



**Suffolk Safeguarding  
Children Board**

[www.suffolkscb.org.uk](http://www.suffolkscb.org.uk)

# **Multi Agency Guidance on Safeguarding in Relation to Male Circumcision**

<b>Version</b>	<b>Date of PPE Approval</b>	<b>Author</b>
1	11/06/2015	Dr Sandra Weston <i>West Suffolk &amp; Ipswich and East Suffolk CCGs</i>

## Contents

1. Introduction .....	1
2. Male Circumcision for Therapeutic / Medical Purposes .....	1
3. Non-therapeutic Male Circumcision .....	1
4. Legal Position .....	1
5. Principles of Good Practice .....	2
6. Doctor's Responsibilities .....	3
7. Recognition of Harm .....	3
8. Safeguarding Response .....	4

## Appendix

*CQC Registered Male Circumcision Providers in East Anglia*

For guidance on **Female Circumcision (Female Genital Mutilation)** please refer to the [FGM section on the LSCB Website](#).

## **Acknowledgement**

*This guidance has been adapted from London Child Protection Procedures.*

## **1. Introduction**

- 1.1. Male circumcision is the surgical removal of the foreskin of the penis. The procedure is usually requested for social, cultural or religious reasons (e.g. by families who practice Judaism or Islam). There are parents who request circumcision for assumed medical benefits.
- 1.2. There is no requirement in law for professionals undertaking male circumcision to be medically trained or to have proven expertise. Traditionally, religious leaders or respected elders may conduct this practice.

## **2. Male Circumcision for Therapeutic / Medical Purposes**

- 2.1. The British Association of Paediatric Surgeons advises that there is rarely a clinical indication for male circumcision. Doctors should be aware of this and reassure parents accordingly.
- 2.2. Where parents request male circumcision for their son for assumed medical reasons, it is recommended that male circumcision should be performed by or under the supervision of doctors trained in children's surgery in premises suitable for surgical procedures.
- 2.3. Health professionals should ensure that any parents seeking circumcision for their son in the belief that it confers health benefits are fully informed that there is a lack of professional consensus as to current evidence demonstrating any benefits. The risks / benefits to the child must be fully explained to the parents and to the young man himself, if Fraser competent.
- 2.4. The medical harms or benefits have not been unequivocally proven except to the extent that there are clear risks of harm if the procedure is done inexpertly.

## **3. Non-therapeutic Male Circumcision**

- 3.1. Male circumcision that is performed for any reason other than physical clinical need is termed non-therapeutic circumcision.

## **4. Legal Position**

- 4.1. The legal position on male circumcision is untested and therefore remains unclear. Nevertheless, professionals may assume that the procedure is lawful provided that:
  - ✓ It is performed competently, in a suitable environment, reducing risks of infection, cross infection and contamination;
  - ✓ It is believed to be in the child's best interests;
  - ✓ There is valid consent from family / parents and the child, if old enough, is Fraser competent.

If doctors or other professionals are in any doubt about the legality of their actions, they should seek legal advice.

## **5. Principles of Good Practice**

**5.1.** The welfare of the child should be paramount, and all professionals must act in the child's best interests. Children who are able to express views about circumcision should always be involved in the decision-making process:

- Even where they do not decide for themselves, the views that children express are important in determining what is in their best interests;
- Parental preference alone does not constitute sufficient grounds for performing a surgical procedure on a child unable to express his own view. Parental preference must be weighed in terms of the child's interests;
- When the courts have confirmed that the child's lifestyle and likely upbringing are relevant factors to take into account. Each individual case needs to be considered on its own merits.

**5.2.** An assessment of best interests in relation to non-therapeutic male circumcision should include consideration of:

- The child's own ascertainable wishes, feelings and values;
- The child's ability to understand what is proposed and weigh up the alternatives;
- The child's potential to participate in the decision, if provided with additional support or explanations;
- The child's physical and emotional needs;
- The risk of harm or suffering for the child;
- The views of parents and family;
- The implications for the child and family of performing, and not performing, the procedure;
- Relevant information about the child and family's religious or cultural background.

