law* 13:7-8, (1994), 575-622.

### **A biocultural analysis of circumcision**

*“Inferential data support the hypothesis that a practical consequence of circumcision, complementary to any religious-symbolic function, is to make a circumcised male less sexually excitable and distractible, and, hence, more amenable to his group’s authority figures.”*

R.S. Immerman and W.C. Mackey. *Social Biology* 44:3-4, (1997), 265-275.

### **Questioning Circumcision: A Jewish Perspective**

*This first critical examination of the growing controversy of male infant circumcision among Jews is endorsed by five rabbis. It examines the origins, assumed benefits, risks, and unrecognized consequences of the Jewish practice with thorough documentation and moving personal experiences.*

R. Goldman. Vanguard Publications, Boston, MA, 1998.

### **My Painful Journey: A Retired Jewish Physician’s Acknowledgement of Circumcision Trauma Leads Him to Activism**

*“All men circumcised in infancy have been traumatized, but it is difficult to convince adult men of this fact. It almost takes a revelation, an epiphany, a leap of insight to close the gap of ignorance, fear, and repressed trauma, to enable us to come to realize and admit the harm of our own circumcision. I was fortunate enough to have been given that insight.”*

M.D. Reiss, M.D. In *Flesh and Blood: Perspectives on the Problem of Circumcision in Contemporary Society*. G.C. Denniston, et al (Eds.) Kluwer Academic/Plenum Publishers, New York, (2004), 195-206.

## **The Growing Jewish Circumcision Debate**

*Circumcision is a controversial, emotional issue among some American Jews, with articles in Jewish periodicals revealing deep disagreement about it. After reviewing the positions for and against circumcision, psychosocial theory is applied to explain the widely different views. Other topics include circumcision advocates' mistaken suspicions of anti-Semitism among leading circumcision critics, the role of women in questioning circumcision, and the long-term international significance of shifting circumcision sentiments in the Jewish community.*

R. Goldman In *Flesh and Blood: Perspectives on the Problem of Circumcision in Contemporary Society*. G.C. Denniston, et al (Eds.) Kluwer Academic/Plenum Publishers, New York, (2004), 171-194.

### **To circumcise or not to circumcise? A Catholic Ethicist Argues that the Practice is Not in the Best Interest of Male Infants**

*“If promoting the dignity and respect of every human person is a priority for the United States and for Catholic health care, then it is time to better educate the public about this issue and protect those who are the most vulnerable in our society. Doing so is not only a social responsibility; it is a moral imperative as well.”*

P.A. Clark, SJ, PhD. *Health Progress* 87:5, (2006), 30-39.

### **Marked in Your Flesh: Circumcision from Ancient Judea to Modern America**

*“... a history of Jewish and Christian beliefs about circumcision from its ancient origins to the current controversy. ...Glick shows that Jewish American physicians were and continue to be especially vocal and influential champions of the practice which, he notes, serves to erase the visible difference between Jewish and gentile males. Informed medical opinion is now unanimous that circumcision confers no benefit and the practice has declined. ...Glick does not flinch from asking whether this procedure should continue to be the defining feature of modern Jewish identity.”*

L.B. Glick. *Oxford University Press* (2006), 384 pgs. ISBN-10: 0195315944; ISBN-13: 978-0195315943

## **Opposition to the Jewish rite of circumcision in modern Israeli society as expression of motherhood and feminism**

*“The opposition to circumcision in Israel is a statement that goes against the devaluation of the primary dyad between a mother and her child. It is not an isolated event but a part of a broader conceptual believes [sic] that emphasizes more ‘feminine’ values such as motherhood, breastfeeding, nature and ecology, as opposed to ‘muscular’ values as culture, ritual ceremonies, financial wealth and militarism.”*

