

End non-consensual religious genital cutting

We are committed to ending all forms of forced genital cutting which is by definition non-therapeutic. This includes female genital mutilation (FGM) and the religiously or culturally-motivated cutting of boys' genitals.

The NSS supports a person's most fundamental right to grow up with an intact body and to make their own choices about permanent bodily modifications; these basic rights must not be overridden because of other people's dogma. Traditional religious and cultural practices are often promoted by adults within a community. Children, and particularly young infants, are obviously incapable of giving consent to such medically unnecessary and harmful procedures. Child safeguarding must be the priority rather than appeasing the desire of adults within a community to express their belief through forced cutting of their child's genitals.

What's the problem?

The types of genital interference performed on children for religious or cultural reasons range from a symbolic pin-prick to removal of the most sensitive parts of the genitals.

All forms of forced cutting on children's genitals breach basic child safeguarding guidance and all are claimed by the cutting communities themselves as beneficial for the child in terms of conforming to cultural or religious norms.

Sometimes additional health benefits for non-therapeutic genital cutting are claimed despite the evidence to the contrary. All forms of forced genital cutting risk serious sexual, physical and emotional harm and carry a risk of death from a procedure performed for no medical reason.

Male Circumcision

Infant male circumcision or non-therapeutic excision of the foreskin (NTEF) is increasingly under the spotlight largely due to an international community of medics, lawyers and human rights workers challenging the myths and promoting child safeguarding in the face of threats from traditional religious or cultural practices. Where the practice is 'justified' it is usually done so on the grounds of religion or culture.

Even now there is very limited regulation of non-therapeutic circumcision in the UK. Doctors registered with the GMC (the UK doctors' regulatory body) must perform the procedure in suitable medical settings with appropriate attention to hygiene, sterility and aftercare. Extraordinarily, however, there is no requirement for the non-consenting child to have a medical problem in order for their foreskin to be removed.

Non-doctors performing infant circumcision in the UK have no such regulation and are free to cut boys' penises with unsterilised scissors or knives on kitchen tables or ironing boards. We do not know how many such procedures are performed annually nor the degree of harm as there is no requirement for any follow up or audit and the boys themselves are too young to complain.

In some NHS Trusts non-therapeutic infant circumcision is taxpayer funded in a misguided attempt to limit the harm done. A similar proposal by the American Academy of Pediatrics in 2010 to perform 'minor' FGM on baby girls in a hospital setting to prevent greater harm was abandoned within weeks in the face of an international outcry.

Throughout history, male circumcision has been advocated as a pseudo-medical cure for a variety of ailments ranging from TB to epilepsy to warts to excessive masturbation. However, any marginal health claims are extremely contested. No national medical, paediatric, surgical or urological society in the world of which the NSS is aware recommends routine circumcision of all boys as a health intervention. If the benefits of the operation outweighed the risks, NHS doctors would be recommending it for every child – regardless of the parents' religion – and they do not.

The foreskin is a normal body part with physical, sexual and immunological functions. Surgically removing it from non-consenting children has been associated with various physical and psychological difficulties; these are likely to be greatly under-reported because people who have experienced sexual harm are often reluctant to reveal it as societal dismissal or stigmatisation may compound the harm.

There is now a growing medical consensus that existing ethical principles of non-therapeutic childhood surgery should no longer include an exception for non-therapeutic excision of the foreskin. In May 2010, the Royal Dutch Medical Association (KNMG) in association with all the major Dutch medical colleges released a policy statement asserting that: "non-therapeutic circumcision of male minors is a violation of children's rights to autonomy and physical integrity. Contrary to popular belief, circumcision can cause complications – bleeding, infection, urethral stricture and panic attacks are particularly common. KNMG is therefore urging a strong policy of deterrence. KNMG is calling upon doctors to actively and insistently inform parents who are considering the procedure of the absence of medical benefits and the danger of complications."

In 2016 the Danish Medical Association also called for an end to male circumcision, arguing that the procedure should only ever be performed with "informed consent". This follows the [joint statement](#) in 2013 by all the Scandinavian children's ombudsmen that children should be allowed to choose for themselves and that non-therapeutic childhood circumcision 'violates fundamental medical-ethical principles'.

In April 2018 a [proposal](#) to the Danish government to create a gender-neutral age of consent of 18 for all forms of non-therapeutic genital cutting was rejected, despite considerable public support.

In September 2017 the Belgium federal government's Committee for Bio-Ethics [ruled](#) that bodily integrity was more important than religious faith. Although this is not binding in law, it adds to the growing weight of medical opinion against unnecessary male circumcision.

A [draft bill](#) was put before the Icelandic government in 2018 to ban non-consensual ritual circumcision for boys, but it was rejected following heavy lobbying from religious groups.

