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SOCIOCULTURAL ISSUES AND EPIDEMIOLOGY (J ABDULCADIR & D BADER, SECTION EDITORS)

Critical Discussion on Female Genital Cutting/Mutilation and Other Genital Alterations

Perspectives From a Women's Rights NGO

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Abstract

Purpose of Review The goal of this paper is to discuss the juxtapositions between FGM/C and other medically unjustified genital alterations performed on adult women (aesthetical genital surgeries) and on children (male circumcision and intersex genital surgeries). The authors join the debate from their position as professionals working in Belgium's main "anti-FGM organization" as well as researchers.

Recent Findings Recent research and contributions from scholars have raised critique of policies around FGM/C, particularly in the global North. Some of the concerns include critiques of laws that infantilize adult women, problematic use of genital examination, discourses that stigmatize migrant persons from FGM/C practicing communities, and professionals who are insufficiently trained to support women with FGM/C in a respectful and empowering way. Scholars have also argued that there is a lack of medical distinction between different types of genital cutting such as FGM/C type I and type IV, male circumcision, and aesthetical genital cutting. Authors have stressed the discrepancy in terms of both discourse on genital cutting, and called for equal protection of girl, boy, and intersex children from medically unnecessary genital cutting, without discrimination in regard to ethnicity, religion, or immigration status of their parents.

Summary The paper argues that the discussion on FGM/C and other genital alterations must consider existing socially constructed inequalities, particularly gender and "race", and how they affect those submitted to genital alterations. The authors highlight practical challenges raised in their daily work in a women's rights NGO and conclude with recommendations.

Keywords Female genital cutting · Female genital mutilation · Intersex genital surgeries · Male circumcision · Aesthetical genital surgeries · Cosmetic genital surgeries · Genital alterations · Feminism · Continuum of violence · Gender-based violence · Migration

Introduction

Female genital cutting (FGC), or female genital mutilation (FGM), is a much-debated issue. A first conflict arises with the choice of terminology. The authors of this article have chosen to use FGM/C to reflect the plurality of terms used depending on the context. The term FGM is preferred by some international organizations (UNFPA, UNICEF, WHO) and by "anti-FGM" organizations in their communication to general public and in their advocacy, because it emphasizes the harm of the practice. However, FGM/C has previously been used by UN bodies. FGC or the French "excision" is often used in front-line work with affected communities as well as by

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scholars because they are considered more "neutral", factual, and less stigmatizing. [1–5]

In recent years, many authors have called for the need of researchers to shed light on how politics of FGM/C relate to those of other non-consensual genital alterations done to children, and to adopt a critical reflection of all cultures, including "Western cultures". Anti-FGM activists and NGOs have received their share of critique against what is considered to be a stigmatizing and simplistic discourse. [6] Policies to tackle FGM/C in Europe have also been accused of being inefficient and discriminatory against minority communities. [7–10]

We will start by defining FGM/C, describing the context, and introducing concepts that provide our analytical framework. Thereafter, we will discuss the juxtapositions between FGM/C and other medically unjustified genital alterations performed on adult women (aesthetical genital surgeries) as well as those performed on children (male circumcision and intersex genital surgeries).

Defining "FGM"

The World Health Organization defines FGM as "procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons" [2] This definition, along with which word is most appropriate and which practices should be included, is regularly up for debate. [3, 11]

Indeed, "FGM" includes practices that are not per se "mutilation", i.e. no flesh is removed, such as pricking or burning (cauterization) of the genitals. Labia pulling and practices such as introduction of corrosive substances and herbs into the vagina, which have both been found to be practiced by adolescent or adult women themselves and for which there is little research on the "harm" caused, as well as gishiri cuts (Nigeria), were removed from the specific examples of "FGM" in the 2007 review of the typology, making the status of these practices unclear.[1] [12, 13] Likewise, genital piercing with attached jewellery, performed in piercing and tattoo parlours, could theoretically be, but was not, addressed by the WHO in the last typology. It is generally not considered "FGM" in public discourse and by legislators as this practice is legal in most, if not all, countries where FGM is criminalized [11]. Nevertheless, there was public debate on this issue in the UK before the government announced, in 2019, that genital piercing, as well as aesthetic surgery, should in most cases not be considered and prosecuted as FGM. [14]

Issues of consent regarding genital alterations also raise much controversy. In Belgium, for example, "genital mutilation of a female person" has been criminalized since November 2001. The law covers all non-medical practices on the female genitalia, whether or not the person is an adult or a child and independently of whether she consents to it or not. At the same time, aesthetical genital surgeries in adults as well as in some cases for adolescents, as well as genital alterations on male or intersex children (male circumcision and "genital normalization surgeries"), are legal in Belgium, as in most Western countries that have "anti-FGM" legislation.

Hence, many authors have argued that Western "anti-FGM/C" laws are discriminatory, both when it comes to "race" and gender because they criminalize "FGM/C" but do not address other types of genital alterations such as aesthetical genital surgeries, male circumcision in boys, and intersex genital surgeries. Thus, these laws criminalize interventions only when concerning some women (of colour) while not addressing similar consensual or non-consensual practices concerning other persons. [6, 7, 11, 15–20]

Context: Speaking From an "FGM/C-Low-Prevalence Setting"

Belgium is a low prevalence country in terms of FGM/C with a national prevalence estimated at 17,000 women and girls living with FGM/C and 8000 at risk, where being at risk is defined as a girl being born from a mother who is likely to have undergone FGM/C and either being born in Belgium or having arrived before the (probable) age of excision. The prevalence was calculated by extrapolation from the prevalence rate in countries where FGM/C is highly prevalent [21][2] GAMS Belgium is an "anti-FGM" NGO, founded in 1996 by an FGM/C survivor[3] from Senegal, and composed of both front-line professionals (community educators, social workers, and psychologists) who provide support to women affected by FGM/C and other types of gender-based violence (GBV) such as forced marriage and domestic and sexual violence, as well as second-line professionals who engage in research, communication, and the capacity-building of professionals. The organization works mainly with migrant communities, including asylum seekers, undocumented migrants, and refugees, mostly from Sub-Saharan Africa. Most women that GAMS Belgium meets have been subjected to several types of GBV. Violence is often a motive to leave the country of origin [22, 23].