Y. Bankirer, Y. Abramovich, S. Gooldin et al. (Abstract) *European Psychiatry* 25:S1, (2010), 530.

## **Circumcision: Identity, Gender and Power**

*“Without compromising either our children’s identity or our survival as a people, we can invite all of our Jewish children, our baby girls and our baby boys, into a brit b’lee milah, a covenant without circumcision, and school them in the wisdom love and beauty of the Jewish tradition.”*

M. Pollack. *Tikkun* (2011).

## **Religious circumcision, invasive rites, neutrality and equality: bearing the burdens and consequences of belief**

*“People who sincerely feel harmed by their having been circumcised can express their views towards, and hopefully engage with, identifiable bodies which promoted the practice among their parents. In this sense, those who inflict invasive rites can be confronted with responsibility for the consequences of their beliefs.”*

M.T. Johnson. *Journal of Medical Ethics* 39:7, (2013), 450-455.

## **Infant circumcision: The last stand for the dead dogma of parental (sovereign) rights**

*“It is argued that the notion that parents have a right to make decisions concerning their child’s bodies and minds—irrespective of the child’s interests—is a dead dogma. The ramifications of this argument for the circumcision debate are then spelled out and discussed.”*

R.S. VanHowe. *Journal of Medical Ethics* 39:7, (2013), 475-481.

## **On the impermissibility of infant male circumcision**

*“If the motivation is religious, postponing the decision until the child reaches majority would actually enhance the religious experience of the practice, because the individual would be cognizant of the fact that he is fulfilling a commandment. ... Might an intact Orthodox Jew feel alienated from Judaism as a result of his foreskin? Possibly. But contrary to common belief, there is not a single ritual that an intact Jewish male is excluded from in contemporary religious life according to the strictest letter of Orthodox law. So his feelings of alienation would be unmerited, not to mention reversible.”*

E. Ungar-Sargon. *Journal of Medical Ethics* 41, (2015), 186-190.

## **It cuts both ways: A Jew argues for child rights over religious circumcision**

*“Hard though it may be to hear, irreversibly removing a healthy body part – in this case, part of a boy’s genitals – without consent, violates a person’s right to bodily integrity, a cornerstone of post-Holocaust human rights law. It also undermines the child’s right to an open future, since a boy who has been circumcised must live forever with his parents’ choice. ... Censuring circumcision in Europe is about child protection, not anti-Semitism.”*

R. Steinfeld. *Haaretz* (2013).

## **Call for Adequate Recognition of Children’s Rights to Freedom of Religion or Belief**

*“We would like to highlight some areas we feel deserve more attention to ensure consistent and adequate recognition of children’s independent right to freedom of religion. ...These include...protecting children from violations on religious grounds, particularly in relation to apostasy, and non-consensual, non-therapeutic male circumcision.”*

Child Rights International Network (November 2015).

## **Ritual Male Circumcision and Parental Authority**

*“Ritual male circumcision is outside the scope of parental authority because imposing an irreversible physical mark on a child’s body for religious reasons violates an autonomy-based human right which even a tiny infant holds and which nobody may, indeed can, exercise for him: the right to be the author of his own life.”*

K. Möller. *Law, Society and Economy Working Papers 14/2017* (2017).

## **SOCIOLOGY/ANTHROPOLOGY**

### **Genital Pain vs. Genital Pleasure: Why the one and not the other?**

*“It is clear to this writer that before genital mutilations of our children can cease; before male violence against women can end; and before human violence can be eliminated that a moral revolution must take place. Pain must be declared immoral and pleasure must be declared morally necessary if we are to become moral persons.”*

J.W. Prescott. *Truth Seeker*, (July/August 1989), 14-21.

### **A biocultural analysis of circumcision**

*“Inferential data support the hypothesis that a practical consequence of circumcision, complementary to any religious-symbolic function, is to make a circumcised male less sexually excitable and distractible, and, hence, more amenable to his group’s authority figures.”*

R.S. Immerman and W.C. Mackey. *Social Biology* 44:3-4, (1997), 265-275.

