



**THE SMALLEST CUT: THE ETHICS AND (SURPRISING) IMPLICATIONS OF  
*HATAFAT DAM BRIT* FOR THE ONGOING GENITAL CUTTING DEBATE**

Max Buckler

This is a preprint of an article currently in press. Please cite as:

Buckler, Max. 2024. "The Smallest Cut: The Ethics and (Surprising) Implications of Hatafat Dam Brit for the Ongoing Genital Cutting Debate." Kennedy Institute of Ethics Journal, in press.

Abstract

This essay applies an ethical analysis of the Jewish religious rite of *hatafat dam brit* to the ongoing debate on child genital cutting. Recent scholarship on the ethical and legal status of “de minimis” or “symbolic” involuntary genital cutting practices features disagreement over what, if anything, grounds their wrongfulness given that they are (relatively) physically superficial. *Hatafat dam brit* (“the drawing of covenantal blood”) is even less physically intrusive than the most minor of the other practices commonly debated (e.g., “ritual nicking” of the vulva) yet still, as I will show, elicits moral concern—including from within the practicing religious community. As a type of genital cutting ritual that does not, in fact, modify the body, *hatafat dam brit* challenges those

on both sides of the debate to clarify the basis for their moral objection or approval. I argue that debates about involuntary genital cutting of minors should focus on the ethics of these practices considered as (sexually) embodied interpersonal *interactions*, rather than as *body modifications*.

## 1. INTRODUCTION

Scholars increasingly debate the ethical and legal status of child genital cutting practices in the Global North (Lunde and Johnson 2022; Duivenbode 2023; Fusaschi 2023; BCBI 2019; Earp, Abdulcadir, and Liao 2023). The issues received particular attention following the 2017 arrest of Dr. Jumana Nagarwala, who was charged with a US federal violation for allegedly practicing female genital cutting (FGC) on several minors in accordance with a ritual practice traditionally observed by the Dawoodi Bohra, a Shi'a Muslim community with roots in South and Southeast Asia (Baldas 2021; Bootwala 2019). Dr. Nagarwala and others from the Bohra community protested her arrest, arguing that their practice was not “genital mutilation,” but rather a mitigated, minimally invasive “nick,” which they contend to be harmless. While the case against Dr. Nagarwala was ultimately dismissed prior to trial, it was not because the judge believed she was innocent of criminal wrongdoing; to the contrary, he described the practice of FGC in all its (non-voluntary) forms as “despicable” and “essentially a criminal assault” (US District Court 2018). However, citing federalist concerns (i.e., it is up to the states to regulate “local criminal activity” rather than the federal government, unless, for instance, interstate commerce is involved), he struck down as unconstitutional the 1996 law prohibiting “Female Genital Mutilation,” under which Dr. Nagarwala had been charged (see Earp 2020).

In response to this decision, Congress passed an updated law (making “cosmetic changes” to the original language to pass constitutional muster; see Rosman 2022): the STOP

FGM Act of 2020 (Rep. Jackson Lee 2021). Now even stricter than the original 1996 law, the updated legislation makes explicit that any type of non-therapeutic FGC performed on a child—no matter how minimally invasive, including “nicking” without tissue removal—remains a federal offense, with no exception for sincere religious practice (for discussion, see Bootwala 2023). Commenting on these developments, the anthropologist Richard Shweder contributed a “target article” for the journal *Global Discourse*, accompanied by multiple critical responses discussing the implications of the Nagarwala case. Notably, Shweder defends the permissibility of what he takes to be “minor” genital cutting practices on female children such as pricking or nicking of the vulva (and/or partial removal of the clitoral prepuce or hood), primarily through an argument for liberal pluralism. In his words: “no serious harm; therefore, no serious foul” (Shweder 2022a, 225).

Shweder and his respondents consider diverse practices and anatomies, with some agreeing with Shweder that a range of comparatively minor interventions (impacting both male and female children) should be legally tolerated (Ahmadu and Kamau 2022); others suggesting that differences in sexual anatomy can ground the permissibility of some types of genital cutting but not others (Jacobs 2022); and still others arguing against the moral permissibility—or legalization—of any non-voluntary genital cutting that is not medically necessary, irrespective of the inborn sex traits or socially assigned gender of the child (i.e., including children with born intersex traits, as well as children born without such traits: “endosex”<sup>1</sup> children; Earp 2022a).

With the exception of Earp (more on his view below), most of the contributors seem to accept that these issues should be arbitrated predominantly, if not entirely, in terms of the relative risk of harm or (other) ascertainable consequences of each type of genital cutting. I have

---

<sup>1</sup> See Carpenter, Dalke, and Earp (2023).

recently argued that this represents an incomplete analysis (Buckler 2023). In short, I argued that it is not only the physical effects of genital cutting that need to be considered (i.e., the resulting physical *state*), but also the *act* of genital cutting in its own right. This includes both how the act is experienced or remembered (or perhaps imaginatively “reconstructed” upon learning what happened to oneself before the formation of conscious memories; see Uberoi et al. 2023) and whether, perhaps among other factors, the cutting was undertaken voluntarily or imposed on a person without their consent.

To press this point, in the current article, I highlight a practice that has not yet received much attention in either the popular or scholarly debate: namely, the Jewish rite of *hatafat dam brit* (translated as “the drawing [or dripping] of covenantal blood”; HDB), which normally amounts to no more than a single pinprick to the surface of the genital skin. As HDB is arguably the least physically invasive type of genital cutting practiced today, the rite offers an ideal test case for the ongoing debate, as it forces us to consider the potential wrongs of childhood genital rites that do not reduce to questions about physical injury or harm: for example, potential wrongs related to children’s sexual embodiment and related boundary-based rights against certain types of genital *interaction* (Earp and Bruce 2023; Buckler 2023). Broadly, I will argue that consideration of HDB is relevant to the debate by proceeding in the following manner. I will:

- 1) Introduce the basic traditional meaning and contemporary practice of HDB.
- 2) Frame the difference in approach between two contributors to the *Global Discourse* debate: Richard Shweder (who argues for legal tolerance for various forms of child genital cutting based on liberal pluralism) and bioethicist Brian Earp (who argues against legalization of “ritual nicking” and, further, that no form of medically unnecessary, non-voluntary genital cutting of a child is morally permissible).

- 3) Demonstrate how HDB compares to other ritual genital cutting practices as the most minor procedure in the category.
- 4) Examine a variety of Jewish perspectives on HDB, as they relate to personal sexual boundaries, including by recipients of the rite, parents of child participants, and major religious authorities.
- 5) Conclude with an argument that, regardless of positions taken, ethical evaluations of child genital rituals must contend, first and foremost, with their status as a power-asymmetric form of *interpersonal interaction* (particularly, interaction with a person's sexual anatomy), rather than primarily as a form of *body modification*.

## 2. HATAFAT DAM BRIT

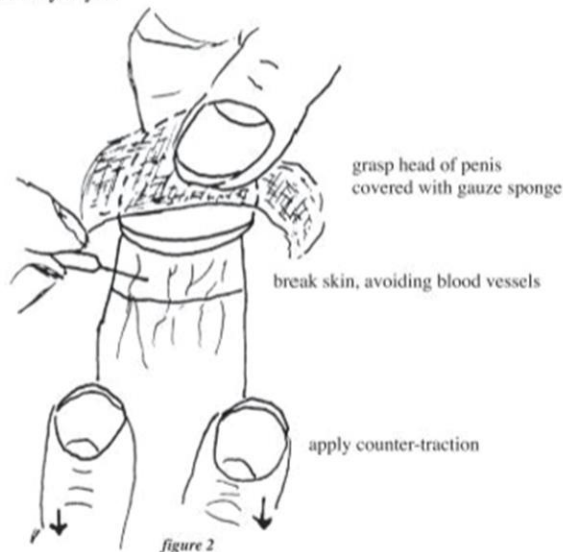
Although less widely known than *brit milah* (traditional Jewish circumcision), *hatafat dam brit* is an ancient Jewish religious rite traditionally performed to mark an individual's entrance into the covenant of Abraham. The history of the practice (as broadly conceived) dates at least as far back as the compiling of the *Mishna* (the first written compilation of rabbinic oral law, circa 200 CE), wherein the ancient rabbis considered the question of what to do about an individual for whom circumcision was required but who did not have a foreskin to remove ("M. Shabbat 19:3," n.d.). These individuals fell within two main categories. The first were those who were *already circumcised*, especially "proselytes" (the equivalent of modern day converts) who had already been circumcised in non-Jewish procedures and, thus, although they had already undergone a physical circumcision, they had not undergone the religiously mandated and symbolically meaningful act of *brit milah*. The second group were those born with recognized Jewish status but who were *unable to be circumcised*, including individuals whom the ancient

rabbis described as “born circumcised” (as in, without a penile foreskin) and “hermaphrodites,” referring to those born with what they deemed atypical external genitalia and who might today be described as having intersex variations (Carpenter 2018; Liao 2022).

As of 2023, HDB is practiced to some extent by all the major denominations of Judaism, including the liberal branches of Conservative, Reform, and Reconstructionist, and is performed on individuals of all ages (Diamant n.d.; Stein n.d.). It may be performed by a variety of officiants, including rabbis, *mohels* (ritual circumcisers), physicians, and others, and often requires witnesses. Though precise specifics vary among practitioners, one guide that has become popular as a standard-setter is a brief illustrated manual titled *Hatafat Dam Brit* by Dr. Samuel A. Kunin (n.d.), which contains the following description of the procedure (Figure 1).