[1] While these practices are not integrated in the description or the specific examples, the WHO (2008) states that labia elongation « **might** be defined as a form of female genital mutilation » because of the social pressure on young girls to undergo it and because it created permanent physical changes. [12 , p.27]

[2] For information on care of women living with FGM/C in Belgium, see Caillet, M. et al. "Addressing FGM with Multidisciplinary Care. The Experience of the Belgian Reference Center CeMAViE", *Current Sexual Health Reports*, vol. 10, p.44–49

[3] We chose to use the term "survivor" as "this term to emphasize the woman or girl's resilience and as an empowering element of language, but without prejudice to the fact that the woman or girl may prefer to use the term victim." [1]

FGM/C in Belgium, and in Europe in general, is a highly political question. There is a strong commitment by international organizations, European institutions, and many states to combat this practice [4, 24–26]. Nevertheless, providing services for women and girls living with FGM/C remains difficult as NGOs are highly dependent on project funding, including from political parties with which they do not always share common values of anti-racism, intersectional feminism, and rejection of Islamophobia.

Moreover, as Kimberly Crenshaw states in her 1993 text on intersectionality, "[w]omen of color are differently situated in the economic, social, and political worlds". The author further explains that "[w]hile gender, race, and class intersect to create the particular context in which women of color experience violence, certain choices made by "allies" can reproduce intersectional subordination within the very resistance strategies designed to respond to the problem." [27] Thus, in order to best care for, and not harm, women with FGM/C in Europe, stakeholders must consider that many endure "multiple subordination" both as women of colour and as migrants, and that they often have different needs than white women survivors of GBV, including unmet basic needs (food, housing, clothes), administrative needs (legal status), and need for accessible services in languages spoken by them.

Gender, Patriarchy, and the Continuum of Violence

This article is based on the assumption that we live in patriarchal societies, whether in low or high prevalence FGM/C countries. We will borrow the classic feminist view according to which women, as a "social class of gender", are individually and collectively appropriated by men. [28] Gender as a system constructs unequal relations between women and men, as well as between other social categories (class, "race", ethnicity, religion, ability, etc.), which are continuously constructed and evolutive [29]. Human "physical bodies [are transformed] into social bodies" in a way that confirms "men's superiority" over women [30]. This is true in all societies, whether they practice genital alterations or not.

Initial writings on FGM/C by (feminist) authors such as Fran Hosken have been widely criticized for their ethnocentric view of practicing societies. [3, 19] Scholars, including anthropologists, have emphasized that the societies in which FGM/C is practiced are widely different and that there is no clear relationship between the status of women and men in a society and whether it practices FGM/C, particularly since the practice is generally managed by women. [6]. Instead, "causes, meanings, connotations, and parental motivations [of FGM/C] are not necessarily tied to patriarchal dominance of women by men … nor to an urge to limit specifically female sexual desire or pleasure". [31] see also 6] These voices argue that female genital cutting is practiced for similar reasons as its male countertype, male circumcision (MC): "to prepare the child for a life in religious community, to accentuate gender difference and to perfect gendered bodies, for beautification, for cleanliness, to improve the social status of the child through ritual, and so on." [[19••], p.32].

Studies have shown that women from FGM/C practicing communities may have a positive perception of the practice, seen as beautification. Sometimes adolescent girls and women directly choose, consent or at least do not oppose undergoing the practice [see for example 21]. The perception of having "normal" genitalia may change after migration when confronted to the negative perception of FGM/C in a Western country where the practice is not the norm, a shift that does not occur for MC. [20, 32]

While it is true that the "majority of the world's societies can be described as patriarchal, and most either do not modify the genitals of either sex or modify the genitals of males only." [[6], p.23], we believe it is safe to say that all patriarchal societies put in place some social control of women's bodies.[4]

Arguments aiming at proving that FGM/C has "nothing to do with patriarchy" or is "not practiced for men's benefit", because it is not practiced in most patriarchal societies or because women perpetuate it, or even because men say that they oppose it, is, according to us, a misunderstanding of how gendered dynamics and inequalities operate and how they differ with time and space.

In societies where FGM/C is a mandatory requirement to gain social acceptance as an adult, marriageable and respectable woman, and where marriage is crucial for women's economic safety, mothers ensure that their daughters undergo the practice. There are many examples of supposedly harmful or unnecessary practices that are perpetuated by women, because they need to survive in their own societies and also lack power to oppose social norms. [33]

> Janice Boddy [21, emphasis added] argues that "the issue [of FGM/C] has far less to do with how men oppress women than with how a **system of gender-asymmetric values** and constraints is **internalized by both**, with their active participation, and thus becomes self-sustaining, naturalized, indeed unselfconsciously 'real'."

Giving the example of Sudanese boys and girls, both cut around age 10, Boddy explains how "the procedures respectively oriented children to their incompletely shared social world, establishing differences in their sensibilities and adult perspectives". The girl was made "clean" and "enclosed by infibulation and the courtyard walls behind which the now mature female should remain", while "the boy's body was

[4] Even clitoridectomies were historically used in "the West" to treat female "conditions" such as hysteria, nymphomania, lesbianism, and other "deviant" behaviour.

masculinized, uncovered, opened to confront the world". [20], p.50 To be circumcised means gaining male privilege for the boy. [34] Moreover, while it may be true that the official or even underlying reason for FGM/C may not always be to limit women's sexuality, other times it is, as illustrated by men's own perceptions of the practice. [35]

It can also be performed as a punishment for women who behave in a socially unaccepted manner, or who speak out about other types of GBV, as shown in this quote by an Egyptian woman participating in our research on the sexual and reproductive needs of women living with FGM/C in Brussels [23]:

> it's my uncle who decided to do it. Because I had told mom and dad that my uncle did a lot of things to me that were not good (…) so my uncle said 'ok, she will go with the lady [the circumciser], if you talk about that again, I'll come back with the lady.