### **A proposed relationship between circumcision and neural reorganization**

*“It is hypothesized that circumcision reorganizes the male’s somato-cortex to raise the threshold of sexual excitability/distraction. This threshold shift thereby allows the young men of a social group a) to be slightly more tractable in executing corporate activities beneficial to the community and b) to be slightly more restrained sexually and more cooperative in the pair bond.”*

R.S. Immerman and W.C. Mackey. *Journal of Genetic Psychology* 159:3, (1998), 367-378.

## **Male Genital Mutilation (Circumcision): A Feminist Study of a Muted Gender Issue**

*“Feminism...is for building new and fairer social politics for both genders, especially children. ...Women will also benefit from defending male children’s rights. ... (W)omen are recommended to take the initiative to encourage men to break the barrier of silence about MGM, to support them, and be understandable when some of them show resistance or denial.”*

Seham Abd el Salam. *Post-Masters Fellowship Research*. American University in Cairo (1999).

## **The Sorcerer’s Apprentice: why we can’t stop circumcising boys**

*“Almost alone in the wealthy world, the United States still circumcises most newborn boys. Elsewhere this practice is disappearing, except when it is done for religious reasons. Why not here? Another failure of the medical establishment?”*

R. Darby. *Contexts* 4:2, (2005), 34-39.

## **Genital Cutting and Western Discourses on Sexuality**

*“Although critiques of female circumcision have been widely taken up, general public opinion toward male circumcision remains indifferent. This difference cannot merely be explained by the natural attributes and effects of these practices. ...In particular, I suggest that certain problematic understandings of male and female sexuality are deeply implicated in the dominant Western discourses on genital surgery.”*

K. Bell. *Medical Anthropology Quarterly* 19:2, (2005), 125-148.

## **A Rose by Any Other Name? Rethinking the Similarities and Differences between Male and Female Genital Cutting**

*“We propose a scale of damage for male circumcision to complement the World Health Organization’s categorization of female genital mutilation. ...The origins of the double standard identified are placed in historical perspective, and in a brief conclusion we make a plea for greater gender neutrality in the approach to this contentious issue.”*

R. Darby and J.S. Svoboda. *Medical Anthropology Quarterly* 21:3, (2007), 301-323.

### **To cut or not to cut? Personal factors influence primary care physicians' position on elective newborn circumcision**

*“Although most respondents stated that they based their decisions on medical evidence, the circumcision status of, especially, male respondents played a huge role in whether they were in support of circumcisions or not. Another factor that had an influence was the circumcision status of respondents' sons.”*

A.J. Muller. *Journal of Men's Health* 7:3, (2010), 227-232.

### **Opposition to the Jewish rite of circumcision in modern Israeli society as expression of motherhood and feminism**

*“The opposition to circumcision in Israel is a statement that goes against the devaluation of the primary dyad between a mother and her child. It is not an isolated event but a part of a broader conceptual believes [sic] that emphasizes more 'feminine' values such as motherhood, breastfeeding, nature and ecology, as opposed to 'muscular' values as culture, ritual ceremonies, financial wealth and militarism.”*

Y. Bankirer, Y. Abramovich, S. Gooldin et al. (Abstract) *European Psychiatry* 25:S1, (2010), 530.

### **(Im)perishable Pleasure, (In)destructible Desire: Sexual Themes in U.S. and English News Coverage of Male Circumcision and Female Genital Cutting**

*“The English press depicted male circumcision as diminishing male sexuality, whereas U.S. papers showed it as enhancing male sexuality. These patterns are influenced by, and serve to reinforce, cultural norms of embodiment and ethnosexual boundaries based on gender, race, and nationality. They may, in turn, shape public understandings of female genital cutting and male circumcision as social problems.”*

L.M. Carpenter and H.H. Kettrey. *Journal of Sex Research* 52:8, (2015), 841-856.

