Who gets to cut? A Reproductive Justice Critique on the Law of Genital Cutting

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Abstract

This essay examines whether the Reproductive Justice (RJ) framework requires the law to address gender disparities, structural racism and colonial legacies in the regulation of genital cutting practices (GCP). It situates contemporary legal responses within the differing treatment of genital cutting in Western and non-Western contexts, highlighting the criminalisation of Female Genital Mutilation alongside the continued legality of male circumcision, cosmetic genital surgery, and certain intersex procedures.

Drawing on the RJ framework, which understands bodily autonomy through the lens of structural inequality rather than individual choice alone, the essay evaluates whether existing legal distinctions can be justified. It first considers gendered inconsistences in the protection of bodily integrity before examining how racialised narratives and colonial histories shape legal responses to non-Western practices. The essay then explores tensions within RJ concerning harm, medicalisation, and autonomy, arguing that although RJ exposes important shortcomings in existing law, it cannot fully displace legitimate state intervention where serious harm is involved. It concludes that RJ supports neither blanket criminalisation nor complete legality. Instead, it points towards a more coherent and context-sensitive framework that applies principles of bodily integrity consistently, while remaining attractive to structural inequality, cultural context, and the lasting influence of colonial governance.

Introduction

Legal responses to genital cutting practices (GCP) are characterised by striking inconsistencies. In many Western jurisdictions, practices labelled as Female Genital Mutilation (FGM) are subject to strict prohibition, while other forms of genital cutting, such as male circumcision,

cosmetic genital surgery, and intersex procedures, remain lawful and socially accepted.[1] These distinctions are often justified through harm prevention, child protection, and medical necessity.[2] However, such rationales risk masking the gendered, racialised, and historical assumptions that underpin legal regulation.

This essay evaluates the regulation of GCP through a reproductive justice lens, focusing on how the law responds to forms of gendered, racial, and colonial inequality. It argues that RJ exposes how current legal approaches reproduce gendered double standards and racialised constructions of bodily legitimacy, particularly in relation to non-Western practices. However, RJ does not demand uniform legal treatment of all genital practices. Rather, RJ advocates for a more context-sensitive approach that balances respect for cultural identity and autonomy, with legitimate concerns for serious and irreversible harm.[3]

This essay proceeds in four parts. First, it outlines the RJ framework. Secondly, it examines gender hierarchies in legal regulation. Thirdly, it analyses how structural racism and colonial legacies shape bodily norms. Finally, it considers the limits of RJ in relation to harm and proposes possible directions for legal reform.

The Reproductive Justice Framework

The RJ framework arose from dissatisfaction with the limitations of mainstream reproductive rights debates, which traditionally framed reproductive freedom in terms of individual choice, privacy, and access to healthcare. As articulated by Ross and Solinger[4], this rights-based model failed to account for structural conditions that shape individual's capacity to exercise

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[1] Female Genital Mutilation Act 2003; *Re B and G (Children) (No 2)* [2015] EWFC 3.
[2] David Fraser, 'The First Cut Is (Not) The Deepest: Deconstructing "Female Genital Mutilation" and the Criminalization of the Other' [1995] 18(1) Dalhousie Law Journal 331; Zara Spencer, 'The Criminalisation Of Female Genital Mutilation In Queensland' [2002] 9(3) Murdoch University Electronic Journal of Law (3(iii)(31), 4(i)(35)).
[3] FGM Act (n1); *Re and B* (n1).
[4] Loretta J. Ross and Rickie Solinger, *Reproductive Justice: An Introduction* (Chapter Title: A Reproductive Justice History), University of California Press (2017).

meaningful autonomy. RJ was developed by 'feminists of colour' who recognised that, alone, formal legal rights were insufficient in achieving the genuine reproductive autonomy sought after by marginalised communities. Instead, RJ requires attention to the social, political, and economic conditions that shape individuals' capacity to exercise meaningful choice, reframing reproductive freedom as a justice-orientated framework rather than a purely rights-based one.[5]

Central to RJ is the recognition that reproductive decision-making does not always allow for genuine autonomy. Choices relating to reproduction are often shaped, and at times constrained, by legal regulation, social 'norms', and power imbalances. As highlighted in *We Are Pregnant with Freedom*[6], women of colour have historically been subject to extensive state control over their reproductive capacities, most notably through practices such as sterilisation. For example, in the United States, the Relf sisters[7] who were both sterilised at a young age without meaningful consent, became emblematic of the systematic targeting of Black girls and women in the late 1900's, under the guise of public health and social welfare. This history underscores the RJ's insistence that reproductive autonomy must be understood within its broader social and political context, rather than assumed as an individualised choice.