**The procedure:**

- 1) Gently grasp the head of the penis between the thumb and forefinger and pull it slightly taut. The head of the penis is covered with the gauze sponge so that one is not touching the skin of the penis. Some wear surgical gloves.
- 2) Have the person help you (if he is old enough) by giving counter-traction. A parent may do this for an infant or child. This is done by having him gently pull the skin at the base of the penis towards the body with the index and middle finger. This will create more stretch and keep him from reaching towards the needle. (figure 2)
- 3) Select the site to be punctured.
- 4) Swab this area with the alcohol sponge.
- 5) Carefully break the skin with the needle.
- 6) Say the appropriate blessing and have the convert say his blessing. For children, the father or the officiant may say it.



The requirements of *hatafat dam brit* are satisfied with the mere discoloration of the skin at the tip of the needle. Anywhere from one drop to many drops of blood may be expressed. Use the gauze sponge to display the drop of blood. If there is further bleeding, tie the sponge around the penis at the place of the needle stick using one knot ONLY and pulling it firm enough to apply direct pressure for at least ten minutes.

Hematoma (blue discoloration under the skin) is rare and will not occur if the above mentioned vessels are avoided. If it occurs, it is usually self limiting and of no consequence.

HATAFAT DAM BRIT  
SAMUEL A. KUNIN M.D.

3

[HTTP://WWW.SAMKUNINMD.COM](http://www.samkuninmd.com)

Figure 1. Depiction of Hatafat Dam Brit. Image from Kunin (n.d.).

### 3. CONTRASTING POSITIONS: SHWEDER AND EARP

Here I will briefly assess two contrasting positions taken in the recent *Global Discourse* special issue so that they may be applied to HDB: namely, those taken by Shweder and by Earp.

In making his arguments in favor of *gender equity* in child genital cutting rituals, Shweder (2013) has consistently committed to what he describes as a liberal pluralist approach. Roughly, he argues that within a liberal pluralist society, smaller sub-groups must be allowed to enforce illiberal rules or practices, and the wider society must allow for some of these, lest the wider liberal society become illiberal itself (Shweder 2009). Thus, Shweder attempts a principled position that grants parents the religious right to cut their children’s genitals regardless of sex or gender, provided the cutting does not pass an undefined (perhaps undefinable<sup>2</sup>) harm threshold.

For example, he suggests that certain forms of contemporary genital cutting, such as newborn penile circumcision, are not (sufficiently) harmful in a strictly physical sense to justify state interference and therefore should be permitted. Similarly, in challenging the notion that all forms of FGC (from the least to most invasive) could be labeled as “mutilation,” Shweder writes,

A more scientific approach is to ask (a) whether a genital procedure of some type is in fact damaging, for example, in the sense of producing a lasting disfigurement; or (b) whether the procedure when properly performed is harmful, for example, in the sense of causing sexual or reproductive dysfunction. (2022b)<sup>3</sup>

In particular, he argues that, as non-therapeutic penile circumcision is currently broadly tolerated, even on children who are too young to consent, procedures like those practiced by the Dawoodi Bohra, which are even less physically impactful (with the seeming implication that they are, by virtue of this, also less damaging or harmful, all else being equal), should likewise

---

<sup>2</sup> For a discussion on the challenge of defining such a harm threshold, see Shweder in conversation with filmmaker Eliyahu Ungar-Sargon (2018a).

<sup>3</sup> Although these may seem, at first glance, to be “definitions” of damage or harm, contrary to my assertion that Shweder relies on an “undefined” harm threshold in his arguments, these are really (a) examples of purported damage or harm, rather than definitions, which (b) include terms that themselves would require careful definition (e.g., “disfigurement” or “dysfunction”—i.e., concepts that are value-laden and thus unlikely to work as “objective” standards of damage or harm as Shweder seems to imply, i.e., by referring to them as part of a “scientific” approach to the question).



be allowed, even when nonconsensual (for a similar argument previously advanced by the American Academy of Pediatrics [AAP], see AAP 2010). Based on the approach outlined above, then, it follows that HDB should be of least concern to Shweder, since it cannot reasonably be argued that HDB is (a) damaging/disfiguring or (b) a *material* cause of sexual dysfunction (whether it may contribute to sexual difficulties in some cases through psychological mechanisms is an open question). HDB is not a “modification” at all. As such, it falls well within Shweder’s range of presumptively permissible practices in Western liberal societies.

On the other side of the debate is bioethicist Brian Earp (2022b), who argues against the moral permissibility or legalization of any form of medically unnecessary<sup>4</sup> *non-voluntary* genital cutting. While Earp agrees with Shweder that ritual genital cutting of both male and female children may appropriately be compared along certain dimensions based on overlapping empirical concerns and similar ethical principles (Earp 2022a), Earp argues that—apart from certain rare medical emergencies—no form of unrequested genital cutting should be considered morally permissible. Moreover, in explaining why he regards parental “proxy” consent as insufficient to ground such permissibility, whether from a moral or legal perspective, he writes, “parents cannot legally ‘consent’ to the physical assault of their children” (Earp 2022a. 48).

This assessment evidently includes relatively “minor” physical practices such as those observed by the Dawoodi Bohra. Although Earp often raises criticisms of *body modification* that cannot be applied to HDB, he also maintains that *any* unrequested genital cutting practice that is not medically necessary can be considered a violation—even the most minor of forms—since the

---

<sup>4</sup> Earp’s (2022b,11) definition of “medical necessity” is as follows: “(1) the bodily state, if left unmodified, poses a serious, time-sensitive threat to the person’s wellbeing (typically due to a functional impairment in an associated somatic process), and (2) the intervention, as performed without delay, is the least harmful feasible means of changing the bodily state to one that alleviates the threat. All other interventions are medically unnecessary according to this conception.”

central source of the violation he describes is not based primarily on body modification or harm. Rather, he argues, it is based on (a) the preempting of a personal decision that ought to be left to the individual to make when competent, and (b) the full embodied experience and/or personal interpretation of being genitally cut without consent (Earp 2016). Therefore, as opposed to Shweder, HDB fits within Earp's range of impermissible practices despite it not altering the body.

So, who has it right here? Is Shweder correct in his assessment of "no harm, no foul?" or is Earp closer to the mark in arguing that *any* type of medically unnecessary non-voluntary genital cutting is a foul? As they relate to the practice of HDB, these are irreconcilably divergent positions: one views nonconsensual HDB as harmless and insignificant, while the other views it as an intrinsic or categorical moral violation (in the sense identified by Möller 2020).

In the following two sections, I will argue that this divergence can be optimally assessed by considering HDB more so than any other procedure in the broader category of ritual genital procedures. I will first describe the critical distinction HDB represents within the category, with an emphasis on characterizing it as the least physically invasive form, and then I will examine a variety of Jewish perspectives on the embodied experience and symbolic significance of HDB.

Drawing on these perspectives, I will argue that HDB, considered as a maximally (physically) "superficial" type of child genital intervention, nevertheless raises weighty moral concerns about sexual embodiment, sexual boundaries, and genital autonomy, in line with Earp's analysis.

#### 4. THE CATEGORY OF RITUAL GENITAL CUTTING: WHERE DOES HDB FIT?

In this section, I will argue that HDB is the most physically superficial of all genital cutting practices performed today and explain why that fact is relevant to the Earp–Shweder disagreement—and, indeed, to the wider genital cutting debate. HDB is the least invasive type of genital cutting in both theory and practice; thus, HDB is an example of genital cutting in its most conceptually “thin”—or what I will call *essentialized*—form. Thus, it may help to anchor the entire debate.

There are two points here that merit further explanation:

- 1) How can HDB be considered even less invasive than other minor or “symbolic” genital cutting practices?
- 2) As the least invasive type, why should HDB thereby be considered as an *essentialized* genital cutting act? How does understanding it as such shed light on the ethics of all forms of non-medically indicated genital cutting, irrespective of empirical consequences (e.g., harms or benefits)?

First, to the claim that HDB may be considered less invasive than other types: this is obvious when compared to procedures such as penile circumcision, clitoral excision, infibulation, or subincision (Pounder 1983); but it may take more explaining when it is compared to other relatively minor forms. Genital cutting practices have long been understood to exist along a spectrum, usually categorized based on how physically invasive or significantly body-altering the modifications are considered to be. For example, the World Health Organization (WHO 2024) charts FGC practices on a four-tiered scale, with the practices typically seen as least invasive identified within *Type 4*. If HDB were placed within the WHO system, surely it would fit within the band for *Type 4*, which has been designated by the WHO as a “catch-all” category to include practices involving any degree of “pricking, piercing, incising, scraping and

cauterization.”<sup>5</sup> But not all such minor forms of genital cutting should be regarded as physically analogous. There is value to be gained from examining the differences.

Scholarly proponents of toleration for what they regard as “de minimis” FGC, such as Shweder (see also Arora and Jacobs 2016; Jacobs and Arora 2017), increasingly rely on an explicit comparison between male and female genital cutting acts to justify the latter. In fact, Shweder has specifically raised the comparison of HDB to the form of FGC allegedly practiced by the Dawoodi Bohra, which he refers to as *khafz* (also known as *khatna*—the gender-neutral Arabic term for circumcision—the form for girls in this community commonly described in English as a “ritual nick”). Specifically, Shweder casts the two practices as totally analogous procedures, suggesting that the Dawoodi Bohra practice could become more palatable to the public if it were thought of as more akin to HDB, which is currently legal and almost entirely uncontested. Here is how Shweder compares the two practices:

Viewed as a physical and symbolic process hatafat dam brit (for boys) resembles the Dawoodi Bohra custom (for girls). In both instances the central physical procedure is a mitigated cut, nick, or piercing. In the Jewish case it is aimed at drawing a drop of blood from the head of the penis (where the foreskin had already been excised). In the Dawoodi Bohra case it is aimed at excising a few foreskin cells. In both instances the physical procedure is a symbolic act in the sense that it simulates a circumcision with the hope of binding generations to the ancient revelation (and to each other) and to continuing the relationship to the divine it is designed to evoke. In both religious traditions, Jewish and

---

<sup>5</sup> The lack of a WHO position on HDB also adds credence to the charge that the organization has taken a sex-discriminatory stance on child genital cutting (Earp and Johnsdotter 2021): even if the WHO allows for the specific modification of *penile circumcision* on the basis of proposed health benefits, HDB cannot be attached to any such physical benefits and should therefore be deemed at least as harmful (or otherwise objectionable) as other *Type 4* practices.