We believe that a feminist analysis and the concept of "continuum of violence" is (still) relevant for the analysis of violence against women, including FGM/C. This concept highlights the presence of, and fear of, various types of (sexual) violence in the lives of most women. Kelly [36] demonstrated that the impact of sexual violence on women is complex and cannot be easily attributed to the type of violence: the reaction, definition, and consequence are specific for each individual. Some women may not analyze their experiences in terms of violence, as it is such an integral part of their lives. [36] Similarly, women living with FGM/C that we meet in our work in Belgium did not always consider the practice as a violence, until being confronted with a community where it is not the norm [37]. This fact alone does not mean that FGM/C does not form a part of, and reinforce, the structural oppression of women.

The term "continuum of violence" can be extended to other minority groups who face violence, and risk of violence (because of their perceived "race", ethnicity, lack of documentation, handicap, sexual orientation, gender identity, and so on). When considering the violence faced by migrants, including administrative violence in the host country, this concept helps to understand the specific vulnerabilities of many migrant women living in Europe, whether or not they are affected by FGM/C. We therefore propose to analyze FGM/C in light of the continuum of violence that migrant women are subjected to, both as women and as migrants.

Genital Alterations in Consenting Adult Women and "Non-western FGM/C"

Aesthetical Genital Surgeries

The discussion on FGM/C must not only take into consideration the existing gender inequalities and continuum of violence which negatively affect women/girls' lives but also how racial and migratory inequalities frame their lives.

Many authors have questions the inconsistency of rejecting all types of non-Western cutting (or other genital alterations), known as "FGM", whilst accepting aesthetical genital surgeries in women, which is not considered to be FGM according to official definitions and public opinion. Instead, aesthetical surgery is considered to be the result of a woman's free choice. Performed in a (Western) medical setting, the procedure is perceived as "safe" and hygienic [38••] with low risks. Nevertheless, a 2018 review of motivations of labiaplasty suggests that the demand for the procedure stems from a normative view of the female genitalia in Western societies and that research on patient satisfaction and on complications are rare. [39] Also, several authors have argued that FGM and aesthetical surgeries are comparable in several aspects, as « both sets of procedures can be considered to be physically harmful, […] target females and […] are based on particular patriarchal cultural understandings about femininity and female sexuality. » [40] Critical voices have called out the hypocrisy of the strict legal division between "FGM", that is illegal, and "aesthetical genital surgery", that is legal, and increasingly practiced in many European countries. A division which has no scientific base but is instead founded in a division based on "race". [8, 19]

> We therefore believe that stakeholders working to end FGM/C must reflect on the following question: *« Do we have zero tolerance for all female genital cutting, or only when performed on bodies of colour? ».*

In fact, when addressing "FGM" in a low prevalence setting, the double standard with aesthetical genital surgery is both an ethical problem and an issue of knowing when the "anti-FGM law" should apply. In fact, front-line experience in Belgium shows practical examples of when FGM/C converges with issues concerning aesthetical genital surgeries:

> Recently, a social worker at GAMS Be received first-hand information, during a social service counselling session with a woman, about a girl (the daughter) of Somali origin, who had undergone labiaplasty. This mother explained that her daughter, a teenager "did not need to undergo excision, as it had already been done" - in a medical setting. The girl had supposedly undergone the procedure in a hospital as she was complaining of discomfort when biking.
>
> Gynecologists in Belgium, specialized in care of women with FGM/C, have been confronted with patients having

> undergone FGM/C and wanting aesthetical labiaplasty, because they were not happy with the way their labia looked.

Although the question of consent is often used to differentiate the two sets of practices, it should be remembered that "FGM" is illegal according to Belgian law, including in adult women who give consent (article 409 of the penal code). Thus, it seems that in regard to the law some women are free to choose an alteration of their genitals while others are not. Even under-aged girls can be allowed to undergo aesthetical genital surgery (with parental consent). [41]

Cosmetic genital surgeries seem to be increasing across "Western" societies and are also performed in some countries known to practice "traditional" types of FGM/C. [20] In 2016, according to the International Society of Aesthetic Plastic Surgery, 1254 labiaplasty operations were done in Belgium, as well as 125 « vaginal rejuvenation » surgeries. [42] While we do not have specific data on adolescent girls getting these procedures, a 2012 analysis of online advertisement showed that private clinics also target minors and do not set a minimum age for the procedures. Very young girls are also said to have been presented for labiaplasty. [43]. As Janice Boddy recalls:

> [seeing] several (for [her] disturbing) web postings from very young American and Canadian teens telling of how they had begged their mothers to let them have a labiaplasty, and how thrilled they were with the results. They no longer feel self- conscious or embarrassed; they feel "normal", just like other girls. [21, internal references omitted]

While scholars have written extensively on these issues, many anti-FGM organizations, as well as international institutions, avoid addressing it. Much too often, comparing "FGM" to other types of genital cutting or criticizing ethnocentric discourses is seen as a justification of FGM/C. Nevertheless, Afro-feminist activist Amandine Gay, for example, openly critiqued the public discourse on FGM in France, that she considers paternalistic and badly portraying African women in the country, while emphasizing that she does not support FGM/C which she sees as a type of patriarchal violence. [44].

The discussion on cosmetic genital surgeries and "non-Western FGM/C" ultimately relates to both control of women's bodies and liberty of choice. Some authors have argued that the easiest way to approach it would be to render FGM/C legal for all consenting adults, just like cosmetic genital surgery. Women would then be given adequate information on the procedures, their lack of medical necessity, and their possible consequences.

Genital Surgeries/Mutilation Done to Children Below Age of Consent

The issue is of another order when we consider medically unjustified genital alteration in children who are unable to consent.

