

HSCP guidance: Circumcision in boys/Non-Therapeutic Male Circumcision

## 1. Introduction

1.1 Male circumcision is the surgical removal of the foreskin. The foreskin is the roll of skin that covers the end of the penis. Circumcision is a non-reversible procedure. It is rare for circumcision to be recommended for medical reasons in boys. This is because other less invasive and less risky treatments are usually available (NHS, 2022)

[Circumcision in boys - NHS](#).

1.2 Unlike female genital mutilation, male circumcision is not an illegal act in itself and is not normally a child protection or safeguarding issue. This guidance provides practitioners in Hull with an understanding of when male circumcision may be a safeguarding issue and how to respond when such concerns arise.

2. **Circumcision for medical purposes** – would always be carried out by a Paediatric Surgeon or Paediatric Urologist (qualified senior doctors)

The following conditions affect the penis and, in rare cases, may require a circumcision:

- [Tight foreskin \(phimosis\) - NHS](#) – where the foreskin is too tight to be pulled back over the head of the penis. This can sometimes cause pain when the penis is erect and, in rare cases, passing urine may be difficult.
- Recurrent infection [Balanitis - NHS](#) – where the foreskin and head of the penis become inflamed and infected.
- [Paraphimosis](#) – where the foreskin cannot be returned to its original position after being pulled back, causing the head of the penis to become swollen and painful. Immediate treatment is needed to avoid serious complications, such as restricted blood flow to the penis.
- [Balanitis xerotica obliterans](#) – a condition that causes a tight foreskin and, in some cases, also affects the head of the penis, which can become scarred and inflamed.

[Circumcision in men - NHS](#)

2.1 The British Association of Paediatric Surgeons advises that there is rarely a clinical indication for circumcision. Doctors should be aware of this and reassure parents accordingly.

2.2 Where parents request circumcision for their son for assumed medical reasons, it is recommended that circumcision should be performed by or under the supervision of doctors trained in children's surgery in premises suitable for surgical procedures.

2.3 Doctors / 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 Gillick competent [Gillick competence and Fraser guidelines | NSPCC Learning](#)

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 (i.e. by an individual without appropriate medical training). It is advisable that those undertaking the procedures are suitably qualified and registered with a governing body, this is to ensure that practice is of a good standard and appropriate precautions and aftercare advice is provided.

### **3. Non-therapeutic circumcision**

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

3.2 Circumcision for non-medical reasons, referred to as non-therapeutic male circumcision, is usually requested for social, cultural or religious reasons (e.g. by families who practice Judaism or Islam). There are also parents who request circumcision for assumed medical benefits.

3.3 There is no requirement in law for those performing male circumcision to be medically trained or to have proven expertise. Traditionally, religious leaders or respected elders may conduct this practice.

### **4. Legal Position and consent**

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.
- There is valid consent from a person who holds parental responsibility. Consent for circumcision is valid only where the people (or person) giving consent have the authority to do so and understand the risks and implications, including that it is a non-reversible procedure. Where a child lacks competence and there are two parents who hold parental responsibility, both must consent to the non-therapeutic male circumcision – if there is a difference of opinion, legal advice should be sought by the parent requesting circumcision to seek a court order to authorise the procedure.

- A person is considered to be Gillick Competent [Gillick competence and Fraser guidelines | NSPCC Learning](#)

4.2 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 as one factor in determining what is in the child's interests;
- In previous cases, the courts have confirmed that the child's lifestyle and likely upbringing are relevant factors to take into account. This includes religious traditions and upbringing. Each individual case needs to be considered based on the specific factors relevant to that child/young man.

5.2 An assessment of best interests in relation to non-therapeutic circumcision should include the application 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.

[Additional guidance and prompts: non-therapeutic male circumcision](#) includes 10 good practice points for consideration.

## 6. Medical response

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 (except in the few specific medical indications, as detailed above). Nevertheless, some doctors and hospitals are willing to provide circumcision without charge rather than risk the procedure being carried out in unsafe and/or unhygienic conditions.