Muslim, an insignificant physical procedure conveys transgenerational obligations and communal identity meanings that run deep. (Shweder, in press)<sup>6</sup>

To begin with, Shweder's equivocal description of the Bohra practice as merely impacting "a few cells" and as "physically insignificant" is contested by the testimony of Bohra women who have personally experienced it. The full extent of the alteration and the degree of uniformity of the Dawoodi Bohra practice are subjects of debate (Tegal 2017), with some Bohra women reporting the partial or total removal of their clitoral hood (Taher 2017). But setting aside Shweder's rhetorical minimization of the physical impacts of *khatna*, it is worth considering his position on a conceptual level. Even if the Bohra procedure truly *did* only remove a few cells, would that mean the practice would be morally permissible when performed on a non-consenting child? It is a question that may in fact be answered through practical analysis of HDB, but it should first be understood how HDB is significantly distinct from *khatna* in terms of physical impact.

Consider these further details from Shweder as to the specifics of the Bohra practice: a local anaesthetic is applied to the genitals by a female specialist (a traditional circumciser or trained physician), who then raises the [female] foreskin with tweezers and pinches off a few millimetres of skin using scissors or a similar instrument. The amount of skin that is removed is tiny (the size of a sesame seed) but is preserved (for example, in gauze) for further use in a religious ceremony. The surgery heals without the need for stitches, diathermy or cauterisation. The purpose of the tradition is the donation of a piece of foreskin tissue, not the nicking, piercing or cutting *per se*. (Shweder 2022a,212)

---

<sup>6</sup> See Shweder: *The Prosecution of Gender Equal Abrahamic Circumcision: Implications for Jews and Muslims*. Article available upon request.

Even granting Shweder’s tendency toward minimization, the practice of *khatna*, so described, is substantially more invasive than HDB. First, as Shweder acknowledges in this second passage, *khatna* is indeed a *body modification*, albeit a minor one, while the same cannot be said for HDB. The practice Shweder describes could be expected to leave a sesame-seed-sized scar, while HDB (when competently performed) should not be expected to leave any visible trace. Surely, a sesame-seed-sized cut may be considered minor when compared to a body modification like penile circumcision, but it is a significant amount of flesh to remove when compared to a single drop of blood. Put another way, if a sesame-seed-sized piece of flesh were removed during the course of an HDB ceremony, where the objective is one prick from a needle, it would be considered a botched procedure (and it would be a rather significant botch to produce at that).

Further, the physical requirements of these practices involve a significantly different level of procedural risk. As described by Shweder, the Bohra practice involves the use of a local anesthetic and multiple (and significantly less precise) tools than HDB, and requires much greater surgical accuracy and competence on the part of the practitioner to produce the intended result. Likewise, a moderate range of outcomes (in addition to risks) should be expected with the Bohra practice even under the most optimal conditions, while the same is not true for HDB. In a sentence: the ritual nick could be made still less invasive, while HDB cannot.<sup>7</sup>

So, while it may be granted that there are some similarities between the two practices—particularly in terms of religious motivation, broadly considered—HDB is by all accounts the less risky and invasive of the two. While the degree of difference of the physical impacts

---

<sup>7</sup> In fact, following Dr. Nagarwala’s arrest, high-profile attorney Alan Dershowitz explicitly advised Dawat-e-Hadiyah (a group that represents the Dawoodi Bohra) to *essentialize* their practice to precisely match HDB (see Sales 2017) on the basis that their otherwise relatively minor practice could still be further reformed. This consultation occurred prior to Congress passing the STOP FGM act of 2020 (Rep. Jackson Lee 2021), which (as it prohibits even the merest pinprick on female children) currently renders Dershowitz’s suggestion ineffectual as regards the law.

between these acts may not be so wide compared to *other* genital cutting practices, I argue that the moral questions raised in distinguishing the gap between them are significant:

- The Bohra ritual nick primarily raises the question: “Is it permissible to remove a *small* piece of a child’s genitals without their consent, and if so, how small would it have to be?”
- Ethical consideration of HDB—the smallest “cut” possible—raises a different question: “Is it permissible to cut a child’s genitals *at all*?”

Hence, the second point in this section: namely, that HDB, as the least invasive type of genital cutting, can be considered an *essentialized* type. That is, it exhibits the barest minimum of features (i.e., the *essential* features) an act would have to have to properly count as a member of the overarching category.

One way of understanding the *essentialized* nature of HDB as a genital cutting practice is through examining the particular character of religious Jewish requirements informing it. Setting aside the case of penile circumcision, in which the perceived need to remove the foreskin is traditionally considered to outweigh many other religious values and principles, religious authorities have had to balance two seemingly opposed concepts in practicing HDB: on the one hand, there is the specific religious importance of drawing *covenantal blood* from the genitals (see Brofsky 2018; Bleich 2010), yet on the other hand, there is the broad (but also religiously sacred) prohibition from creating permanent markings, causing bodily harm, or endangering a person’s health (Glustrom n.d.; see also the commandment against cutting or marking the body in Leviticus 19:28).<sup>8</sup>

---

<sup>8</sup> “You shall not make gashes in your flesh for the dead, or incise any marks on yourselves: I am God” (Lev. 19:28).

The practice has therefore evolved, in an attempt to balance both needs, as an answer to the question of what is essential. Thus, the goal of minimal invasiveness in HDB is not merely pursued so as to be a “symbolic” lesser version of circumcision by a measure of degree; rather, HDB is intended to be minimally invasive in the absolute maximum sense, insofar as any cut or marking greater than strictly necessary (in terms of the impact of the cut) would be prohibited. HDB therefore achieves what is considered essential for “completing” a *brit milah* (when there is no foreskin available to remove) while incurring the absolute minimum risk to the recipient’s health or physical integrity (Kunin n.d., 1).

Yet just as the question of “What is essential?” is relevant to religious authorities, it is also valuable to the wider ethical discourse on genital cutting. As there is no qualitative bodily state produced by the act of HDB (again, not even a “sesame-seed”-sized marking), it affords the opportunity to assess the ethics of a genital cutting practice in as pure a form as possible, since the state produced by HDB cannot be made any more minimal without ceasing to constitute a cutting (as in, skin-breaking) act. Thus, HDB is the perfect practice through which to scrutinize the core ethical positions taken both in favor of and against child genital cutting.

But it poses a challenge to both camps. Opponents of child genital cutting cannot use their most common arguments to critique it, since HDB does not interfere with or reduce the physical *intactness* of the body. Yet proponents (or defenders) of child genital cutting are similarly disadvantaged, since they cannot argue that a resulting body *alteration* is actually a good thing (e.g., for the purposes of beautifying, establishing social proof, and so on). Additionally, for defenders of these practices, a medical argument (such as the proposal of minor prophylactic health benefits) is unavailable, while for opponents it would seem that a physical harm-based argument can hardly get off the ground.



Both sides are thus left to debate the *interaction* at play with HDB, whose ethical status must hinge on considerations other than physical impact. But what can be said about that interaction?

## 5. HOW DOES HDB INTERACT WITH SEXUAL BOUNDARIES?

Can a non-voluntary act of genital cutting in its least invasive (or *essentialized*) form be considered an ethical violation—that is, an infringement of a child’s rights—or even a form of bodily “assault,” if one assumes, *arguendo*, that there are *no* resulting bodily injuries or (other) physical/material harms? This is the question at the heart of Earp’s position.

Shweder dismisses Earp’s argument in this vein as “aspirational” (Shweder 2022a,225), yet there is much lacking in Shweder’s dismissal of the issue. To begin with, the concept of “assault” (both in the legal and popular moral sense) broadly includes more than just practices that incur lasting physical harms; it also includes trespasses that involve “mere” touching, as emphasized by discussions of medically unnecessary pelvic or breast exams performed without prior consent (i.e., for teaching purposes) on anesthetized adult patients (definitionally a “battery” according to the prominent bioethicist and legal scholar Dena Davis; see Davis 2003). Minors, too, can be assaulted in this sense, as illustrated by the medically unnecessary genital “therapies” or “exams” performed by the disgraced former physician to the US gymnastics team, Larry Nassar (Tillman 2023).

Thus, Shweder’s requirement of physical harm or disfigurement as a prerequisite for moral or legal concern is flawed. Additionally, the notion that child genital cutting might be intrinsically problematic in some of the ways suggested by Earp (see below) is not as “head-turning and shocking” a claim—not even for Jewish thinkers—as Shweder (2022a) insists.

Consider the practice of penile circumcision. While it is true that widespread *commitment* to circumcision has remained stable (in fact, nearly ubiquitous) in Jewish communities, Jewish *attitudes* toward it, particularly in liberal religious circles, have often been highly conflicted. Indeed, even among Jewish religious leaders, concern that the act is violent—even sexually violent—has long been expressed.