Male Circumcision

Male circumcision (MC), i.e. the removal of the foreskin of the penis (although there are variations of the practice), is practiced worldwide. It is practiced both by traditional practitioners and in medical settings and it is estimated that about one-third of all boys/men have undergone the procedure. [45] In most cases, the procedure is done on under-aged boys, often only a few days old (in the case of Judaism and American "hygienic" circumcision) or in the first years of life (in the case of Islam).

In public discourse, both nationally and by international organizations, a clear distinction is made between genital cutting of girls (and women), FGM/C, and genital cutting of boys (and men), male circumcision. [19, 46]. Nevertheless, there are also several common denominators between the practices: both are done to non-consenting children for non-medical reasons, all communities that practice FGM/C also practice MC (although the opposite is not true), practices often bear the same names and significations for communities.[5] Finally, some types of FGM/C are anatomically similar to MC (hoodectomy), other types are much more invasive (infibulation, excision of the labia), while some, on the contrary, are less invasive than MC (pricking, nicking). [16••] Statements used to dismiss any questioning of male circumcision, such as "the equivalent of FGM in males would be the ablation of the penis" cannot be intellectually justified. [46] Whether or not MC and/or FGM/C are "religious obligations" is debated [47] but cannot alone stand as a reason to blindly accept such a practice. [48••]

For organizations working on FGM/C, the issue of circumcision of boys is omni-present, not only through numerous questions raised in public conferences but also in day-to-day examples from our first-line works, as shown by these examples:

> A woman came to GAMS Belgium because she disagreed with her husband on whether or not to circumcise their son. For the mother, who opposes the practice, it was a question of protecting the child from medically unjustified, non-consensual, genital cutting.

[5] For example, in Senegal, the Fulani use the term *kaddungal*, while the Wolof use the term *xarafal*

> A man calls the organization and tells us he underwent circumcision as a child. He suffers from this and asks us what we can do to support him.

These situations, as well as those referred to under the section on aesthetical genital surgeries, are dealt with case-by-case by GAMS Be. While the organization does not have specific procedures or policies on issues regarding genital alterations other than FGM/C, concrete situations like these help build experience and nourish internal discussions.

A range of scholars have pointed to the inconsistency between the strong opposition of FGM/C and the total acceptance of MC. Some organizations, including the "intact movement",[6] are addressing this highly sensitive issue. [49] Some medical communities have also questioned the legality of non-therapeutic circumcision of male minors [50]. In Belgium, the Consultation Committee of Bioethics recently proposed further reflection on how to address controversies around MC. Even though they encourage a shift towards a "symbolical" practice (to respect religious rituals without physical harm) and discontinuing public reimbursements, their statement illustrates the difficulties in reaching consensus on the topic. No legal changes were advised by the Committee. [51] It could also be noted that in the case of female genital cutting, "symbolical" practices have received opposition from anti-FGM activists as they do not question the underlying norms around the practice.

From a human rights and children's rights perspective, we must agree with the following statement:

> Both male and female circumcision are procedures that intentionally alter the genital organs for non-medical reasons in children that lack decision-making capacity. [19••]

Nevertheless, there is a clear discomfort within the "anti-FGM" sector with discussing the circumcision of boys/men and its similarities and differences with FGM/C. Building alliances between opponents of MC and FGM/C have so far proven to be difficult. In our experience, anti-FGM organizations fear negative impacts on the FGM/C prevention if MC was addressed as a similar practice and loss of recognition of FGM/C as a type of gender-based violence if MC is also recognized as a violence. Political stakeholders on the other hand may fear that raising the issue of MC would be seen as anti-Semitic in post-Holocaust Europe [18]. A ban could also be seen as stigmatizing Muslim groups and some politicians may fear losing parts of their electorate. Recent discussions on a ban within the Council of Europe show the difficulties in finding consensus on this issue in Europe.[7]

Feminists share a common vision of a world without discrimination and violence based on gender. Regional and global data shows that women (as well as trans- and non-heterosexual persons) are more likely than (cisgendered[8]) men to fall victims of sexual violence, domestic violence, street harassment, human trafficking, child and forced marriage, and be killed by a partner. [52] [53] The most recent global estimates by the WHO, dating from 2013, showed that 1 out of 3 women (35%) worldwide had experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime and that most offenders of this violence were (cisgendered) men. [54] In Europe, a third of all women have experienced physical and/or sexual violence, and about half sexual harassment, since the age of 15. For both types of violence, about 20% had experienced it in the last year. [52] National studies in Europe show similar pictures. [55] [56] In France, for example, « [s]exual violence against women is not only much more frequent but occurs in all life spaces throughout life.» [56][9] At the same time, we are witnessing a backlash against women's rights in many European countries. [57]

Anyone who has ever given or attended a training or speech on gender-based discrimination and violence knows that one of the first questions one can expect at the end of the presentation *is* "But what about men, they also suffer?" or its cousin "Not all men". For persons who do not really "believe" in the existence or effects of patriarchy, this is a well-known strategy to dismiss the problems of GBV as inexistent or minor. In light of this situation, it is understandable that professionals and activists working with women affected by FGM/C are tired of questions about male circumcision. This does not mean that MC is not an important issue.

Some of the critiques of "the anti-FGM discourse" either fail to consider how FGM/C relates to the structural discrimination against women, or at least fail to consider the general tendency to dismiss women's rights issues. So, while we strongly agree that, as anti-FGM/C advocates, we cannot address FGM/C without also questioning MC, we also believe

[6] See for example the French organization « Droit au corps »

[7] https://www.secularism.org.uk/news/2015/10/council-of-europe-retreat-on-circumcision-of-young-boys

[8] "Cisgender" refers to a person whose gender identity fits the gender they were assigned at birth. A baby born with male sex attributes and therefore assigned male, who perceives himself to be a boy/man, is cisgendered. The opposite of cisgender is trans-gender.