## **UROLOGY** (see also Anatomy)

### **Male circumcision decreases penile sensitivity as measured in a large cohort**

*“This study confirms the importance of the foreskin for penile sensitivity, overall sexual satisfaction, and penile functioning. Furthermore, this study shows that a higher percentage of circumcised men experience discomfort or pain and unusual sensations as compared with the uncircumcised population.”*

G.A. Bronselaer, J.M. Schober, H.F.L. Meyer-Bahlburg, et al. *British Journal of Urology International* 111, (2013), 820-827.

### **Cultural background, non-therapeutic circumcision and the risk of meatal stenosis and other urethral stricture disease: Two nationwide register-based cohort studies in Denmark 1977-2013**

*“Our study provides population-based epidemiological evidence that circumcision removes the natural protection against meatal stenosis and possibly other USDs as well.”*

M. Frisch and J. Simonsen. *The Surgeon* (2016), 1-12.

### **Infant circumcision and adult penile sensitivity: Implications for sexual experience**

*“The current tendency to draw broad conclusions about the effects of neonatal circumcision on adult sexuality from group ‘averages’, thereby obscuring the responses of individual participants, is problematic. No one engages in sexual activity as an embodied statistical average; instead, each person’s sexual experience is unique. Moreover, it will be important to explore a wider range of sexual outcome variables and to do so with longer-term follow-up into older age.”*

B.D. Earp. *Trends in Urology & Men’s Health*, (July/August 2016), 1-5.

### **Prepuce health and childhood circumcision: Choices in Canada**

*“Healthy lifestyles, reproductive and sexual health education currently available, and appropriate quality improvement should serve the individual to maintain the ‘hood’ for life.”*

E.O. Abara. *Canadian Urological Association Journal* 11 (2017) S55-62.

## **Male Circumcision Grief: Effective and Ineffective Therapeutic Approaches**

*“Cultural circumcision has been an under recognised cause of male body-loss grief. Male circumcision grief is now being more commonly expressed. ...We found that therapists were reluctant to accept that the grief was real, were unaware of foreskin functions, denied circumcision had physical or psychological sequelae and minimized patient grief using humor, cultural aesthetics, controversial health benefits, sexism, and an erroneous understanding of penile anatomy and sexual function.”*

L. Watson and T. Golden. *New Male Studies: International Journal* 6:2, (2017), 109-125.

### **- A P P E N D I X -**

#### **MEDICAL SOCIETY STATEMENTS**

[Full review available at: <https://www.doctorsopposingcircumcision.org/for-professionals/medical-organization-statements/>]

##### **Royal Dutch Medical Association (KNMG) (2010)**

The KNMG states “there is no convincing evidence that circumcision is useful or necessary in terms of prevention or hygiene.” It regards the non-therapeutic circumcision of male minors as a violation of physical integrity, and argues that boys should be able to make their own decisions about circumcision.

##### **The Royal Australasian College of Physicians (2010)**

The RACP states that routine infant circumcision is not warranted in Australia and New Zealand. It argues that, since cutting children involves physical risks which are undertaken for the sake of merely psychosocial benefits or debatable medical benefits, it is ethically questionable whether parents ought to be able to make such a decision for a child.

##### **British Medical Association (2006)**

The BMA considers that the evidence concerning health benefits from non-therapeutic circumcision is insufficient as a justification for doing it. It suggests that it is “unethical and inappropriate” to circumcise for therapeutic reasons when effective and less invasive alternatives exist.

##### **German Association of Pediatricians (BVKJ) (2012)**

In testimony to the German legislature, the President of the BVKJ stated, “there is no reason from a medical point of view to remove an intact foreskin from ... boys unable to give their consent.” It asserts that boys have the same right to physical integrity as girls under German law, and, regarding non-therapeutic circumcision, that parents’ right to freedom of religion ends at the point where the child’s right to physical integrity is infringed upon.