**5.3.** Consent for circumcision is valid only where the people (or person) giving consent have the authority to do so and understand the implications (including that it is a non-reversible procedure) and risks. Where people with parental responsibility for a child disagree about whether he should be circumcised, the child should not be circumcised without the leave of a court.

## 6. Doctors' Responsibilities

- 6.1. Doctors are under no obligation to comply with a request to circumcise a child and circumcision is not a service which is provided free of charge.
- 6.2. Nevertheless, some doctors and hospitals are willing to provide circumcision without charge rather than risk the procedure being carried out in unhygienic conditions. **See Appendix for a list of CQC Registered Male Circumcision Providers in East Anglia.**
- 6.3. Poorly performed circumcisions have legal implications for the doctor responsible. In responding to requests to perform male circumcision, doctors should follow the guidance issued by the:
- [General Medical Council](#)
  - [British Medical Association](#)
  - [Royal College of Surgeons](#)

## 7. Recognition of Harm

- 7.1. Circumcision may constitute significant harm to a child if the procedure was undertaken in such a way that he:
- Acquires an infection as a result of neglect and/or negligence;
  - Sustains physical functional or cosmetic damage;
  - Suffers emotional, physical or sexual harm from the way in which the procedure was carried out;
  - Suffers emotional harm from not having been sufficiently informed and consulted, or not having his wishes taken into account.
- 7.2. Harm, in the case of male circumcision, may stem from the fact that clinical practice was incompetent (including lack of anaesthesia) and / or that clinical equipment and facilities are inadequate, not hygienic etc.
- 7.3. Significant harm is defined as where the child is likely to suffer a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful there needs to be compulsory intervention by child protection agencies in the life of the child and their family (see **8. Safeguarding Response**).

## 8. Safeguarding Response

- 8.1. If a professional in any agency becomes aware that a child has been or may be significantly harmed through male circumcision (see **7. Recognition of Harm**), through something that a child discloses or by any other means, a referral must be made to Suffolk Multi Agency Safeguarding Hub (MASH) to assess the needs of the child and the risk of harm to other male children in the same family, including unborn children.

**8.2.** The **MASH Professional Consultation Line** is available during office hours for you to discuss the most appropriate and effective way of providing or obtaining help and support for a child or adult you feel is at risk of abuse. Where the child may need help and protection you will be given advice and guidance about making a referral, including how to involve parents and/or carers.



**8.3.** Safeguarding referrals should be made to the MASH (via Customer First on 0808 800 4005) and followed up in writing within 24 hours.

**8.4.** The MASH will enable key agencies; Health, Police and Children’s Services, to work together making joint decisions, especially about sharing information with the carers.

**8.5.** If any professional considers that their concerns are not being responded to appropriately, the [LSCB Escalation Policy](#) should be used and support sought from a Named Professional for Safeguarding Children within their organisation.

**8.6.** If concerns relate to a professional or staff member, they must be discussed with a Local Authority Designated Officer (LADO). The LADO can be contacted via email on [LADOCentral@suffolk.gcsx.gov.uk](mailto:LADOCentral@suffolk.gcsx.gov.uk) or the central telephone number 0300 123 2044.

See the LSCB Policy '[Arrangements for Handling Allegations of Abuse Against People who work with Children or Those Who are in a Position of Trust](#)' and the [LADO Referral Form](#).

## *CQC Registered Male Circumcision Providers in East Anglia*

### **Circumcision Centre - Thornhill Clinic, Luton**

Male circumcisions are performed in a private clinical environment, registered with the Care Quality Commission. Services cover all age ranges - from infants (under a year old), through younger boys (under 8), to older boys and adult men. The Centre is sensitive to, and caters for religious or cultural requirements. Contact can be made by calling 0800 080 7037, or visiting their website [www.circumcisioncentre.co.uk](http://www.circumcisioncentre.co.uk).