To give a few examples: Rabbi Abraham Geiger (1810–1874), chief founder of the Jewish Reform movement, called it “a barbaric, bloody act . . . a brutal practice that should not continue” (quoted in Glick 2005, 122). Joel Shapiro (2022), longtime board member of the Society for the Advancement of Judaism and the Reconstructionist Rabbinical College, writes, “The parents, who are committed to protecting their child are willfully causing pain and suffering.” Rabbi Noa Sattath, an Israeli feminist rabbi agrees: “it’s barbaric and not what I want. . . . It’s precisely because my son’s relationship with God is important to me that I didn’t want to start it with blood and violence” (quoted in Littman 2022). Rabbi Deborah Glanzberg-Krainin, in an essay that focuses on feminist critiques,<sup>9</sup> states, “The day of my son’s *bris* was one of the worst days of my life. . . . In fact, most of the people I know who advocate abandoning *brit milah* do so out of concern for the barbarity and violence the ritual entails” (quoted in Wyner Mark 2003, 198). And even many who remained staunchly committed to the practice, such as Rabbi Zalman Schachter-Shalomi (1924–2014), founder of the highly progressive Renewal movement, have engaged with unflinching honesty about the pitfalls: “Yes, *inflict* is the word,” he wrote, “let’s not make it pretty” (quoted in Brod 1988, 79).

---

<sup>9</sup>As Glanzberg-Krainin goes on to explain, *brit milah* is also performed on an explicitly sex-discriminatory basis (Wyner Mark 2003); that is, only boys are cut within Judaism (also see Cohen 2005). As David Benatar (2008, 21) notes, “half of the Jewish people lack the physical mark that is widely associated with Jews. One would have thought that egalitarians would want to rectify this oversight.” He continues: “A true egalitarian would think it unfair that a boy is cut while a girl is not [and would] either extend the burden [of circumcision] to girls or remove it from [the] boys” (Benatar 2008, 23; Chanukah 21–23).

Note that, in the above examples, the focus of the concern is not on *body modification*—as in the loss of the foreskin itself, a change in sexual function or sensitivity, or even the deprivation of a choice the impacted individual could make later on in life; rather, these are observations that the *act* of circumcision is invasive, painful, nonconsensual, and possibly traumatic to experience (for the parent and the child). And yet, in the examples above, the writers comment primarily about *penile circumcision*. If Shweder is correct that a less invasive procedure should be of lesser concern, then perhaps such worries might be assuaged through reforming circumcision to a more mitigated physical practice, as was suggested in 2011 by Jay Michaelson (2011), and more recently by *Jerusalem Post* columnist Brian Blum (2023).

It is here that the issue of relative “invasiveness” interacts with a critical conceit raised by Earp and other proponents of genital autonomy (e.g., Earp and Steinfeld 2018; see also Munzer 2018). Earp argues that there should be special consideration given to the genitals (alongside other bodily features, such as the anus or breasts) insofar as these are culturally constructed as “intimate” parts of the body (Earp and Bruce 2023). Earp’s position relies on the notion that genitals—whether penis or vulva—are considered to be particularly personal or private (for a theoretical account, see Bettcher 2023) and thus a site of individual sexual boundaries. This is a crucial part of what informs his “zero-tolerance” stance for *non-voluntary* (and therefore nonconsensual) genital interventions, outside of certain medical emergencies (Earp and Yuter 2019). Otherwise, Earp argues, given the constitutive role of the genitals in one’s sexual embodiment, and the special importance of being able to exercise agency in this domain (e.g., by refusing unwanted genital contact), it is the *nonconsensual* nature of child genital cutting, rather than its relative invasiveness (or “harmfulness” in Shweder’s parlance), that grounds its essential wrongfulness (Earp 2021).

This point should be familiar from other contexts. Indeed, to impermissibly trespass on another's sexual embodiment does not normally require that one causes immediate or lasting harm, in the sense of bringing about a physical or emotional injury (notwithstanding that such harm is, in fact, very often associated with trespasses of this kind). As David Archard (2007) notes in a classic analysis, "we need to distinguish between the wrongfulness and the hurtfulness of an action" (378). For example, as he argues, irrespective of whether one suffers a physical or emotional injury through another's nonconsensual involvement in their sexual anatomy, "a woman's interest in her sexual integrity is set back when she undergoes sex to which she does not consent, *even if she does not know this at the time or even subsequently*"—for example, because she was unconscious (Archard 2007, 378–79, emphasis added). Although I am not making the claim that nonconsensual genital cutting (i.e., assuming no sexual intent) is morally equivalent to nonconsensual "sex," the broader point about the lack of consent being *essential* to the wrong, with "hurt" or "harm" serving as potentially *aggravating* factors, is what I am trying to bring to the surface.

Now, how do these considerations apply to HDB, which involves one party, an adult, piercing the skin of another party's penis, often when the latter is a child? Significant Jewish thinkers have indeed observed that the *site* of the piercing raises certain ethical issues, even more so than other parts of the body. For example, clinical psychologist and religious scholar Moshe Halevi Spero (2011) writes of circumcision and HDB,

A specific concern is that the surgical procedure on the genitalia . . . may elicit undesirable psychological reactions in young children who have reached the age of awareness of sex difference (approx. 2 years) and in preschoolers for whom already burgeoning involvement with psychological themes of loss, castration, and disfigurement.

According to Hastings Center Fellow and leading Conservative Jewish bioethicist Elliot N. Dorff (2006),<sup>10</sup>

There [are] several ways in which Jewish practices specifically promote intrusion. . . . [For example,] friends and family are expected to celebrate the *brit milah* (ritual circumcision) of a newborn boy with his parents, even though that is surgery on his most private parts. (33)

See also the conclusion of *The Covenant of Circumcision: New Perspectives on an Ancient Jewish Rite*, wherein editor Elizabeth Wyner Mark (2003) records the following statement from a roundtable of Jewish women. One of the Reform rabbis remarked, “I think that to cut a penis is an act of sexual violence. It’s sexual and it’s violent. We’re not piercing ears here” (202).

When applied to penile circumcision, concerns over the breaching of sexual boundaries are often placed as secondary, since the physical removal of the foreskin has typically been perceived as a more pressing ethical issue. However, although it may seem counterintuitive, criticisms of religious genital cutting as an overt breach of sexual/genital boundaries become more readily identified by participants when dealing specifically with the minimally invasive, “token” procedure of HDB. These are concerns shared by even many adult participants.

### 5.1. Adult Perspectives on HDB

---

<sup>10</sup> Dorff (1995) also provides a thorough examination of genitals considered as an especially private and protected site from a Jewish religious perspective in his *Committee on Jewish Law and Standards responsum* “Family Violence” (see the section “Sexual Abuse” on page 789). On the notion that incursions to one’s genitals are distinct from other body parts in their heightened potential to inflict sexual abuse and humiliation, Dorff (1995, 790) writes, “The Torah makes this exceedingly clear: ‘If two men get into a fight with each other, and the wife of one comes up to save her husband from his antagonist and puts out her hand and seizes him by his genitals, you shall cut off her hand; show no pity [Deut. 25:11–12]’: Despite the special justification the woman had for shaming her husband’s assailant, the Torah demands drastic steps in retribution for the degradation she caused.”

From a traditional religious perspective, *hatafat dam brit* may be performed at any age. While the focus of this essay has been on the ethics of involuntary genital cutting (especially as concerns children), the following perspectives by adult participants lend context to the sensitive nature of undergoing HDB, even when consensual.

Alexander Massey (2019):

For an adult male, conscious of his genitals and sexual self, the surrender he has to make to another adult who will draw blood from an intimate part of his anatomy presents a significant hurdle. . . . If we ourselves have not been forced to consider that choice, it is questionable whether we are qualified to assess the level of emotional and psychological pain and distress the candidate might be enduring, the level to which their trust in our Jewish community to be compassionate and just is being undermined.

Dawn Kepler (2014):

When men ask me about this experience, they always want to know if the *hatafat dam brit* hurt. Honestly, I don't remember any pain at all. That doesn't mean, however, that *hatafat dam brit* isn't an uncomfortable part of the conversion process. No matter the context, having your penis inspected, pinched, and poked can be awkward and unsettling.

Kevin Masterson (2023):

I Googled to find information on the ceremony, but unfortunately there was very little out there. I guess it's not a topic that most men want to discuss. I called three of the phone numbers she had given me and made an appointment with the mohel who sounded the most reassuring.

People who knew that I was converting to Judaism asked me if I was scared when I told them what I had to do. Of course I lied and said no, but the very thought of someone drawing even a drop of blood from my manhood made me anxious.

Curiously, when dealing with small children, a sexual boundary-based objection to HDB often comes from the parents, even among those who express no objection to the physically more invasive act of penile circumcision. In a recent article published on the Jewish parenting site Kveller, Wendy Litner (2022) describes her refusal to subject her adopted, adolescent twins—who had already been circumcised—to HDB:

I felt a spiritual record scratch. They need to do what now? . . . I couldn't stop thinking about it. I couldn't stop imagining telling my children that a stranger is going to hold their penis and make it bleed for symbolism, before submerging their heads in water,<sup>11</sup> naked, as another stranger watched to confirm.

Older children, however, may be capable of objecting themselves. Sometimes their objection or expressed discomfort is respected (Billet 2016), but in many cases it is not. In some cases the child is tricked into participation or not given any warning or preparation (Seeman 2010, 135). In other cases, the child may not be confident enough to object, yet later express discomfort with the experience. Below are excerpts from an anonymous essay published on NYPRESS titled “I Was A Teenage Proselyte” (2015). The article details an HDB (and naked ritual water submersion) experienced by the author when he was thirteen years old:

I was too young to understand the Prince Albert but old enough to be worried when Dr. Greenbaum said, “Joshua, please lower your pants.”

---

<sup>11</sup> Litner refers to the ritual of *mikveh* water submersion, which along with HDB is often required of converts to Judaism. In many cases, religious authorities require the candidate to submerge naked with witnesses.

I began bawling as I inched my tightie-whities down my thighs, revealing my teenage gherkin. My dad and brother averted eyes, leaving my crotch for real Jews. They started murmuring. Dr. Greenbaum stepped forward . . .

The doctor grasped my offending member and scrunched up some [remnant] foreskin like an accordion. He grabbed the needle and, like a fencer lunging, pricked my bunched skin and squeezed until a blood dollop oozed from the minute hole, dotting my pink flesh red. . .