6.2 Poorly performed circumcisions have legal implications for the doctor or other practitioner responsible. In responding to requests to perform male circumcision, doctors should follow the guidance issued by the:

- General Medical Council: 0-18 years: Guidance for all doctors (2018) [Good medical practice - professional standards - GMC](#)
- British Medical Association Non-therapeutic male circumcision (NTMC) of children – practical guidance for doctors (2019); [The law and ethics of male circumcision: guidance for doctors | Journal of Medical Ethics](#)
- Royal College of Surgeons: Male Circumcision: Guidance for Healthcare Practitioners (2020) [circumcision.blk.indd](#)

## 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 the procedure itself or of subsequent neglect (Where there are concerns that the quality of the care of a child or young person suggests that their needs are being neglected. The HSCP toolkit is to assist professionals to identify and respond to neglect [Neglect – Hull Collaborative Partnership](#))
  - Sustains physical disfigurement and/or physical dysfunction
  - Suffers emotional, physical or sexual harm as a result of the way in which the procedure was carried out.
  - Sustains medical complications and/or medical harm as a result of the way in which the procedure was carried out or as a result of inappropriate or insufficient care after the procedure.
  - Suffers emotional harm from not having been sufficiently informed and consulted, or not having his wishes taken into account. This would include the use of restraint within the procedure.

The Threshold has been developed to help and support practitioners working with children across all agencies and organisations, when faced with a decision about the

safety and wellbeing of a child. The guidance can be accessed here: [Threshold of Needs Guidance – Hull Collaborative Partnership](#)

Additional Information can be found on [Worried about a child | Hull](#)

7.2 Significant harm is defined in in Section 31(9) of the Children Act 1989 and is referred to in accordance Working Together (2023). Where it is believed that a child has suffered, or is likely to suffer, significant harm, there needs to be compulsory intervention by child protection agencies.

7.3 Harm may stem from the fact that practice/procedure was incompetent (including lack of anaesthesia) and / or that equipment and facilities are inadequate, not hygienic etc.

7.4 The professionals most likely to become aware that a boy is at risk of, or has already suffered, harm from circumcision are health professionals (GPs, health visitors, A&E staff or school nurses) and childminding, day care and teaching staff.

## **8. Multi-agency response**

8.1 If a professional in any agency becomes aware, through something a child reports or another means, that the child has been or may be harmed through male circumcision, a referral must be made to Early Help and Safeguarding Hub [Worried about a child | Hull](#). Local authority children's social care should assess the risk of harm to other male children in the same family, including unborn children.

Please refer to the Hull Safeguarding Children Partnership Threshold Guidance for further information when faced with a decision about the safety and wellbeing of a child [Threshold of Needs Guidance – Hull Collaborative Partnership](#)

Practitioners should also be mindful that alongside any safeguarding actions to alert Children's Social Care and/or Police, contact should be made within 1 working day with the LADO for anyone associated with this safeguarding concern who works with or volunteers with children, primarily, the person performing the circumcision or in some cases, the parent(s) if the work or volunteer with children. For further information on the LADO role, please visit [The Local Authority Designated Officer \(LADO\) – Hull Collaborative Partnership](#)

## **9. Role of Community/Religious Leaders**

9.1 Community and religious leaders should take a lead in the absence of approved professionals and develop safeguards in practice. This could include setting standards around hygiene, advocating and promoting the practice in a medically controlled environment and outlining best practice if complications arise during the procedures.

## **10. Advice for parents**

We urge parents who are considering having their child circumcised, to fully understand the procedure with its associated risks. Seeking assurances that the practitioner they are considering has undergone the relevant training, proven experience and competencies.

## **11. Links**

[The Local Authority Designated Officer \(LADO\) – Hull Collaborative Partnership](#)

[Threshold of Needs Guidance – Hull Collaborative Partnership](#)

[Worried about a child | Hull](#)

[Working together to safeguard children 2023: statutory guidance](#)

[Good medical practice - professional standards - GMC](#)

[Additional guidance and prompts: non-therapeutic male circumcision](#)

[Gillick competence and Fraser guidelines | NSPCC Learning](#)

[Circumcision in men - NHS](#)

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