[9] While national studies on SGBV are lacking in Belgium, in the neighbour country France, the extensive VIRAGE study found that 14.5% of women and 3.9% of men reported experience of at least one form of sexual assault (excluding harassment and exhibitionism) in their lifetime. The authors stress that « [s]exual violence against women is not only much more frequent, but occurs in all life spaces throughout life. ». The study further shows that « [w]hatever the life space, sexual violence reported by women is practically always committed by one or more men (between 94% and 98%) » while the majority of cases of violence reported by men is also committed by other men. [8]

that we cannot treat FGM/C as completely separate from the continuum of GBV that are an integral part of women's lives in patriarchal societies.

Intersex Genital Surgeries

Intersex genital surgeries (IGS), or "gender normalization surgeries", done to children born intersex,[10] are legal and practiced in most countries, including Europe and North America, where laws against FGM/C are strict.[11] Very often, children who are "assigned" to one gender are also sterilized when internal reproductive organs are "deemed incongruous with the assigned sex" [58]. Unfortunately, statistics on the number of intersex children undergoing genital surgery in Belgium is difficult to gather.

Surgeries, known as "intersex genital mutilation" (IGM) by intersex activists, as well as other procedures, are mostly done for social and cosmetic reasons and have no medical benefits. The treatments are practiced despite evidence that they are harmful and despite the calls from intersex rights' organizations to put an end to them. [59–62]

Authors, institutions, and activists have argued that current public policy, condemning FGM/C while accepting the practice of IGS in children, is inconsistent. For some, "anti-FGM legislation" should be applicable to intersex genital surgeries, a minima those that involve clitoral reduction. [58, 61–63]

The link between IGS and FGM/C is particularly easy to perceive when one takes the example of female-assigned intersex children, as shown by this quote by Fraser [58]:

> When a child is assigned female, the child may be subjected to vaginoplasty, clitoral surgery, or both, in the process of genital 'normalization'. The standards for a 'functional' female are much less demanding than for a male, with a penetrable vagina being all that is strictly necessary to constitute good surgical outcome. A sensate clitoris is not considered necessary. (internal references omitted)

In 2019, Belgium was reprimanded by the Committee for the Rights of the Child of the United Nations who asked the state to criminalize intersex genital mutilation, regarded as a "harmful practice". [63, 64] The FRA has also called for abolition of these practices, in the name of intersex persons' human rights [65].

GAMS Belgium decided, in 2018, to support Belgian intersex rights' organizations in their claim for discontinued non-consensual mutilations, sterilizations, and hormonal treatments as well as adequate information to all intersex persons and their families and training of medical, legal, and social professionals. [63]

As with MC, we observe that discussions on IGS are relatively rare in the "FGM sector", both academic and NGO, although not for the same reasons. Our encounters with children's rights professionals and medical professionals in Belgium also show a certain resistance to critically analyzing intersex genital surgeries in children.

We ask ourselves what explains this resistance in addressing intersex children's rights and believe some answers may be found in (1) a lack of information and knowledge on what intersex entails and which "treatments" are imposed on intersex persons, (2) an unwillingness to recognize that "Western medicine" could be wrong or even harmful, (3) the fact that intersex persons are seen as too small a minority for their cause to be important,[12] (4) a discomfort in thinking outside of the gender binary.

We believe that any professional or academic who feel strongly about protecting the "genital integrity" of little girls at risk of FGM/C, must also speak out against surgeries practiced in Belgium with the aim of "normalizing" genitalia of intersex children. Just as with any other issue, the voices of the concerned persons must be in the centre of any discussion and intervention.

Conclusions

As seen above, the discussion around FGM/C, cosmetic genital surgeries, male circumcision in boys, and intersex genital surgery in children, and their juxtapositions, is highly complex. This article did not aim to be exhaustive but rather to stress the importance for "anti-FGM organizations" and other stakeholders of addressing these issues from an intersectional feminist perspective, in other words a perspective that recognizes the structural discrimination of women and the interaction of various forms of discrimination, including race and ethnicity [27, 28].

We strongly believe that we cannot avoid reflecting on these issues, both because they are object of current public debates and mostly because it is unethical to.

While we do not have any ready-made strategy on how to best address these issues, we want to highlight some recommendations:

- First, as emphasized repeatedly in this article, we believe that these procedures cannot be addressed without acknowledging how they exist in a gendered and racialized society.
- Finding ways to address these complex issues will require constructive and evidence-based discussions. Criminalizing

[10] Intersex people are born with sex characteristics that do not fit typical binary notions of male or female bodies. See OII Intersex Network http://oiiinternational.com/

[11] The exception is Malta who banned unnecessary genital surgeries on minors in 2015.

[12] Contrary to common beliefs about the rarity of intersex persons, people who are intersex in Belgium probably represent several 100,000 if you go with the available data, a much larger group than women having undergone FGM/C.

male circumcision, which is strongly supported by Jewish and Muslim religious groups, has proven difficult and must be considered in light of the discrimination that these groups also suffer in our societies. We further believe that better collaborations between academics, NGOs, activists, and politicians are necessary. Building alliances across issues is hard and requires each party to demonstrate open-mindedness, empathy, and willingness to learn.

– Many common misconceptions remain about what "normal genitalia" should look like and the function of different organs. Although we have seen an increased understanding of the clitoris in recent years, female genitalia are still too often perceived as mostly "internal" and the norm is for them "not to protrude". Lack of images showing genitalia with FGM/C can reinforce stigmatization of affected women. When it comes to the male genitalia, false beliefs persist that the prepuce is "only a piece of skin", rather than a "specialized tissue" with many nerves, serving a particular function. [66] Intersex genitalia are too often perceived as "abnormal" and in need of "normalizing surgery". Thus, we call for inclusive education and images showing the diversity of female, male, and intersex genitals, including genitals that have been altered in childhood.
– Finally, while we have shown that FGM/C, MC, and IGS relate in different ways, the needs of persons having undergone these genital alterations as children are not the same. Research on the needs of affected persons is needed. Interventions must be community-led and funding is needed for the organizations providing first-line support.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflicts of interest.

Human and Animal Rights and Informed Consent This article does not contain any studies with human or animal subjects performed by any of the authors.