RJ is commonly articulated through three core principles: the right not to have a child, the right to have a child, and the right to parent children in 'safe and healthy environments'.[8] However, Ross and Solinger emphasise that RJ also encompasses sexual autonomy, bodily integrity, and freedom from coercive state intervention.[9] This broader understanding makes RJ particularly well suited to interrogating GCP, which sit at the intersection of culture, sexuality, medicine,

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[5] Ibid 10.
[6] Stacie Selmon McCormick, '*We Are Pregnant with Freedom: Black Feminist Storytelling for Reproductive Justice*' (University of California Press 2025) 50-51.
[7] Mary Crossley, *'Reproducing Dignity: Race, Disability, and Reproductive Controls*' [2020] 54(195) University California Davis Law Review 213-214, Linda Villarosa, 'The Long Shadow of Eugenics in America' (*The New York Times Magazine*, 8 June 2022) <https://www.nytimes.com/2022/06/08/magazine/eugenics-movement-america.html> accessed 02 January 2026.
[8] Fraser (n2).
[9] Ross and Solinger (n4).

and the law. RJ offers a framework that is able to engage with the complexities of genital cutting in ways that purely medical or Human Rights-based frameworks cannot, as it values bodily autonomy whilst critically examining whether social and legal conditions allow that autonomy to be meaningfully exercised.

Gender Disparities and Legal Hierarchies

RJ reveals that legal regulation of GCP often reflects and reinforces gendered hierarchies rather than equally protecting bodily integrity. In many Western jurisdictions, Female Genital Cutting (FGC) is subject to absolute criminal prohibition, while male circumcision remains lawful and, in some contexts, actively promoted.[10] Although this distinction is often justified through concerns about harm prevention, closer analysis reveals a more complex and uneven allocation of protection and autonomy.

Legal frameworks such as the Female Genital Mutilation Act 2003[11] depict girls as uniquely vulnerable and in need of protection from genital alteration, while boys are treated as legitimate recipients of culturally or medically sanctioned genital alterations.[12] Davis states that, 'these two practices, dramatically separated in the public imagination, actually have significant areas of overlap'.[13] This is supported by Earp, who examines how certain forms of FGM are 'demonstrably less harmful than the most prevalent forms of male circumcision', yet only the former attracts criminal liability**.**[14] Judicial acknowledgement of this inconsistency can be seen in *Re B and G (Children) (No 2)*[15], where the court refers to the 'law's[16] seemingly very different approaches to FGM and male circumcision' as 'puzzling', but ultimately justifies them on the

[10] Brian D Earp, *'Female genital mutilation and male circumcision: toward an autonomy-based ethical framework'* [2015] 5(1) Medicolegal and Bioethics 89-104.
[11] FGM Act 2003 (n1).
[12] Ibid; *Re B* (n1).
[13] Dena S Davis, *'Male and Female Genital Alteration: A Collision Course with the Law?*' [2001] 11(2) Health Matrix 488.
[14] Crossley (n7).
[15] *Re B* (n1).
[16] Children Act 1989, Section 31.

basis of religious and medical rationales. Furthermore, Möller's discussion on this disparity also acknowledges the physical similarity between certain types of FGC and male circumcision but also rests on the basis that there is no religious or medical benefit to justify FGM, and that the differential treatment between the two practices is not solely based on harm.[17]

The hierarchy at issue is not simply one in which men benefit and women are disadvantaged. Rather, it operates paternalistically in a way which privileges Western norms of femininity, sexuality, and protection. Girls are 'protected' through criminalisation, but at the cost of being denied decisional autonomy even in adulthood.[18] This framing of women as victims arguably overlooks the reality that women are mostly the ones who are maintaining this practice, and in some communities the reality is that 'more men oppose to the practice then do women'.[19] Yet, still, women who consent to certain genital practices are not recognised as autonomous legal subjects, reinforcing these narratives of victimhood and incapacity. By contrast, boys are afforded less legal protection from bodily harm, but greater cultural legitimacy as male circumcision is framed as religiously significant, medically beneficial, or socially neutral.[20] As quoted in UNICEF Innocenti Digest, 'in the case of girls and women, the phenomenon is a manifestation of deep-rooted gender inequality that assigns them an inferior position in society… This is not the case for male circumcision'.[21]