In its 2018 [report](#) the Child Rights International Network (CRIN) called the ritual circumcision of infant males for non-medical reasons a "violation of bodily integrity" which "unnecessarily" exposes children to risks.

We welcome that the lawfulness of child circumcision is being increasingly questioned and that medical opinion in a number of countries is similarly turning against the historic carte blanche afforded to infant circumcision on the basis that the parents' freedom of religion is the only or overriding consideration. It is now being recognised more widely that this non-therapeutic procedure for which there are numerous complications, some of which are very serious, is a breach of children's rights.

The UN Convention on the rights of the child (UNCRC) recommends respect for the right of the child to freedom of thought, conscience and religion, and advises that traditional practices

prejudicial to the health of children should be abolished. We are keen to ensure that legal protections from forced genital cutting encompass all children and that much more action is taken to protect children from harmful religious or cultural surgery.

What are we doing?

- Members of the Secular Medical Forum have raised awareness of the harms and the discordance with child safeguarding policies within the UK medical community.
- We have engaged the British Medical Association which is currently reconsidering its 2006 position on non-therapeutic male circumcision as a direct result of our efforts.
- We are also calling on the UN committee on the Rights of the Child, the UK government and the UK Parliament's Joint Committee on Human Rights to investigate whether non-therapeutic infant circumcision is a breach of UK children's rights.
- In 2013 we actively supported a Council of Europe resolution condemning male circumcision as a "violation of the physical integrity of children" — a position subsequently watered down following pressure from Jewish and Muslim groups.
- In December 2017 Amazon UK [withdrew](#) infant circumcision training kits from sale over child safety concerns following a National Secular Society request to do so.

- [Briefing: Male Circumcision](#) (PDF, 836 Kb)

Female genital mutilation (FGM)

Defeated 1993 Brent Council motion on making FGM available on the NHS (At the time councillors opposing the motion were abused and accused of racism/cultural insensitivity. Today the failed motion shows how far we've come in campaigning to eradicate this practice.)

...a right specifically for African families who want to carry on their tradition whilst living in this country...

We are committed to the eradication of forced genital cutting of girls and women known as Female Genital Mutilation (FGM) in all its forms. There are thought to be well over 100,000 women and girls affected by FGM living in the UK today. We work with like-minded organisations to protect girls from all non-therapeutic interference with their genitals and to help ensure future generations do not have to face the harm of forced genital cutting.

FGM practices vary. Some forms involve a pinprick or the removal of a small amount of material from the clitoris. Other forms include complete excision of the clitoris and/or labia, and stitching the vulva closed (infibulation).

All forms of FGM are illegal in the UK and are child abuse.

Despite it being a criminal offence since 1985 there have been no successful prosecutions for FGM. In part this reflects some of the difficulties of challenging cultural practices embedded within communities. It is also an indicator of ignorance of the harms, sometimes spread deliberately, and fear of speaking out from within a community. As with all forms of forced genital cutting, those who speak out against it are often accused of disrespect to their parents or cultural elders, of over-

dramatising a 'minor' procedure that others 'don't complain about' and of malice. Together with the perceived humiliation of speaking about one's own genitals these factors combine to ensure that many sufferers are reluctant to speak out- particularly those who are otherwise in a loving relationship with their family or community of origin.

Between January and March 2016 the Health and Social Care Information Centre [uncovered](#) 1242 new cases of FGM in England. Despite much collaborative work to challenge the practice we know that some British girls are still unprotected. Some have been sent back to the countries of their parents' origin and others are having it performed secretly in this country.

We therefore question why there has not been a single successful prosecution since the practice became illegal. We are concerned that fear of upsetting cultural and religious sensitivities prevents such abuse and bodily harm from being tackled effectively.

Ending FGM is not simply a criminal justice issue, it requires sustained civil society action to change attitudes and inform girls of their rights.

"It is irrelevant whether or not a person believed the operation to be necessary in the child's best interests as a matter of custom or ritual."

- Section 1(5) of the Female Genital Mutilation (FGM) Act

What are we doing?

The NSS is supporting civil society and governmental attempts to educate around, raise awareness of and eradicate FGM. In 2016 we raised UK's failure to successfully prosecute a single case of FGM with the United Nations Human Rights Council (UNHRC) and urged the UN to question the UK Government on its strategy to combat all forms of violence against women and girls. We urged the UN to stress to the UK that the universality of individual Human Rights should be upheld and never overridden on the grounds of religion, tradition or culture.

We are working with like-minded national and international organisations (eg CRIN, Genital Autonomy, Equality Now and Forward), to develop our understanding of the most effective methods of ending forced genital cutting and of protecting our children.

What you can do:

Take action

Please consider supporting our petition on this issue, or writing to your MP.

- [Petition](#)
- [Letter to MP](#)

[No child should be subjected to unnecessary body modification. I support the NSS campaign to end all forms of non-therapeutic, non-consensual genital cutting.](#)

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