References

Papers of particular interest, published recently, have been highlighted as:
• Of importance
•• Of major importance

1. END FGM EU Network (2016) How to talk about FGM – Position paper. Retrieved: https://www.endfgm.eu/editor/files/2017/05/How_to_Talk_about_FGM_FINAL__position_paper_v4_2.pdf (25/5/2020).
2. WHO (2018). *Female genital mutilation*. Accessed: https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation. Accessed 1 Oct 2020.
3. Shell-Duncan B, Hernlund Y. Female "circumcision" in Africa: dimensions of the practice and debates. In: Shell-Duncan B, Hernlund Y, editors. Female circumcision in Africa: culture, controversy, and change. Boulder: Lynne Rienners Publishers; 2001. p. 1–40.
4. UN WOMEN (2017) Female genital mutilation/cutting and violence against women and girls strengthening the policy linkages between different forms of violence: www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2017/policy-note-female-genital-mutilation- cutting-and-violence-against-women-and-girls-en.pdf. Accessed 1 Oct 2020.
5. UNFPA, UNICEF, UN Women (2017). POLICY NOTE: Female genital mutilation/cutting and violence against women and girls - strengthening the policy linkages between different forms of violence. Retrieved: https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2017/policy-note-female-genital-mutilation-cutting-and-violence-against-women-and-girls-en.pdf?la=en&vs=905 (2/06/2020).
6. Abdulcadir J, Ahmadu FS, Lucrezia C, (The Public Policy Advisory Network on Female Genital Surgeries in Africa), et al. Seven things to know about female genital surgeries in Africa. Hast Cent Rep. 2012;42(6):19–27.
7.•• Johnsdotter S. Meaning well while doing harm: compulsory genital examinations in Swedish African girls. Sexual Reprod Health Matters. 2019;27:87–99 **The author discusses compulsory genital examinations in Swedish African, mainly Somali, girls, based on data from 122 police files, including criminal investigations regarding suspected FGM. Johnsdotter criticizes the "dominant discourse stating that FGM is secretively practiced on a large scale among some immigrant groups in Europe", for which she finds there is little evidence. She highlights some of the drawbacks of what she sees as a of a "very harsh, although well-intended, policy to check for FGM in Europe", arguing that current policies have negative consequences for the girls involved and calls for a better European response to FGM.**
8. Berer M. The history and role of the criminal law in anti- FGM campaigns: is the criminal law what is needed, at least in countries like Great Britain? Reprod Health Matters. 2015;23(46):145–57. https://doi.org/10.1016/j.rhm.2015.10.001.
9. Gruenbaum E. The female circumcision controversy: an anthropological perspective. Philadephia: University of Pennsylvania Press; 2001.
10. Bell K. Genital cutting and Western discourses on sexuality. Med Anthropol Q. 2005;19(2):125–48.
11. Abusharaf RM (2006) « Introduction: The custom in question » in : Female circumcision, Abusharaf RM (Ed.), University of Pennsylvania Press.
12. WHO (2008) Eliminating female genital mutilation an interagency statement (OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO).
13. Johansson ER (2020) Labia pulling and Type IV [email, personal communication] Email to: r.e.b.johansen@nkvts.no (July 2019 and May 2020).
14. Crown Prosecution Service UK (2019) Female genital mutilation prosecution guidance, Updated 17 October 2019 Retrieved : https://www.cps.gov.uk/legal-guidance/female-genital-mutilation-prosecution-guidance (20/05/2020).
15. Bader D. Nationalisme sexuel: le cas de l'excision et de la chirurgie esthétique génitale dans les discours d'experts en Suisse. Swiss J Sociol. 2016;42(3):574–98. https://doi.org/10.1515/sjs-2016-0025.
16.•• The Brussels Collaboration on Bodily Integrity. Medically unnecessary genital cutting and the rights of the child: moving toward consensus. Am J Bioeth. 2019;19(10):17–28. https://doi.org/10.1080/15265161.2019.1643945 **This is a collective contribution by a range of professionals, ranging from health professionals to legal scholars, ethicists, social scientists, psychologists, and feminists, originating from different continents, with**

interdisciplinary expertise in child genital cutting practices across a wide range of cultural contexts. The authors share their "concern about widespread inaccuracies, inconsistencies, double standards, and Western cultural bias in the prevailing discourses on genital cutting of children", while not agreeing on one single policy perspective or uniform moral assessment. They argue for "a more coherent, sex- and gender-inclusive approach that recognizes the special vulnerability of young people—regardless of the ethnicity, religion, or immigration status of their parents—to medically unnecessary genital cutting and the moral importance of bodily integrity, respect for bodily/sexual boundaries, and consent." Both authors of the present article have signed this contribution. Accessed 1 Oct 2020.