From an RJ perspective, this uneven allocation of protection and autonomy constitutes a form of gendered inequality. RJ challenges legal frameworks by insisting that bodily autonomy must

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[17] Kai Moller, *Male and Female Genital Cutting: Between the Best Interest of the Child and Genital Mutilation*, Oxford Journal of Legal Studies, Vol. 40, No. 3 (2020), pp. 508–532.
[18] Layli Miller Bashir, 'Female genital mutilation in the United States: An examination of criminal and asylum law' [1995] 4(415) American University Journal of Gender & the Law 428-454.
[19] Naomi Onsongo, *Female Genital Cutting (FGC): Who Defines Whose Culture as Unethical?*, International Journal of Feminist Approaches to Bioethics, Vol 10, No. 2 (Fall 2017), pp. 114.
[20] Robert Darby and J. Steven Svoboda, *'A Rose by Any Other Name? Rethinking the Similarities and Differences between Male and Female Genital Cutting'* [2007] 21(3) Medical Anthropology Quarterly 310-312.
[21] UNICEF Innocenti Digest, *Changing a Harmful Social Convention: Female Genital Mutilation/Cutting* (2005).<https://www.cawtarclearinghouse.org/storage/AttachementGender/Changing%20a%20harmful%20social%20convention-female%20genital%20mutilation-cut.pdf> accessed 25 December 2025.

be assessed within broader social and legal contexts.[22] In the context of GCP, RJ reveals that female bodies are more heavily surveyed, pathologised, and morally regulated than male bodies. This reflects wider gendered assumptions about female sexuality as something requiring control or correction, rather than autonomy.

However, RJ also requires recognition of important distinctions between practices. Not all forms of genital cutting are equivalent in severity, risk, or long-term impact. The World Health Organisation's (WHO) classifications of FGM[23] demonstrates that certain types of FGC are associated with severe health complications and psychological distress. Where harm is so severe, RJ would not require identical legal treatment of male and female genital cutting but instead demands that the differentiation be justified transparently and coherently. Therefore, RJ requires the law to confront these gender inequalities, while also recognising the limits and acknowledging that concern for serious harm may justify differentiated legal responses in some cases.

Structural Racism, Colonial Legacies, and Bodily Norms

Beyond gender disparity, RJ requires the law to confront the structural racism and colonial legacies that also shape responses to GCP. Although framed as neutral harm prevention, the criminalisation of FGC is embedded within racialised assumptions about African sexuality and culture. These assumptions continue to influence contemporary legal responses, reproducing colonial modes of governance under the guise of protection.[24]

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[22] Kimala Price, 'What Is Reproductive Justice?: How Women of Color Activists Are Redefining the Pro-Choice Paradigm Available' [2020] 19(1) Meridians 340–362.
[23] 'Female genital mutilation' (*World Health Organisation* , 31 January 2025) <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation > accessed 27 December 2025
[24] Sylvia Tamale, *Decolonization and Afro-Feminism*, Daraja Press (2020).

Although Tamale does not explicitly examine FGM in *Decolonization and Afro-Feminism*[25], her feminist analysis of colonialism and sexuality provides important insights into the historical foundations of contemporary legal responses to the practice. She argues that colonial regimes imposed Western moral frameworks onto African societies, constructing African practices and bodies as deviant, excessive, or primitive compared to Western norms. Therein restructuring African sexuality in line with colonial expectations and legitimising legal and medical intervention. This historical context is essential for understanding why contemporary legal responses to FGC cannot be viewed as neutral or purely protective.

Applying Tamale's analysis, the criminalisation of FGC can be seen as reflecting an underlying racialised hierarchy of bodily legitimacy.[26] Practices associated with African communities are framed as culturally backwards and harmful, whereas comparable Western practices, such as male circumcision or cosmetic genital surgery, are normalised, medicalised, and justified. From an RJ perspective, this conflicts with the notion that the legal banning of FGC is motivated solely by concern for bodily integrity and instead raises critical questions about who's bodily 'norms' are embedded in law, and whose bodies are positioned as incapable of autonomous decision-making.