On the rabbi's command, I stripped and stepped into the mikveh. Cold water rose to my nipples, creating erasers. My teeth chattered and tears again welled as the bet din broke into prayer like a '60s Hassidic doo-wop group.

After submerging, then joining in the prayers as best I could, I climbed out of the pool. Rabbi Fox clasped my nude frame, crumpling his suit in all the wrong places.

“Congratulations, my son, you are one of us.”

Instead of pride, I felt shame: my rabbi had seen me naked before my eighth-grade girlfriend.

However, concerns about the sexual impropriety of performing HDB on young children and teens are not limited to marginally religiously affiliated individuals, but are also expressed by progressive rabbis and even *mohels*. For example, in a 2022 article in the Jewish Reconstructionist's journal *Evolve*, rabbi and *mohel* Kevin Bernstein commented on the relevant differences between *brit milah* and HDB (wherein, for full disclosure, he responds to some of my own criticisms of the former; Bernstein 2022). Of infant circumcision itself, he writes,



I reject the criticisms that infant circumcision is brutal, coercive, mutilation or cruel. . . .

In addition, I do not find the claims compelling that circumcision causes severe psychological (and psychosexual) damage. (Bernstein 2022)

Yet, in a follow-up podcast appearance, Bernstein discusses his more complicated views about the appropriate age for HDB. Although he describes the physical elements of the practice as “painless” and as “a very, very minor procedure,” Bernstein draws a curious line about performing HDB on minors:

I strongly recommend that they do not consider doing this between the age of three and sixteen. And the reason I say that is because I believe it’s very, very difficult to judge children of that age, what they’re thinking and what they’re feeling. And I tend to prefer that they wait till a time where they can be sure that the child is not experiencing it as this strange man came and did something to my . . . who I had never met before and did something to my genitals. I think that is a little bit too fraught with other kinds of possibilities. So I recommend strongly against doing that during those ages. And to get back to my original point is, before three years old, quite frankly, I don’t think the kids remember it. (quoted in Schwartzman 2022, 32:00)

Rabbi Bernstein’s recommendation on age appropriateness is consistent with that of some other mohels (Sherman n.d.) and others in the Reconstructionist Rabbinical Association (RRA, which represents the fourth-largest Jewish denomination in America), as noted in their official 2009 conversion guidelines: “Depending on the age of an adopted boy, medical, psychological and emotional issues will need to be addressed in considering circumcision and *hatafat dam brit*” (RRA 2009).

Similarly, the Central Conference of American Rabbis (CCAR), which currently represents the largest Jewish denomination in the United States, maintains an official *responsum* (rabbinic position) on this very situation titled “Hatafat dam b’rit for a three year old child of a mixed marriage,”<sup>12</sup> wherein they ultimately recommend *against* the practice for younger children because “the child in our case is not eight days but three years old; for him, as well as for his family, the experience of *hatafat dam b’rit* would likely be traumatic and terrifying” (CCAR 1991).

As observed above, many such perspectives place age appropriateness as the major factor in permitting HDB, albeit with an unusual set of age brackets that place newborns alongside adults as permissible candidates, while children and teens are considered too young. A frequently raised line of reasoning in support of those categories (as suggested by Bernstein and Halevi Spero, for example) is that when HDB is performed on minors at an age of 2–3 years or older, as opposed to on infants, there is the potential for the impacted individual to remember the event as a negative experience. Infants, Bernstein argues, are better candidates since they cannot remember the experience at all.

However, this raises an uncomfortable comparison. Returning to the article by David Archard (2007) mentioned previously, it calls to mind the “unconscious rape victim” scenario, which considers whether an incursion into another’s sexual anatomy, which would normally be considered a grave violation, may somehow be considered permissible (or, at least, less serious of a wrong) if the victim is passed out at the time and is therefore unable to remember the event (see also the analysis by Bettcher 2023). According to Archard, while the inability of the victim to consciously experience the violation in real time may sometimes lessen the “hurt” of the

---

<sup>12</sup> CCAR rabbinic *responsa* are not treated as binding by-laws of the movement. They can best be understood as recommendations. Some Reform rabbis insist on performing HDB on children despite this publication.

offense, it does not lessen the essential wrong. And that remains true, Archard argues, even if the person never learns about the violation.

In any case, for children who are *conscious* of an experience of genital cutting, as in the Bernstein and Halevi Spero examples, practitioners may worry that the intent of the procedure, while benign in the eyes of those administering the ritual, can be “misinterpreted” as inappropriate sexual touching by a minor. But this too is problematic. The fact is, the child’s genitals *are* being touched, and the moral appropriateness of this touching is precisely what is in dispute. Indeed, in my view, the key ethical question here is not whether the practitioner acts maliciously (presumably, in the vast majority of cases they do not); it is about whose interpretation of the event should be given more weight in cases of experienced discomfort.

Another possible explanation for this age bracket concerns the psychology of the relationship dynamic between a parent and newborn child. A new parent’s developing bond with an infant may be experienced as impersonal, or in some cases not experienced at all (Ogunyemi 2022). Thus, it may be perceived as more admissible (or perhaps, better stated, more *tolerable*) to an adult to subject a child to certain practices in infancy but not in adolescence. Medieval Jewish philosopher Moses ben Maimon (popularly known as Maimonides) notably considered such an argument. He wrote:

‘The parents’ love for a new-born child is not so great as it is when the child is one year old; and when one year old, it is less loved by them than when six years old. The feeling and love of the father for the child would have led him to neglect the law [of circumcision] if he were allowed to wait two or three years, whilst shortly after birth the image is very weak in the mind of the parent, especially of the father who is responsible for the execution of this commandment. (In Friedlander 1956, 379)

Yet the perspectives above fail to explain the seemingly contradictory position taken by families who permit circumcision but specifically reject *infant* HDB. A recent Conservative Jewish responsum by the Committee on Jewish Law and Standards (CJLS), which covers their approach to *brit milah* during the COVID-19 outbreak, raises concern about this subset of parents: although they are religiously committed enough to desire an in-person community naming ritual—and they allow their child to be “medically circumcised”—they reject the ritual practices of *brit milah* and HDB. Unlike the CCAR, the CJLS recommends a strict response, as dropping the requirement for HDB following “early” circumcision “may set a popular precedent even in ordinary circumstances, eroding support for traditional *brit milah* on the eighth day of a boy’s life, which is already under pressure in some circles” (Nevins 2020, 8). Unlike religious Jewish parents who abstain from child circumcision altogether, the parents described here by the CJLS are not proponents of a principled “zero-tolerance” approach to genital cutting, as they permit infant circumcision. Yet they abstain from HDB in the infant phase, thus, their objection to HDB must be based on reasons other than the above (such as memory of the event, misinterpretation, or lack of fully developed personhood or parent–child bond). Perhaps the most straightforward explanation of this position is that some religious parents are willing to allow what they perceive as a “medical procedure” (even when performing it primarily for religious or socio-cultural reasons) but unwilling to allow a purely religious ritual practice to be performed on their child’s genitals.

## 6. THE ROLE OF MEDICALIZATION

Here I will briefly comment on the relevance of medicalization in enabling contemporary religious genital cutting, which is relevant to HDB and other minor forms that (on the

paradoxical merit that they are indeed so minor) resist the possibility of becoming medicalized. Elsewhere I have argued that what crucially separates popular perceptions of various religious genital cutting practices is whether or not a certain practice may be construed (at least nominally) as a “medical procedure” (Buckler 2023). I argue that when this conception is removed, religious child genital cutting practices will reliably be rejected within the bands of a normatively liberal society, including by many from within the given subculture. Whereas Shweder might argue that penile circumcision is a kind of “proof of concept” and that other child cutting acts, such as female ritual nicking or partial prepuce removal, could be successfully integrated, I submit that there is not much reason to believe that those who value Western norms around human rights and bodily autonomy would ever concede that child genital cutting is a legitimate religious freedom. Penile circumcision is no exception, since, when it was derided by doctors in the post-Enlightenment era, many Jews abstained from circumcision and even joined the chorus of critics (Ungar-Sargon 2018b; Wyner Mark 2003, xx, and 147; Hirsch 1923, 158; Glick 2005, 115). Indeed, as Rabbi Julie Pelc Adler, longtime director of NOAM (National Organization of American Mohelim), the Reform movement *mohel’s* organization, acknowledged in 2020,

It is quite likely that most Reform Jews would have ceased to practice circumcision had it not been for the view that gained currency in the early 20th century, that circumcision conveyed hygienic and health benefits. (Pelc Adler 2020).

In the current case of neonatal circumcision, the medicalized version of the intervention enables certain participants to engage with a medical justification and disengage with a ritual motivation. This can be observed in the way that the majority of Jews, who are secular, demonstrate a marked preference for circumcision in a sterile clinical setting, without any accompanying ritual trappings (Glick 2005, 280). Further along the spectrum, liberal religious

Jews have continued practicing ritual circumcision, yet have become entirely reliant on medical hybridization, as the Reform and Conservative movements currently only train *mohels* who have prior medical experience (NOAM n.d.; Rabbinical-Assembly n.d.) Even among more traditional Orthodox communities, where most *mohels* are not medical professionals, many traditionalists appeal to medical benefits (Leiter 2022) or use medical “signalers” when performing the ritual, such as wearing white lab coats (Otterman 2012) to demonstrate a veneer of medical acceptability to what is fundamentally a religious practice.<sup>13</sup>

However, for the medicalization of a practice to be possible (meaning that it could feasibly take root in secular medical practice), the intervention has to be significant enough to justify secular medical analysis of the physical procedure’s consequences (e.g., removal the penile foreskin alleged to carry health benefits due to the removal of tissue that could one day host an infection; see Darby 2015 for a detailed analysis). But when a genital cutting act is so superficial that its predicted “effects” cannot be medicalized, it will be recognized and morally measured primarily as a *ritual interaction with the genitals*. This explains in part why the AAP’s 2010 attempted harm-reduction position, which permitted a type of symbolic/minor FGC, was unsuccessful and subsequently retracted (Louden 2010). It also explains why medical professionals in Malaysia who support the cultural norm of FGC are observed to *expand* their physical practices beyond the merely symbolic types, apparently reasoning that *some* amount of tissue needs to be removed to provide a “medical” justification (Rashid, Iguchi, and Afiqah 2020).