### **Canadian Paediatric Society (CPS) (2015)**

The CPS does not recommend the routine circumcision of every newborn male. It further states that when “medical necessity is not established, ...interventions should be deferred until the individual concerned is able to make their own choices.”

### **Belgian Government Committee for Bio-Ethics (2017)**

The Belgian government Committee for Bio-Ethics has ruled against the circumcision of infant boys for reasons other than medical necessity. Its ruling states that bodily integrity is more important than religious faith.

In addition, [medical organizations and children’s ombudsmen](#) from a number of other countries, including [Belgium, Finland, Norway, Slovenia, South Africa, Denmark, and Sweden, have gone on record in opposition to non-therapeutic circumcision of boys.](#)

### **The above statements stand in stark contrast to the 2012 policy statement from the American Academy of Pediatrics Task Force on Circumcision.**

The 2012 American Academy of Pediatrics’ (AAP) Policy Statement and Technical Report on male circumcision states that circumcision “benefits outweigh risks” though admits that “The true incidence of complications after newborn circumcision is unknown” and does not recommend routine infant circumcision. The policy was widely criticised for being [culturally biased](#) and [seriously flawed](#).

- [AAP Circumcision Policy Statement](#)
- [AAP Technical Report: Male Circumcision](#)
- **Out of step: fatal flaws in the latest AAP policy report on neonatal circumcision**  
J.S. Svoboda and R.S. Van Howe. *Law, Ethics and Medicine* 39:7 (2013), 434-441.
- **Cultural bias in the AAP’s 2012 Technical Report and Policy Statement on Male Circumcision**  
M. Frisch, Y. Aigrain, V. Barauskas, et al. *Pediatrics* 131 (2013), 796-800.
- **Statement by statement analysis of the 2012 Report from the American Academy of Pediatrics Task Force on Circumcision: When National Organizations are Guided by Personal Agendas II**  
R.S. Van Howe. *Academia.edu* (2013), 1-46.

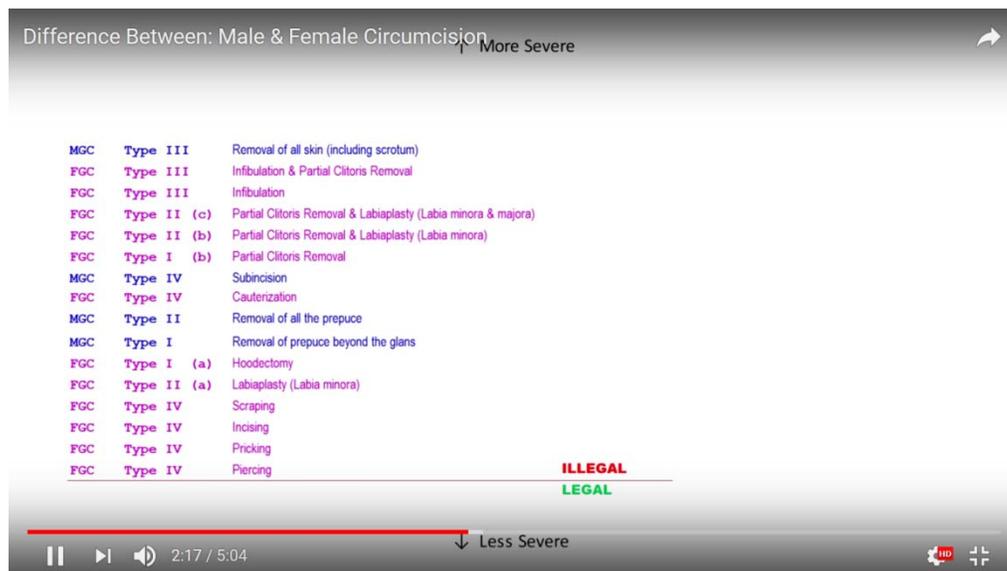
## VIDEOS

### **Difference between male and female circumcision** (video, 5 min.)

freedom0speech (2010).