17. Davis SD. Male and female genital alteration: a collision course with the law? Health Matrix: J Law-Med. 2001;11:487–570.
18. Shahvisi A. Why UK doctors should be troubled by female genital mutilation legislation. Clin Ethics. 2017;12(2):102–8. https://doi.org/10.1177/2F1477750916682671.
19.•• Johnsdotter S. Girls and boys as victims: assymetries and dynamics in European public discourses on genital modifications in children. In: Fusaschi M, Cavaforta G, editors. FGM/C: from medicine to critical anthropology: Meti Edizioni; 2018. **The author discusses compulsory genital examinations in Swedish African, mainly Somali, girls, based on data from 122 police files, including criminal investigations regarding suspected FGM. Johnsdotter criticizes the "dominant discourse stating that FGM is secretively practiced on a large scale among some immigrant groups in Europe", for which she finds there is little evidence. She highlights some of the drawbacks of what she sees as a of a "very harsh, although well-intended, policy to check for FGM in Europe", arguing that current policies have negative consequences for the girls involved and calls for a better European response to FGM.**
20. Boddy J. The normal and the aberrant in female genital cutting Shifting paradigms. Hau: J Ethnogr Theory. 2016;6(2):41–69.
21. Dubourg D, Richard F. Estimation de la prévalence des filles et femmes ayant subi ou à risque de subir une mutilation génitale féminine vivant en Belgique, 2018 - Mise à jour au 31 décembre 2016, IEFH, SPF Santé publique. 2018. Retrieved: http://www.strategiesconcertees-mgf.be/wp-content/uploads/20190204-gams-MGF_Etude-de-prev-longue-FR.pdf (2/2/2020).
22. GAMS Belgique. Femmes, excision et exil. Quel accompagnement thérapeutique possible? 2015. Retrieved : http://www.strategiesconcertees-mgf.be/ouvrage-femmes-excision-et-exil/ (3/1/2020).
23. Florquin S. Ongoing research : Diagnostic communautaire sur les besoins en matière de santé sexuelle et reproductive des femmes vivant avec les MGF à Bruxelles. 2019.
24. European Parliament. Resolution on zero tolerance for FGM. 2018. Retrieved: https://www.europarl.europa.eu/news/en/press-room/20180202IPR97032/zero-tolerance-for-female-genital-mutilation (2/1/2020).
25. European Commission. Communication towards eliminating FGM. (2013). eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52013DC0833&from=EN.
26. UNICEF. Female genital mutilation/cutting: a global concern. 2016. www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf. Accessed 1 Oct 2020.
27. Crenshaw K. Mapping the margins: intersectionality, identity politics, and violence against women of color. 1993. Retrieved: https://www.racialequitytools.org/resourcefiles/mapping-margins.pdf (30/12/2019).
28. Colette G. Sexe, race et pratique du pouvoir. L'idée de nature. Donnemarie-Dontilly, iXe « Racine de iXe », 238 p. [1re éd 1992. Paris, Côté- femmes]. 2016.
29. Mikkola M. "Feminist perspectives on sex and gender", The Stanford Encyclopedia of Philosophy (Fall 2019 Edition). Zalta EN, editors. 2019. Retrieved: https://plato.stanford.edu/archives/fall2019/entries/feminism-gender (2/1/2020).
30. Lorber J, Yancey Martin P. The socially constructed body - insights from feminist theory. 2011. Retrieved : https://www.researchgate.net/publication/237118472_The_Socially_Constructed_Body_Insights_From_Feminist_Theory1/references (1/12/2019)).
31. Earp B. Protecting children from medically unnecessary genital cutting without stigmatizing women's bodies: implications for sexual pleasure and pain, Arch Sexual Behav (in press). 2019, forthcoming.
32. Wahlberg A. Continuity or change? Improved understanding of attitudes towards female genital cutting after migration from Somalia to Sweden. Digital comprehensive summaries of Uppsala dissertations from the Faculty of Medicine. 1401st ed. Uppsala: Acta Universitatis Uppsaliensis; 2017. p. 94.
33. Florquin S & Richard F (2019) Avancées et obstacles dans la lutte contre les mutilations génitales féminines, In: Charmain Levy (ed.) Genre, féminismes et développement: Une trilogie en construction, University of Ottawa Press.
34. Fainzang S. Circoncision, excision et rapports de domination. Anthropol Soc. 1985;9(1):117–27. https://doi.org/10.7202/006243ar.
35. O'Neill S, Duborg D, Florquin S, et al. "Men have a role to play but they don't play it": a mixed methods study exploring men's involvement in female genital mutilation in Belgium, the Netherlands and the United Kingdom men speak out. Technical Report. 2017. https://doi.org/10.13140/RG.2.2.13177.36963. Accessed 1 Oct 2020.
36. Kelly B, Foster C (2012) Should female genital cosmetic surgery and genital piercing be regarded ethically and legally as female genital mutilation? https://doi.org/10.1111/j.1471-0528.2011.03260.x.
37. Agboli A, Botbol M, O'Neill S, Richard F, Aujoulat I. Transforming vulnerability into power: exploring empowerment among women with female genital mutilation/cutting (FGM/C) in the context of migration in Belgium. J Human Dev Capabil. 2019;21:49–62. https://doi.org/10.1080/19452829.2019.1661981.
38.•• Bader D. Picturing female circumcision and female genital cosmetic surgery: a visual framing analysis of Swiss newspapers, 1983–2015. Fem Media Stud. 2019. https://doi.org/10.1080/14680777.2018.1560348. **Bader analyzes the similarities and differences between FGM/C and female genital aesthetical surgery through analysis of images from Swiss newspapers. The author finds that FGM/C is "depicted as the product of a "primitive" society" while female genital aesthetic surgery is "the product of a science-oriented one" because of the strong focus on the medicalisation of female genital aestetical surgery, absent in the visual narratives of FGM/C. The author argues that the object of criticism thus becomes how it is done rather than what is done, "thereby preventing the conflation of female genital cosmetic surgery with the World Health Organization's definition of "female genital mutilation" (FGM)".**
39. Özer M, et al. Labiaplasty: motivation, techniques, and ethics. Nature Reviews. 2018:179–89. https://doi.org/10.1038/nrurol.2018.
40. Bennett. 'Beauty' and 'the beast': analogising between cosmetic surgery and female genital mutilation. Flinders Law Journal. 2012;14(1):49–68.
41. Coordination des ONG pour les droits des enfants, CODE. (2014). Les mineurs ont-ils le droit de disposer de leur corps? Analyse mars 2014.
42. ISAPS (2016) The international study on aesthetic/cosmetic procedures performed in 2016.