---

<sup>13</sup> Recall also that Jumana Nagarwala, the Dawoodi Bohra member at the heart of the US federal court case, was a medical doctor—trained at the prestigious Johns Hopkins Medical School—and was alleged to have performed the criminal acts of FGC with sterile instruments in a clinical environment.

Thus, when offered, the primary objections to the explicitly non-medicalized practice of HDB center not on bodily harms or pain, but instead on the impropriety of merely *involving* a person’s genitals in religious activity without consent. Such is the source of the “trauma and terror” applicable to small children suggested by the CCAR: nakedness, genital touching, and vulnerability. Additionally, such an objection is the likely reason for the CJLS’s “problematic” parent; like Litner (2022), though they may permit infant circumcision, they prove it is possible to harbor a separate moral rejection of the essential *act* of a child genital ritual, even when the physical impact of the ritual is mitigated to its absolute minimum.

## 7. CONCLUSION: CHANGING THE CONVERSATION ABOUT CHILD GENITAL CUTTING

Unlike penile circumcision and other genital cutting practices, HDB has not yet been the subject of significant moral dispute. There are not currently activist groups protesting the practice, nor are many moral philosophers scrutinizing its merits as a standalone procedure distinct from penile circumcision. But if the current trend of the debate continues, in which many scholarly contributors like Earp take a zero-tolerance position toward any type of medically unnecessary, non-voluntary genital cutting, no matter how minimally invasive (Townsend 2021; BCBI 2019; Earp 2022b; Möller 2020), then the ethics of HDB and other pricking practices (see Wahlberg, Påfs, and Jordal 2019) will need to be considered more closely.

In inviting responses to this article, I again raise the point that consideration of HDB poses a challenge to all camps. Advocates of the zero-tolerance position must be able to argue against the moral permissibility of an unrequested HDB—perhaps more so than any other intervention in the category—because if they cannot, it would prove that at least a pinprick

should be considered permissible. On the other hand, defenders of (tolerance for) child genital cutting practices (and, by extension, certain harm reducers) must do more to engage with the potential sexual harms or violations underlying the cutting *act* itself—specifically, that their position indicates that children’s genitals are an appropriate *site* for adult religious behavior, whether by cutting or not.

It is my position that consideration of this small but important practice forces a change in the way genital cutting practices should be categorized and debated. Rosie Duivenbode (2023) was incorrect in asserting that, “ultimately, this conversation turns on conceptualizations of body normativity” (5) in relation to physical state or appearance. What should be apparent through study of HDB is that not all types of genital cutting aim at producing variant bodies; certain types are intended to *cut* without modification. This debate is not, therefore, primarily about the value (or disvalue) of various body parts in an “intact” or “modified” state. Instead, I submit that a more accurate statement would be that this conversation turns on normative *boundaries*. It is those boundaries that are at stake, not just foreskins, drops of blood, and sesame-seed-sized “donations” of flesh.

The challenge posed by HDB is this: it strips away the confusion of debating whether a practice can be considered a “medical procedure” or not, or whether it is harmful or beneficial, physically mutilating or beautifying. It forces the consideration of an underlying problem with ritual genital cutting: even when reduced to its most *essentialized* “minor” form, genital cutting involves *genital touching*. And unrequested genital touching *at any age* is nearly universally considered a violation unless it is necessary to prevent a significant risk of serious harm (as with regular diaper changing and so on), even when the physical consequences of the interaction are effectively zero.



These high stakes moral concerns are held in common by religious and irreligious communities alike, even by those for whom certain valued practices (such as the type under discussion) are not yet granted or understood to engage them. Per Rabbi Elliot N. Dorff (1995),

We are humiliated when we are sexually abused—even just touched in our private parts against our will—for we feel that our sense of self has been invaded, that our honor has been compromised in the most fundamental way possible. (790)

Thus, a different standard for the discourse is necessary—one that grants these acts as potential violations of an individual’s embodied personhood—of personal sexual boundaries—and not merely as physically injurious interventions.

Recall again Dr. Samuel Kunin’s (n.d.) guide to HDB; Step 5 of the procedure involves the actual pricking action, but what if there were a violation incurred by Step 1? “Gently grasp the head of the penis.” May we dispense with Step 5 if we should stop before Step 1?

## REFERENCES

- AAP Committee on Bioethics. 2010. "Ritual Genital Cutting of Female Minors." *Pediatrics* 125 (5): 1088–93. <https://doi.org/10.1542/peds.2010-0187>.
- Ahmadu, Fuambai Sia, and Tatu Kamau. 2022. “Dr Tatu Kamau vs The Attorney General and Others: Problems and Prospects in Kenya’s 2021 High Court Ruling to Uphold the Prohibition of Female Genital Mutilation Act 2011 - A Reply to ‘The Prosecution of Dawoodi Bohra Women’ by Richard Shweder.” *Global Discourse* 12 (1): 29–46. <https://doi.org/10.1332/204378921X16388161357195>.
- Archard, David. 2007. “The Wrong of Rape.” *The Philosophical Quarterly* 57 (228): 374–93.

- <https://doi.org/10.1111/j.1467-9213.2007.492.x>.
- Arora, Kavita Shah, and Allan J. Jacobs. 2016. "Female Genital Alteration: A Compromise Solution." *Journal of Medical Ethics* 42 (3): 148–54. <https://doi.org/10.1136/medethics-2014-102375>.
- Baldas, Tresa. 2021. "Judge Throws out Historic Female Genital Mutilation Case, Calls Feds 'Vindictive.'" *Detroit Free Press*. September 28. <https://www.freep.com/story/news/local/michigan/detroit/2021/09/28/judges-tosses-detroits-historic-female-genital-mutilation-case/5902782001/>.
- BCBI. 2019. "Medically Unnecessary Genital Cutting and the Rights of the Child: Moving Toward Consensus." *The American Journal of Bioethics* 19 (10): 17–28. <https://doi.org/10.1080/15265161.2019.1643945>.
- Benatar, D. 2008. "Why Do Jewish Egalitarians Not Circumcise Their Daughters? Chanukah: 21–23." In *Jewish Affairs*.
- Bernstein, Kevin. 2022. "We Should Continue Practicing Brit Milah." *Evolve*. February 2. <https://evolve.reconstructingjudaism.org/we-should-continue-practicing-brit-milah/>.
- Bettcher, Talia Mae. 2023. "Phenomenology, Agency, and Rape: Comments on Heyes's *Anaesthetics of Existence*." *Feminist Philosophy Quarterly* 9 (2): 1–9. <https://ojs.lib.uwo.ca/index.php/fpq/article/view/16601>.
- Billet, Avi. 2016. "Honoring Bris Milah Later in Life, for Heaven's Sake." *The Jewish Star*. December 13. <https://www.thejewishstar.com/stories/Honoring-Bris-Milah-later-in-life-for-Heavens-sake,11430>.
- Bleich, J. David. 2010. "Survey of Recent Halakhic Periodical Literature: LASER

- CIRCUMCISION.” *Tradition: A Journal of Orthodox Jewish Thought* 43 (3): 89–109.  
<https://www.jstor.org/stable/23263802>.
- Blum, Brian. 2023. “Should Jewish Males Be Circumcised? - Comment.” *The Jerusalem Post*.  
October 6. <https://www.jpost.com/opinion/article-761789>.
- Bootwala, Yasmin. 2019. “A Review of Female Genital Cutting in the Dawoodi Bohra  
Community: Part 3—the Historical, Anthropological and Religious Underpinnings of  
FGC in the Dawoodi Bohras.” *Current Sexual Health Reports* 11 (3): 228–35.  
<https://doi.org/10.1007/s11930-019-00214-x>.
- Bootwala, Yasmin. 2023. “Exploring Opposition to Ritual Female Genital Cutting since the First  
U.S. Federal Prosecution: The 2017 Detroit Case.” *International Journal of Impotence  
Research* 35 (3): 179–86. <https://doi.org/10.1038/s41443-022-00532-0>.
- Brod, Harry. 1988. *A Mensch Among Men: Explorations in Jewish Masculinity*. New York:  
Crossing Press.
- Brofsky, David. 2018. “Hatafat Dam Brit: The Role of Drawing Blood at the Brit Mila.” *Etzion*.  
May 12. <https://etzion.org.il/en/halakha/yoreh-deah/circumcision/hatafat-dam-brit-role-drawing-blood-brit-mila>.
- Buckler, Max. 2023. “The Ethics of Child Genital Cutting. When Does a Violation Occur?  
Comments on ‘Defending an Inclusive Right to Genital and Bodily Integrity for  
Children’ by Dr. Kate Goldie Townsend.” *International Journal of Impotence Research*  
35 (1): 31–34. <https://doi.org/10.1038/s41443-022-00611-2>.
- Carpenter, Morgan, Katharine B. Dalke, and Brian D. Earp. 2023. “Endosex.” *Journal of  
Medical Ethics* 49 (3): 225–26. <https://doi.org/10.1136/medethics-2022-108317>.
- Carpenter, Morgan. 2018. “Intersex Variations, Human Rights, and the International