Following on from this, it is important to note that this racialised framework affects African women and men in different but interconnected ways. African women are frequently constructed as passive victims in need of rescue, with little attention paid to their agency or the diverse social and cultural meanings attached to GCP within their communities.[27] African men,

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[25] Ibid.
[26] CA (n16).
[27] Hannelore Van Bavel, 'Education, Class, and Female Genital Cutting among the Samburu of Northern Kenya: Challenging the Reproduction of the "Ignorant Pastoralist" Narrative in Anticutting Campaigns' [2022] 28(15-16) Violence Against Women 3742–3761.

meanwhile, are portrayed as cultural perpetrators or enforcers of harmful tradition.[28] This reinforces the stereotype of African masculinity being oppressive or regressive. Yet, as Earp demonstrates, this framing collapses when male circumcision aligns with Western medical or religious practices. In African contexts, male circumcision is routinely excluded from the legal scrutiny FGM faces, even where it entails serious risks and harms.[29] Drawing on evidence from South Africa, Earp notes that traditional Xhosa circumcision practices have resulted in widespread injury and death, with "more than half a million boys … hospitalised" and over 400 fatalities between 2008 and 2014 alone, challenging assumptions that it is inherently benign.

Earp positions this disparity within a broader scholarly critique by DeLaet,[30] who aids the argument that both male and female forms of genital alteration "fall on a wide spectrum" of severity, and their harms substantially overlap. Similarly, as Androus observes, legal and ethical debates distort reality by collapsing a wide range of genital practices into rigid categories.[31] This framing obscures the overlap across practices, leading to simplistic assumptions about victimhood and culpability. As he states, "what's done to some girls is worse than what's done to some boys, and what's done to some boys is worse than what's done to some girls."[32] This selective framing allows for male circumcision to be normalised where it aligns with Western medical or religious norms, while African women's practices are criminalised as uniquely barbaric. The result is a symbolic disciplining of African sexuality that exaggerates women's

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[28] Sara Johnsdotter, 'Popular Notions of FGC in Sweden: The Case of Ali Elmi' [2008] 3(2) Finnish Journal of Ethnicity and Migration 74-81.
[29] Earp (n10) 94.
[30] Debra L. Delaet, *'Framing Male Circumcision as a Human Rights Issue? Contributions to the Debate Over the Universality of Human Rights'* [2009] 8(4) Journal of Human Rights
[31] https://www.zacharyandrous.com/The%20US%20FGM%20and%20Global%20HR.pdf accessed. 9th Jan 2026.
[32] Ibid.

victimhood and exposes the racialised inconsistencies underpinning contemporary regulatory approaches.

RJ helps to expose these tensions by shifting the focus from isolated practices to the broader structural conditions under which they are governed. Rather than asking only whether FGC is harmful, RJ asks why harm is interpreted differently depending on race, gender, and cultural context. This racialised hierarchy is further exposed by the law's differential treatment of culturally coded genital practices. As Kennedy notes, Western women are permitted to undergo cosmetic genital surgeries that are materially comparable to some forms of FGC, with such procedures legally justified on the basis of therapeutic physiological benefits.[33] By contrast, FGC is subject to absolute prohibition in jurisdiction such as the UK, regardless of age, consent, or motivations of the woman involved.[34] As Berer similarly argues, this reflects a troubling legal asymmetry where Western women's mental distress is afforded more recognition and legitimacy than the suffering, autonomy, or cultural identity of African women.[35] From an RJ perspective, this distinction cannot be understood as neutral harm prevention, rather, it reveals how law embeds Western bodily norms as universal while constructing non-Western genital practices as inherently immoral.

Tamale's work does not, however, imply a need to deny the knowledge that certain forms of FGC can cause serious harm, but rather helps argue that responses that universalise African practices and bodies as inherently violent, while ignoring comparable harms elsewhere, should be cautioned.[36] Therefore, ultimately, an RJ-informed critique requires the law to remain attentive to the material realities of harm, while demanding a more reflexive approach that

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[33] Aileen Kennedy, *'Mutilation and Beautification: Legal Responses to Genital Surgeries'* [2009] 24(60) Australian Feminist Studies 211-231.
[34] FGM Act 2003 (n1).
[35] Marge Berer, *'Labia reduction for non-therapeutic reasons vs female genital mutilation: contradictions in law and practice in Britain'* [2010] 18(35) Reproductive Health Matters 106-110.
[36] Onsongo (n19).

recognises how racialised bodily norms shape the identification of such harms and the regulatory responses that follow.

Medicalisation, Harm, and Reproductive Justice Tensions

In addition to the racialised and gendered inconsistencies exposed by the RJ framework, significant tensions are also revealed when issues of harm, medicalisation, and bodily autonomy are examined. Debates surrounding the medicalisation of FGC often sit uneasily within RJ, as in its attempt to protect sexual autonomy and cultural self-determination, it also risks legitimising practices associated with serious and psychological harm.