43. Liao L-M, Taghinejadi N, Creighton SM. An analysis of the content and clinical implications of online advertisements for female genital cosmetic surgery. BMJ Open. 2012;2:e001908. https://doi.org/10.1136/bmjopen-2012-001908.
44. Le Gay A discours sur l'excision doit changer, Slate.fr, 06.02.2015.
45. Morris BJ, Wamai RG, Henebeng EB, et al. Estimation of country-specific and global prevalence of male circumcision [published correction appears in Popul Health Metr. 2016;14:11]. Popul Health Metrics. 2016;14:4. Published 2016 Mar 1. https://doi.org/10.1186/s12963-016-0073-5.
46. Earp. Female genital mutilation and male circumcision: toward an autonomy-based ethical framework. Medicolegal Bioethics. 2015;5(1):89–104.
47. Aldeeb Abu-Sahlieh, S. (2004) Circoncision masculine et féminine: Y a-t-il une différence? https://www.sami-aldeeb.com/articles/. Accessed 20 Dec 2019.
48.•• Earp BD, & Steinfeld R (2017). Gender and genital cutting: a new paradigm. In Teresa Giménez Barbat (Ed.), Gifted women, fragile men. Euromind Monographs - 2, Brussels: ALDE Group-EU Parliament. Available online at http://euromind.global/brian-d-earp-andrebecca-steinfeld/?lang=en. **The article draws attention to the overlapping harms to which female, male, and intersex children may be exposed as a result of having their genitals cut. It outlines arguments against common distincitions between the three types of genital cutting and proposes a paradigm which is "sex and gender neutral", based on the right to bodily integrity and genital autonomy of all children. While recognizing that a call for a total ban of all childhood genital cutting is not currently possible, the authors argue that it will become more and more difficult to maintain "fundamentally different treatment of female, male, and intersex children" in policy.**
49. Nunn G, The Guardian (June 20th 2019) Foreskin reclaimers: the 'intactivists' fighting infant male circumcision.
50. Royal Dutch Medical Association (KNMG). (2010). The non- therapeutic circumcision of male minors. Retrieved: http://www.knmg.nl/Publicaties/KNMGpublicatie/77942/ Nontherapeutic-circumcision-of-male-minors-2010.htm (20/10/2016).
51. Comité consultative de bioéthique de Belgique, (2017), Avis n° 70 du 8 mai 2017 relatif aux aspects éthiques de la circoncision non médicale.
52. [FRA] FRA (2014), Violence against women: an EU-wide survey - Main results. Retrieved : https://fra.europa.eu/sites/default/files/fra_uploads/fra-2014-vaw-survey-main-results-apr14_en.pdf (20/05/2020).
53. INSEE-ONDRP-SSMSI, (2018), CVS 2015–2018, in La lettre de l'Observatoire national des violences faites aux femmes, n°13, Novembre 2018. Retrieved: https://www.stop-violences-femmes.gouv.fr/IMG/pdf/violences_au_sein_du_couple_et_violences_sexuelles_novembre_2018.pdf (20/05/2020).
54. WHO (2013) Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence, Retrieved: https://apps.who.int/iris/bitstream/handle/10665/85241/WHO_RHR_HRP_13.06_eng.pdf;jsessionid=ACA23EB7588C0AC863B0768814A7800A?sequence=1
55. IWEPS (2016) Les violences contre les femmes en Wallonie - Des chiffres qui font mal, Retrieved : http://actionsociale.wallonie.be/sites/default/files/documents/stats-violences-femmes-2511206.pdf?fbclid=IwAR3WKiBTtjovIIGPS-j8Fr42hghUiRb7VJlGdsCzfUWVYvLGVD4AdqoNhUQ (20/05/2020).
56. Hamel et al. (2016) Rape and sexual assault in France: initial findings of the VIRAGE survey, Population & Societies, No538, Nov 2016 https://virage.site.ined.fr/fichier/s_rubrique/20838/pop.soc.na.538.version.anglaise.fr.pdf
57. European Parliament (2019) Experiencing backlash in women's rights and gender equality in the EU - European Parliament resolution of 13 February 2019 on experiencing a backlash in women's rights and gender equality in the EU (2018/2684(RSP)), Retrieved: https://www.europarl.europa.eu/doceo/document/TA-8-2019-0111_EN.pdf (20/05/2020).
58. Fraser S. Constructing the female body: using female genital mutilation law to address genital-normalizing surgery on intersex children in the United States. Int J Human Rights Healthcare. 2016;9(1):62–72.
59. Guterman L. (2012). Why are doctors still performing genital surgery on infants? [blogpost] Open Society Foundation. Retrieved: https://www.opensocietyfoundations.org/voices/why-are-doctors-still-performing-genital-surgery-on-infants (10/10/2016).
60. Human Rights Watch (2017) "I want to be like nature made me" medically unnecessary surgeries on intersex children in the US, Available at: https://www.hrw.org/report/2017/07/25/i-want-be-nature-made-me/medically-unnecessary-surgeries-intersex-children-us (1/1/2020).
61. Ehrenrich N, Barr M. Intersex surgery, female genital cutting, and the selective condemnation of cultural practices. Harv Civ Rights-Civ Liberties Law Rev. 2005;40(1):71–140.
62.•• Steinfeld, R., & Earp, B. D. (2017). How different are male, female, and intersex genital cutting? The Conversation. Retrieved: https://theconversation.com/how-different-are-female-male-and-intersex-genital-cutting-77569 (26/05/2020) **Building on their research in ethics and politics, the authors join the public debate on male, female, and intersex genital cutting and call for a need for a "gender-neutral approach to genital cutting" and an equal protection from non-therapeutic genital alteration for all children. See also reference 48.**
63. Genres Pluriels (2019) Memorandum interesexe, Retrieved : http://www.genrespluriels.be/Memorandum-Intersexe
64. Convention relative aux droits de l'enfant des Nations Unies (CRC) (80ème session): https://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/BEL/CRC_C_BEL_CO_5-6_33811_E.pdf
65. European Union Agency for Fundamental Rights (FRA). (2015). The fundamental rights situation of intersex people, *FRA FOCUS*, 4. Accessible: http://fra.europa.eu/en/publication/2015/fundamental-rights-situation-intersex-people (20/10/2016)).
66. Lightfoot-Klein H, Chase C, Hammond T, Goldman R (2000) Genital surgery on children below the age of consent, in Ed. Szuchman, L.T. and Muscarella, F., Psychological perspectives of human sexuality.