- Classification of Diseases.” *Health and Human Rights* 20 (2): 205–14.
- CCAR. 1991. “Hatafat Dam B’rit Archives.” Central Conference of American Rabbis. TFN No. 5752.2 241-248. <https://www.ccarnet.org/responsa-topics/hatafat-dam-brit/>.
- Cohen, Shaye J. D. 2005. *Why Aren’t Jewish Women Circumcised? Gender and Covenant in Judaism*. Berkeley: University of California Press. <https://www.jstor.org/stable/10.1525/j.ctt1ppgr1>.
- Darby, Robert. 2015. "Risks, Benefits, Complications and Harms: Neglected Factors in the Current Debate on Non-Therapeutic Circumcision." *Kennedy Institute of Ethics Journal* 25 (1): 1–34. <https://doi.org/10.1353/ken.2015.0004>.
- Davis, Dena S. 2003. “Pelvic Exams Performed on Anesthetized Women.” *AMA Journal of Ethics* 5 (5): 193–94. <https://doi.org/10.1001/virtualmentor.2003.5.5.oped1-0305>.
- Diamant, Anita. n.d. “The Covenant of Circumcision.” *My Jewish Learning* (blog). Accessed October 3, 2023. <https://www.myjewishlearning.com/article/the-covenant-of-circumcision/>.
- Dorff, Elliot N. 1995. “Family Violence.” [https://www.rabbinicalassembly.org/sites/default/files/public/halakhah/teshuvot/19912000/dorff\\_violence.pdf](https://www.rabbinicalassembly.org/sites/default/files/public/halakhah/teshuvot/19912000/dorff_violence.pdf)
- Dorff, Elliot N. 2006. *Love Your Neighbor and Yourself: A Jewish Approach to Modern Personal Ethics*. Philadelphia: The Jewish Publication Society.
- Duivenbode, R. 2023. “Criminalizing Medically Unnecessary Child Genital Cutting in Western Countries: The Terms of the Debate and Some Reasons for Caution.” *International Journal of Impotence Research* 35 (1): 21–26. <https://doi.org/10.1038/s41443-021-00491-y>.

- Earp, Brian D. 2020. “Why Was the U.S. Ban on ‘female Genital Mutilation Ruled Unconstitutional, and What Does This Have to Do with Male Circumcision?” *Ethics, Medicine and Public Health* 15 (October): 100533.  
<https://doi.org/10.1016/j.jemep.2020.100533>.
- Earp, Brian D. 2022a. “Against Legalising Female ‘Circumcision’ of Minors: A Reply to ‘The Prosecution of Dawoodi Bohra Women’ by Richard Shweder.” *Global Discourse* 12 (1): 47–76. <https://doi.org/10.1332/204378921X16347905414226>.
- Earp, Brian D. 2022b. “The Ethics of Circumcision.” In *The Rowman & Littlefield Handbook of Bioethics*, edited by Ezio Di Nucci, Ji-Young Lee, and Isaac A. Wagner, 296–317. Rowman & Littlefield.
- Earp, Brian D., Jasmine Abdulcadir, and Lih-Mei Liao. 2023. “Child Genital Cutting and Surgery across Cultures, Sex, and Gender. Part 2: Assessing Consent and Medical Necessity in ‘Endosex’ Modifications.” *International Journal of Impotence Research* 35 (3): 173–78. <https://doi.org/10.1038/s41443-023-00698-1>.
- Earp, Brian D. 2016. “In Defence of Genital Autonomy for Children.” *Journal of Medical Ethics* 42 (3): 158–63. <https://doi.org/10.1136/medethics-2015-103030>.
- Earp, Brian D. 2021. “Protecting Children from Medically Unnecessary Genital Cutting Without Stigmatizing Women’s Bodies: Implications for Sexual Pleasure and Pain.” *Archives of Sexual Behavior* 50 (5): 1875–85. <https://doi.org/10.1007/s10508-020-01633-x>.
- Earp, Brian D., and Sara Johnsdotter. 2021. “Current Critiques of the WHO Policy on Female Genital Mutilation.” *International Journal of Impotence Research* 33 (2): 196–209. <https://doi.org/10.1038/s41443-020-0302-0>.
- Earp, Brian, and Rebecca Steinfeld. 2018. “Genital Autonomy and Sexual Well-Being.” *Current*

- Sexual Health Reports* 10 (1): 7–17. <https://doi.org/10.1007/s11930-018-0141-x>.
- Earp, and Lori Bruce. 2023. “Medical Necessity and Consent for Intimate Procedures.” *Journal of Medical Ethics* 49 (9): 591–93. <https://doi.org/10.1136/jme-2023-109465>.
- Earp, Brian, and Josh Yuter. 2019. “Is Circumcision Wrong?” *Letter*. December 19. [https://www.academia.edu/82613388/Is\\_circumcision\\_wrong](https://www.academia.edu/82613388/Is_circumcision_wrong).
- Fusaschi, Michela. 2023. “Gendered Genital Modifications in Critical Anthropology: From Discourses on FGM/C to New Technologies in the Sex/Gender System.” *International Journal of Impotence Research* 35 (1): 6–15. <https://doi.org/10.1038/s41443-022-00542-y>.
- Glick, Leonard. 2005. *Marked in Your Flesh: Circumcision from Ancient Judea to Modern America*. Oxford: Oxford University Press.
- Glustrom, Simon. n.d. “Saving a Life (Pikuach Nefesh).” *My Jewish Learning* (blog). Accessed October 26, 2023. [https://www.myjewishlearning.com/practices/Ethics/Our\\_Bodies/Health\\_and\\_Healing/Saving\\_a\\_Life.shtml](https://www.myjewishlearning.com/practices/Ethics/Our_Bodies/Health_and_Healing/Saving_a_Life.shtml).
- Halevi Spero, Moshe. 2011. “Postponement of Ritual Circumcision (Brit Milah) in Young Children for Psychiatric Reasons: A Halakhic Analysis - Schlesinger Institute.” <https://www.medethics.org.il/article/postponement-of-ritual-circumcision-brit-milah-in-young-children-for-psychiatric-reasons-a-halakhic-analysis/>.
- Hirsch. 1923. *Justizrat Dr. Naphtali Hirsch: Ein Blick in Seine Geisteswerkstätte : Eine ... - Naphtali Hirsch - Google Books*. Sanger & Friedberg.
- “I Was a Teenage Proselyte.” 2015. [www.Nypress.Com](http://www.Nypress.Com). 2015. <https://www.nypress.com/news/i-was-a-teenage-proselyte-IINP1020040921309219999>.
- Jacobs, Allan J. 2022. “Males and Females Have Different Anatomy: Is This Relevant to

- Circumcision? A Reply to ‘The Prosecution of Dawoodi Bohra Women’ by Richard Shweder.” *Global Discourse* 12 (1): 77–89. <https://doi.org/10.1332/204378921X16281926170803>.
- Jacobs, Allan J., and Kavita Shah Arora. 2017. “Punishment of Minor Female Genital Ritual Procedures: Is the Perfect the Enemy of the Good?” *Developing World Bioethics* 17 (2): 134–40. <https://doi.org/10.1111/dewb.12135>.
- Kepler, Dawn. 2014. “Hatafat Dam Brit / Brit Milah - BECOMING JEWISH.” 2014. *Becoming Jewish*. March 28. <https://www.becomingjewish.net/blog-into-the-jewish-pool/hatafat-dam-brit-brit-milah>.
- Kunin. n.d. “Dr. Samuel Kunin’s Guide to Hatafat Dam Brit.” <https://web.archive.org/web/20051218133034/http://www.samkununmd.com/docinfo/HatafatDamBrit.pdf>.
- Leiter, Hayim. 2022. “Nothing New at the New Yorker.” *The times of Israel*. July 28. <https://blogs.timesofisrael.com/nothing-new-at-the-new-yorker/>.
- Liao, Lih-Mei. 2022. *Variations in Sex Development: Medicine, Culture, and Psychological Practice*. Cambridge: Cambridge University Press. <https://doi.org/10.1017/9781009000345>.
- Litner, Wendy. 2022. “My Twins Are Adopted. Do They Really Need to Convert to Judaism?” *Kveller*. March 8. <https://www.kveller.com/my-twins-are-adopted-do-they-really-need-to-convert-to-judaism/>.
- Littman, Shany. 2022. “‘If I Take a Beating, I Take a Beating,’ Says the Head of Israel’s Association for Civil Rights.” *Haaretz*. October 1. <https://www.haaretz.com/israel-news/2022-10-01/ty-article-magazine/.highlight/if-i-take-a-beating-i-take-a-beating-says-the-head-of-israels-answer-to-aclu/00000183-8fb4-d2c5-a1bb-cf40170000>.

Louden, Kathleen. 2010. "AAP Retracts Controversial Policy on Female Genital Cutting."

*Medscape*. June 2. <https://www.medscape.com/viewarticle/722840>.

Lunde, Ingvild Bergom, and Matthew Thomas Johnson. 2022. "Introduction: Gender Equality in

Abrahamic Circumcision – Why or Why Not?" *Global Discourse* 12 (1): 3–7.

<https://doi.org/10.1332/204378921X16369920470269>.

"M. Shabbat 19:3." n.d.

Maimonides, Moses. 1190. *The Guide for the Perplexed*.

Massey, Alexander. 2019. "Circumcising Conversion Candidates –

'The Most Unkindest Cut of All' [2019] – Alexander Massey."

<https://alexandermassey.com/circumcising-conversion-candidates-the-most-unkindest-cut-of-all/>.

Masterson, Kevin. 2023. "Conversion to Judaism: Hatafat Dam Brit."

Sandra Caplan Community Bet Din. March 1. <https://scbetdin.com/Our-Blog/13078113>.

Michaelson, Jay. 2011. "A Modest Proposal." *Forward*. 2011.

<https://forward.com/culture/139100/a-modest-proposal/>.

Möller, Kai. 2020. "Male and Female Genital Cutting: Between the Best Interest of the Child and Mutilation." *Oxford Journal of Legal Studies* 40 (3): 508–32.