Onsongo challenges dominant Western narratives that depict FGC as uniformly 'barbaric', extreme, and medically catastrophic. She argues that such narratives tend to exaggerate the risks of FGC, centring the most severe types of mutilation, and without any regard for cultural meaning.[37] She states that by describing women as 'mutilated', Westerners ultimately consider them less feminine, leading to Onsongo's suggestion that this exaggeration not only fuels moral panic but may also influence the justification of legal interventions that marginalise the very women they claim to protect. She argues that medicalisation of FGC may offer a pragmatic harm-reduction approach.[38] By relocating the practice into regulated medical settings, she contends that there could be a significant reduction in health risks, such as infection, bleeding, and long-term complications. In her opinion, this approach better aligns with the RJ principles than outright criminalisation, as it protects cultural identity and autonomy, while also prioritising women's safety and bodily wellbeing. She also criticises the success of current anti-FGC movements, highlighting reports that indicate that in the next decade, over 30 million[39]

[37] Ibid 105-123.
[38] Onsongo (n19).
[39] UNICEF 2013, 114.
<file:///Users/hannahporter/Downloads/UNICEF_FGM_report_July_2013%20(1).pdf> accessed 17th January 2026.

girls and women will undergo FGC. Onsongo therefore argues that allowing medicalisation, instead of criminalisation, would facilitate 'autonomy and empowerment' to the 'pillars of FGC', making for safer practice and an increase in the ability for these communities to make decisions surrounding GCP 'without Western coercion'.[40] Medicalisation, in this sense, is framed as a compromise that acknowledges both autonomy and harm.

Similarly, Obiora critiques the absolutist stance of anti-FGC campaigns for creating "bridges and barricades" between Western human rights advocates and practicing communities. She frames the case for the medicalisation and decriminalisation of FGC through an analogy with feminist arguments for the legalisation of abortion.[41] She argues that, just as 'clandestine abortions account for approximately forty percent of maternal deaths worldwide', the primary source of harm in most forms of FGC lies not within the procedure itself but the conditions in which its performed. She contrasts this with male circumcision, which is routinely performed by religious circumcisers, yet when applied to women it remains the target of eradication campaigns. Following this, it can be argued that legal prohibition and the extreme moral condemnation of FGC risks forcing these practices 'underground' and increasing resistance and health risks. It would be in the interest of health promotion and harm reduction to medicalise and control certain forms of FGC.

However, these harm-risk reduction approaches are powerfully challenged by scholars such as Gunning, who warn that medicalisation risks legitimising and institutionalising practices that violate bodily integrity.[42] Gunning argues that even when performed in sterile conditions, FGC remains a gendered practice rooted in controlling sexuality. Medicalisation, she suggests, may

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[40] Onsongo (n19) 118.
[41] L. Amede Obiora, 'Bridges and Barricades: Rethinking Polemics and Intransigence in the Campaign against Female Circumcision' [1997] 47(2) Case Western Reserve Law Review 375.
[42] Isabelle R. Gunning, 'Uneasy Alliances and Solid Sisterhood: A Response to Professor Obiora's Bridges and Barricades' [1997] 47(2) Case Western Reserve Law Review 445.

shift the responsibility from ‘traditional circumcisers to modern health care practitioners’, without addressing the underlying inequalities that sustain the practice. In turn, this essentially transfers the provision of women’s healthcare from a female-dominated practice to a ‘more male-dominated and Western model’, ultimately having the same control over the practice that scholars like Obiora aim to avoid.

These competing perspectives reveal a fundamental tension within RJ itself. Unlike abortion debates, where RJ advocates have often rejected medicalisation as a tool of control, FGC raises more acute concerns about non-consensual bodily alteration and long-term injury. This complicates the application of RJ principles and demonstrates that autonomy cannot be assessed in isolation from context, power, and vulnerability. Ultimately, RJ does not provide a singular answer to the question of medicalisation but rather demands a more nuanced legal response. It requires the law to move beyond binary frameworks of prohibition versus permission and instead develop regulatory approaches that distinguish between levels of harm, capacity, and coercion.

The Limits of Reproductive Justice: Harm and Legal Reform

While the RJ framework offers a powerful critique of racialised, gendered, and colonial hierarchies within legal responses to GCP, it is not without limits. This section argues that although RJ rightly challenges structural inequality, its resistance to criminalisation encounters difficulty when faced with practices that involve serious, and sometimes irreversible harm, especially when children are concerned. In such contexts, RJ cannot fully displace the state’s legitimate interest in harm prevention.