(topics: Law/Human Rights, Gender Studies)

*“Many of us tend to think in terms of gender regarding this issue, which is entirely unhelpful, unproductive, confuses terminology, and makes discussions extremely difficult, usually ending in both sides exhausted from ‘straw-manning’ each others’ points to death.”*

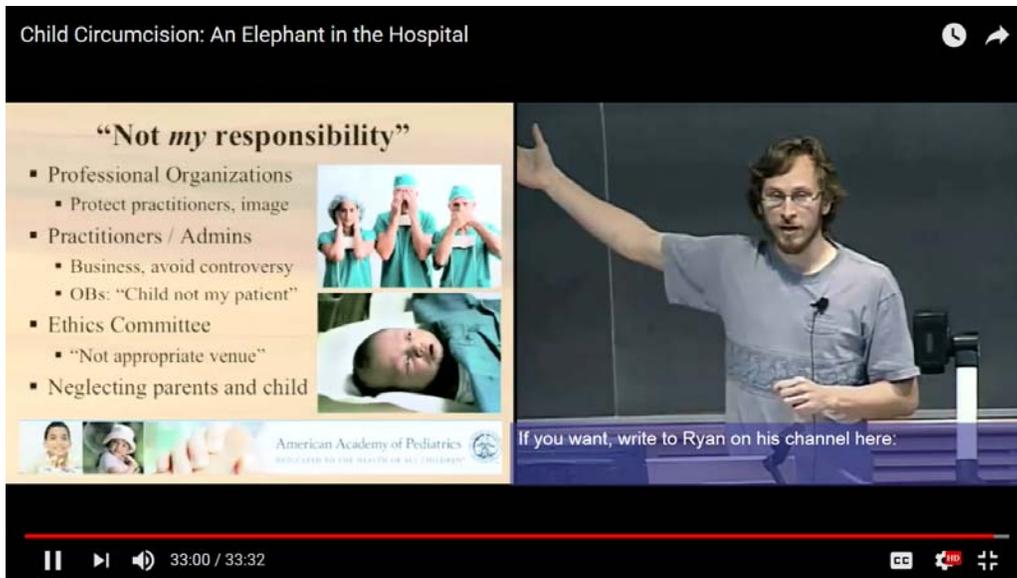


### **Child Circumcision: An Elephant in the Hospital** (video, 33 min.)

R. McAllister, PhD, Research Professor. *Georgetown University* (2011).

(topics: Anatomy, Ethics, History, Human Sexuality, Public Health, Sociology)

*“You can find a lot of published medical literature showing that circumcision cured things like paralysis, epilepsy and hip joint disease, ...And people really thought that harming - the intention was to harm the genitals of children - and they thought that would help in the long-term because it would prevent them from having so much sexual excitation that, in the Victorian model, being the most dangerous kind of nervous excitation you could have.”*



**Christopher Guest, M.D. - “Circumcision: The Whole Story”** (video, 19 min.)

Children’s Health & Human Rights Partnership (Canada, 2013).

(topics: Anatomy, Ethics, Gender Studies, History, Human Sexuality, Public Health, Sociology)

*“You can use a condom every time you have sex, or you can cut off a part of your penis and use a condom every time you have sex.”*



**The Real Reason You're Circumcised - Adam Ruins Everything** (video, 4 min.)

Adam Conover. *College Humor* (2014).