<https://doi.org/10.1093/ojls/gqaa001>.

Munzer, Stephen R. 2018. "Examining Nontherapeutic Circumcision." *Health Matrix: The*

*Journal of Law-Medicine* 28 (1): 1–78. <https://scholarlycommons.law.case.edu/cgi/viewcontent.cgi?article=1620&context=healthmatrix>.

[edu/cgi/viewcontent.cgi?article=1620&context=healthmatrix](https://scholarlycommons.law.case.edu/cgi/viewcontent.cgi?article=1620&context=healthmatrix).

Nevins, Daniel. 2020. "Early Circumcision in a Pandemic." The Rabbinical Assembly.



- December 10. <https://www.rabbinicalassembly.org/sites/default/files/2020-12/Early%20Circumcision%20During%20a%20Pandemic%20final.pdf>.
- NOAM. n.d. "BrisProgram." Accessed October 8, 2023. <https://www.brisprogram.org/>.
- Ogunyemi, Dotun. 2022. "Bonding with Your Newborn: What to Know If You Don't Feel Connected Right Away." *The American College of Obstetricians and Gynecologists*. January. <https://www.acog.org/womens-health/experts-and-stories/the-latest/bonding-with-your-newborn-heres-what-to-know-if-you-dont-feel-connected-right-away>.
- Otterman, Sharon. 2012. "Denouncing City's Move to Regulate Circumcision." *The New York Times*. September 13. <https://www.nytimes.com/2012/09/13/nyregion/regulation-of-circumcision-method-divides-some-jews-in-new-york.html>.
- Pelc Adler, Julie. 2020. "CCAR: B'rit Milah During COVID-19 Pandemic." The Colby College Community Web. Last updated April 13, 2020. <https://web.colby.edu/coronaguidance/2020/04/13/ccar-brit-milah/>.
- Pounder, D. J. 1983. "Ritual Mutilation. Subincision of the Penis among Australian Aborigines." *The American Journal of Forensic Medicine and Pathology* 4 (3): 227–29. <https://doi.org/10.1097/00000433-198309000-00009>.
- Rabbinical-Assembly. n.d. "Brit Kodesh: Brit Milah Training for Healthcare Professionals." The Rabbinical Assembly. Accessed October 8, 2023. <https://www.rabbinicalassembly.org/britkodesh2023>.
- Rashid, Abdul, Yufu Iguchi, and Siti Nur Afiah. 2020. "Medicalization of Female Genital Cutting in Malaysia: A Mixed Methods Study." *PLoS Medicine* 17 (10): e1003303. <https://doi.org/10.1371/journal.pmed.1003303>.
- Rep. Jackson Lee, Sheila [D-TX-18]. 2021. "Text - H.R.6100 - 116th U.S. Congress (2019-

- 2020): Strengthening the Opposition to Female Genital Mutilation Act of 2020.” Public Law No. 116-309. January 5, 2020. <https://www.congress.gov/bill/116th-congress/house-bill/6100/text/enr>.
- Rosman, Michael E. 2022. “Federalism and Female Circumcision in the US: A Reply to ‘The Prosecution of Dawoodi Bohra Women’ by Richard Shweder.” *Global Discourse* 12 (1): 159–66. <https://doi.org/10.1332/204378921X16264509095737>.
- Reconstructionist Rabbinical Association (RRA). 2009. “RRA Guidelines On GIYYUR.” The Reconstructionist Rabbinical Association. May 17. <https://therra.org/RRA%202009%20Guidelines%20on%20Giyyur.pdf>.
- Sacks, Andrew M. 1988. "The Seasons of a Jew—Conversion." Berman Archive. <https://www.bjpa.org/content/upload/bjpa/sack/Sacks18.pdf>.
- Sales, Ben. 2017. “Alan Dershowitz Explains Why He Is Assisting a Group Accused of Promoting Female Genital Mutilation.” *Jewish Telegraphic Agency* (blog). June 12, 2017. <https://www.jta.org/2017/06/12/united-states/alan-dershowitz-explains-why-he-is-assisting-a-group-accused-of-promoting-female-genital-mutilation>.
- Schwartzman, Bryan. 2022. “Rethinking the Circumcision Part 2, with Rabbi Kevin Bernstein.” *Evolve Podcast*. Episode 32. <https://assets.fireside.fm/file/fireside-images/podcasts/transcripts/a/a1e14040-bbfb-45f0-8938-b05ffd4afc51/episodes/4/497fef9e-abbb-45d0-a5f0-0dda35a10289/transcript.txt>.
- Seeman, Don. 2010. *One People, One Blood: Ethiopian-Israelis and the Return to Judaism*. Rutgers University Press.
- Shapiro, Joel. 2022. “We Should Reconstruct ‘Brit Milah’.” *Evolve*. February 2. <https://evolve.reconstructingjudaism.org/we-should-reconstruct-brit-milah/>.

- Sherman, Phillip. n.d. “Cantor Philip L. Sherman, Mohel’s Advice for Parents.” Cantor Philip L. Sherman, Mohel. Accessed October 8, 2023. <http://www.emoil.com/faq.php>.
- Shweder, Richard A. 2009. “Shouting at the Hebrews: Imperial Liberalism v Liberal Pluralism and the Practice of Male Circumcision.” *Law, Culture and The Humanities* 5 (2): 247–65. <https://doi.org/10.1177/1743872109102491>.
- Shweder, Richard A. 2013. “The Goose and the Gander: The Genital Wars.” *Global Discourse* 3 (2). <https://doi.org/10.1080/23269995.2013.811923>.
- Shweder, Richard A. 2022a. “Permitting Gender Equality in Abrahamic Circumcision: The Central Argument – In Retrospect and Reply.” *Global Discourse* 12 (1): 211–44. <https://doi.org/10.1332/204378921X16394338241091>.
- Shweder, Richard A. 2022b. “The Prosecution of Dawoodi Bohra Women: Some Reasonable Doubts.” *Global Discourse* 12 (1): 9–27. <https://doi.org/10.1332/204378921X16141809582432>.
- Shweder, Richard A. In Press: The Prosecution of Gender Equal Abrahamic Circumcision: Implications for Jews and Muslims.”
- Stein. n.d. “Sandra Caplan Community Bet Din | Hattafat Dam B’rit.” Sandra Caplan Community Bet Din. Accessed October 3, 2023. <https://scbetdin.com/Hattafat-Dam-Brit>.
- Taher. 2017. “Understanding Female Genital Cutting in the Dawoodi Bohra Community: An Exploratory Survey. Sahiyo.” [https://sahiyo.files.wordpress.com/2017/02/sahiyo\\_report\\_final-updatedbymt2.pdf](https://sahiyo.files.wordpress.com/2017/02/sahiyo_report_final-updatedbymt2.pdf).
- Tegal, Ermiza, and Zainab Ibrahim. 2017. “FGM in Sri Lanka: It’s Never ‘Just a Nick.’” 2017. *Al Jazeera*. <https://www.aljazeera.com/opinions/2017/12/25/fgm-in-sri-lanka-its-never-just-a-nick>.

- The Torah. 2006. *The Contemporary Torah*. Edited by David E. S. Stein, Carol L. Myers, Adele Berlin, and Ellen Frankel. Melrose Park, PA: Jewish Publication Society.
- Tillman, Stephanie. 2023. "Presumed Consent for Pelvic Exams Under Anesthesia Is Medical Sexual Assault." *IJFAB: International Journal of Feminist Approaches to Bioethics* 16 (1): 1–20. <https://doi.org/10.3138/ijfab-2022-0002>.
- Townsend, Kate Goldie. 2021. "Defending an Inclusive Right to Genital and Bodily Integrity for Children." *International Journal of Impotence Research* 35: 27–30. 2021. <https://www.nature.com/articles/s41443-021-00503-x>.
- Uberoi, Megha, Jasmine Abdulcadir, Dana A. Ohl, Javier E. Santiago, Gurpreet K. Rana, and Frank W. J. Anderson. 2023. "Potentially Under-Recognized Late-Stage Physical and Psychosexual Complications of Non-Therapeutic Neonatal Penile Circumcision: A Qualitative and Quantitative Analysis of Self-Reports from an Online Community Forum." *International Journal of Impotence Research* 35 (3): 234–41. <https://doi.org/10.1038/s41443-022-00619-8>.
- Ungar-Sargon, Eliyahu. 2018a. "Shouting at a Hebrew: A Conversation with Richard A. Shweder." *The CUT Podcast*. January 8. <https://www.cutthefilm.com/podcast/2018/1/8/shouting-at-a-hebrew-a-conversation-with-richard-a-shweder-phd>.
- Ungar-Sargon, Eliyahu. 2018b. "Why Is The Reform Movement Scared of Circumcision?" Eliyahu Ungar-Sargon. March 27. <https://www.eliungar.com/circumcision/2018/3/27/why-is-the-reform-movement-scared-of-circumcision>.
- US District Court. 2018. "United States of America vs Jumana Nagarwala et al." Criminal No. 17-CR-20274. US District Court, Eastern District of Michigan, Southern Division. 350 F. Supp 3d 613. 20 November 2018. <https://casetext.com/case/united-states-v-nagarwala>.

Wahlberg, Anna, Jessica Påfs, and Malin Jordal. 2019. "Pricking in the African Diaspora: Current Evidence and Recurrent Debates." *Current Sexual Health Reports* 11 (2): 95–101. <https://doi.org/10.1007/s11930-019-00198-8>.

World Health Organization (WHO). 2024. "Female Genital Mutilation." World Health Organization. February 5. <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>.

Wyner Mark, Elizabeth, ed. 2003. *The Covenant of Circumcision: New Perspectives on an Ancient Jewish Rite*. Brandeis Series on Jewish Women. Hanover, N.H: Brandeis University Press.