A key limitation of RJ is arguably its underdevelopment as a legal framework for harm regulation. Unlike traditional human rights approaches, RJ prioritises lived experiences, community context, and structural critique over doctrinal clarity. While this is a compelling

challenge to blanket criminalisation, it offers less guidance on how the law should respond where practices demonstrably threaten physical integrity. As Gunning argues, cultural traditions involving coercion or long-term harm cannot be shielded from critique.[43] Therefore, RJ's excessive caution surrounding legal intervention risks undermining the protective role law can play, particularly for children or vulnerable members of society who may lack decisional capacity.

Moreover, this concern is sharpened by medical and human rights literature that consistently identifies certain types of FGC, particularly WHO Types II and III[44], as carrying substantial health risks, including severe pain, obstetric complications and numerous psychological problems. In these contexts, arguments grounded solely in cultural autonomy or anti-colonial critique become harder to defend. In *Beyond Control*[45] Sheldon critiques reproductive governance, arguing that legal notions of autonomy often ignore the social, medical, and power-influenced contexts in which reproductive decisions are made. Applied to GCP, this suggests that RJ cannot rely on autonomy alone where consent is compromised, constrained or impossible.

Additionally, West's critique of constitutionalised reproductive rights further illustrates the limits of autonomy-based frameworks. In *From Choice to Reproductive Justice*[46], she argues that dominant legal models of reproductive rights, especially those grounded in privacy and non-interference, construct autonomy as a negative right. She feels state action is merely restrained, rather than requiring meaningful reproductive freedom to be secured through material and social conditions. While this aligns with RJ's insistence that autonomy must be

[43] Isabelle R. Gunning (n42).
[44] Onsongo (n19).
[45] Sally Sheldon, *Beyond Control: Medical Power and Abortion Law* (Pluto Press 1997).
[46] Robin West, *'From Choice to Reproductive Justice: De-Constitutionalizing Abortion Rights'* [2008] 118(1) The Yale Law Journal 1394-1432.

substantive, rather than formal, it also exposes a potential tension within RJ itself when autonomy is invoked without sufficient regard to harm and vulnerability. In the context of genital cutting, West's analysis cautions against legal frameworks that permit or prohibit practices on the basis of abstract autonomy alone, as such approaches risk the very injustices RJ seeks to challenge.

Nevertheless, recognising these limits does not necessitate a return to punitive or carceral legal models. As mentioned previously, scholars such as Obiora caution against criminalisation, emphasising the risk of driving practices underground and thus increasing the potential for harm.[47] RJ continues to offer valuable guidance for law reform by cautioning against over-reliance on criminal law and highlighting the harms produced by stigma, control, and racialised enforcement.

Ultimately, the limits of RJ do not undermine its relevance but instead clarify its scope. Although it cannot justify inaction where serious harm is evident, RJ requires the law to confront structural inequality and colonial legacies within the regulation of GCP. A reformed legal approach grounded in consistent principles of bodily integrity, such as that proposed by Dustin and Earp,[48] would align with important aspects of the RJ framework. By prohibiting non-therapeutic genital modification of children (both male and female) while permitting informed, voluntary choices by consenting adults, this model would avoid the gendered and racialised double standards that currently exist in the legal responses to GCP. However, RJ requires attention to the structural conditions under which choices are made, and reform must go further than consent alone. By acknowledging this, RJ supports a cautious, non-punitive legal framework that protects children from irreversible harm while resisting both cultural stigmatisation and coercive state control over marginalised communities.

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[47] Obiora (n41).
[48] Earp (n10) 19-20.

Conclusion

This essay has argued that the RJ framework requires the law to confront the gender disparities, structural racism, and colonial legacies embedded in the regulation of GCP. However, this requirement is neither simplistic nor absolute. RJ is valuable in exposing how current legal approaches produce hierarchies of bodily legitimacy: female bodies in particular are subject to unfair control, criminalisation, scrutiny and moral judgement, while comparable male practices are legitimised. These inconsistencies cannot be justified solely by way of harm-prevention, but instead reflect deeper assumptions about gender, sexuality, and autonomy.

However, it is made clear that there are limitations to RJ. It does not mandate the blanket decriminalisation of these practices, especially where they involve serious harm to women and children. Rather, it demands that harm prevention be pursued without replicating racialised stigma or colonial governance.

Ultimately, RJ calls for a legal framework that is principled, consistent, and reflexive. One that protects bodily integrity while recognising how autonomy is shaped by power, history, and inequality. In doing so, RJ does not weaken the law's response to genital cutting; it demands that it become more just.