(topics: Anatomy, History, Human Sexuality, Sociology)

*“No one did it (circumcision) in the West until the sex-phobic days of the late 19th century, when Puritanical doctors promoted it as a way to stop your kids from committing their favorite sin. Observe: The Vile Masturbator.”*

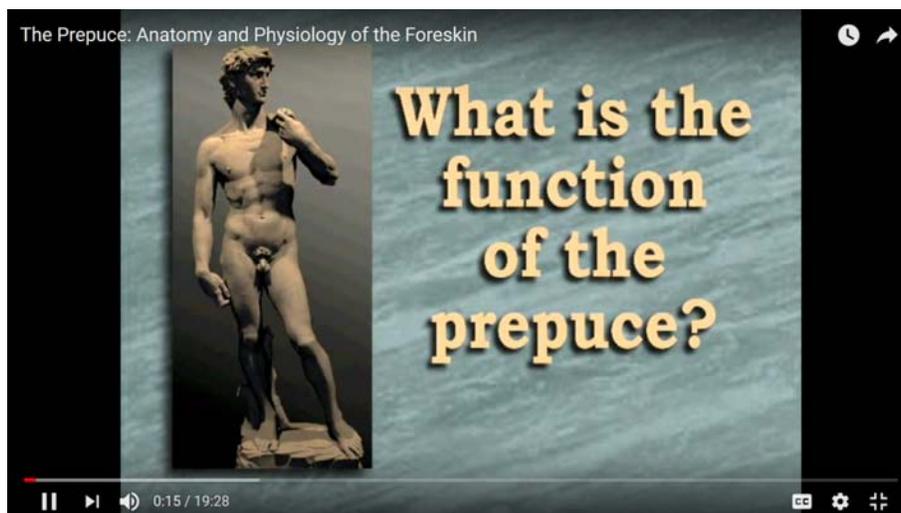


**The Prepuce: Anatomy and Physiology of the Foreskin** (video, 19 min.)

Steven Scott. *Doctors Opposing Circumcision*. (2016).

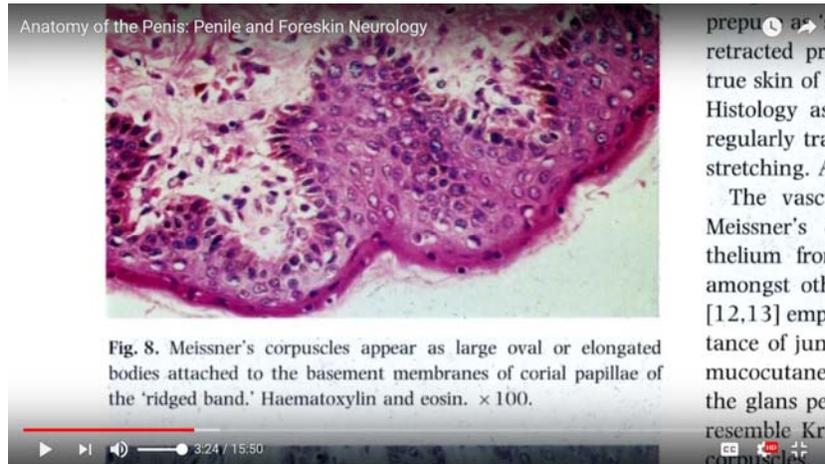
(topics: Anatomy, Ethics, Human Sexuality, Public Health)

*“American textbooks provide little or no information about the nature or function of the prepuce.”*



**Anatomy of the Penis: Penile and Foreskin Neurology** (video, 16 min.)  
Ken McGrath. *Doctors Opposing Circumcision*. (2016).  
(topics: Anatomy, Ethics, Human Sexuality, Public Health)

*“The microscope disclosed to us that the foreskin is heavily sensory in its function. ...the highest concentration of sensory nerve endings anywhere on the male body.”*



### **Genital Alteration: Towards More Empirical, Ethical and Effective Policies**

Rebecca Steinfeld. *Genital Autonomy Symposium* (2016).  
(topics: Anatomy, Ethics, Human Sexuality, Gender Studies, Law/Human Rights, Public Health)

*“Maintaining policies premised on sex-based distinctions seems unsustainable, as well as incompatible with gender equality. Instead, I suggest that meaningful age-based distinctions between those unable (children) and able (adults) to give informed consent could constitute more empirical, ethical and effective policies.”*

