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BASW is the Professional Association for Social Workers in the United Kingdom. We seek to promote best practice in social work and to secure the well-being of social workers.

BASW is frequently asked to explain the position of the social work profession on current issues. These position statements seek to explain positions that we express on issues that arise frequently. They comprise statements in **bold** and commentary in *italics*. The commentary seeks to reflect our Code of Ethics, the views of our members expressed through our democratic structures, and our understanding of social work internationally as a practice-based profession and an academic discipline.

This position statement is about Female Genital Mutilation. It explores the nature of the practice, the role of social work in relation to the practice, and ethical issues that may arise when seeking to practice in a non-discriminatory way.

1. Female Genital Mutilation is an abhorrent practice that causes significant harm to children and women, and is rightly criminalised and held to be a breach of human rights.

Commentary: (a) The terminology 'female genital mutilation'. *"Female genital mutilation comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons."* (WHO, UNICEF, UNFPA, 1997¹. This definition replicates that used by the United Nations, to which the International Federation of Social Workers has special consultative status, and by the WHO. Typically, FGM is classified into 4 "types", the typology having been revised in 2007, and the definition sets out the features in common². While other language including 'female circumcision' and 'female genital cutting' has been used, "'mutilation' emphasises the gravity of the act."³ (Interagency Statement on Eliminating FGM, see references).

(b) Harm, crime and human rights *In our emphasis on the gravity of the act, we make specific reference to "significant harm", which is language adopted across the four nations*

1 WHO, UNICEF, UNFPA (1997). 'Female genital mutilation. A Joint WHO/UNICEF/UNFPA Statement'. Geneva, World Health Organization

2 The old and revised typology are set out in Annex 2 p23 of 'Eliminating female genital mutilation: an interagency statement' UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO.

3 Ibid. p3

of the UK as a threshold for compulsory child protection interventions involving social workers. Most FGM is carried out on children⁴, and it is therefore a child protection issue for the social work profession. By its very nature, FGM will meet the threshold permitting compulsory state intervention in family life. This threshold is lower than that to convict for a crime, but FGM is also a crime across the four nations of the UK⁵. As social workers, we also have a particular concern to uphold human rights, because human rights are central to social work (IFSW Definition of Social Work), and the UN Convention on the Rights of the Child which we seek to uphold (BASW Code of Ethics at 2.1) asserts that "the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection..."

2. While social work has a role to play, addressing and eliminating the practice of FGM is not the particular preserve of social work.

Commentary: *For reasons already given including our role in the protection of children and as promoters and defenders of the human rights of children and vulnerable adults, social work has an important role to play in addressing FGM. Specifically, we uphold the Universal Declaration of Human Rights and associated UN declarations (BASW Code of Ethics at 2.1). This Declaration emphasises that "every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance" (UDHR, preamble).*

This universal principle which we seek to uphold as social workers is particularly relevant to FGM. FGM is not practised by states but within communities. Those with a role in addressing FGM include those involved in teaching and education, who can raise awareness of the harms including the health implications and the legal and human rights implications of FGM. Health consequences are severe, including the risks of chronic pain, infections, birth complications, psychological problems, infertility and death⁶. Health professionals will encounter incidences of FGM because of the health consequences, and have a particular role in addressing FGM⁷. Since FGM is criminal, the criminal justice system including the Police have a role in the investigation of crime. Communities where FGM is practised must also seek to address it – as the UN and WHO state, "the practice is a social convention which can only be changed through coordinated collective action by practising communities."⁸

4 United Nations Children's Fund, 'Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change', UNICEF, New York, 2013

5 Female Genital Mutilation Act 2003 (England, Wales, Northern Ireland) and Prohibition of Female Genital Mutilation (Scotland) Act 2005; amended in both cases by Serious Crimes Act 2015

6 The health complications associated with FGM are set out in Annex 5 p33 of 'Eliminating female genital mutilation: an interagency statement' UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO.

7 The roles of health professionals are discussed in *ibid*, pp11-12

8 *Ibid* p3

“Social workers should communicate effectively and work in partnership with individuals, families, groups, communities and other agencies.” (BASW Code of Ethics, Ethical Practice Principle 1). This partnership approach, which encompasses both partnership working with other agencies, and with individuals, families, groups and communities, is necessary to address FGM. Social workers should not see their role primarily as policing service users.

The particular contribution of social work to addressing issues of FGM may arise in advance, in preventative work with individuals, families groups and communities. It may arise, sometimes urgently, in the form of legal intervention in order to prevent an illegal act. It may arise in circumstances where it is too late to prevent FGM, but counselling and support is required to deal with its aftermath. Social work interventions “include counselling, clinical social work, group work, social pedagogical work, and family treatment and therapy” (BASW Code of Ethics, definition page 7).

3. Social work interventions to address and eliminate FGM, whether at the individual or collective level, must not be discriminatory.

Commentary: *Social workers are committed to anti-discriminatory practice: “Social workers have a responsibility to challenge discrimination on the basis of characteristics such as ability, age, culture, gender or sex, marital status, socio-economic status, political opinions, skin colour, racial or other physical characteristics, sexual orientation or spiritual beliefs.” (BASW Code of Ethics at 2.2). Moreover, social workers must be aware of their own prejudices (BASW Code of Ethics, Ethical Practice Principle 7). This is particularly important in relation to FGM, where maintaining an anti-discriminatory stance can be difficult, and reflective practice is called for.*

As stated, FGM is practised within communities. Although there is a compelling case that FGM is not a specifically religious practice, there is a human right to freedom of thought and conscience and not only religious practice: “Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance” (Article 18, UDHR). BASW endorses the principle that freedom to manifest belief does not extend to perpetrating acts which infringe fundamental rights of others to physical integrity and freedom from inhuman or degrading treatment (BASW Human Rights Policy at pages 20-21). Application of this principle will mean that the need to prevent FGM will override any right to manifestation of beliefs. However, care must be taken to ensure practice is non-discriminatory, and in particular to avoid responses based on prejudice. Social workers should also avoid making assumptions or generalisations about communities or sections of communities.

FGM is also explicitly defined as an act perpetrated upon women and girls. The equivalent act of male circumcision or male genital cutting does not have the same status in UK law

as a crime, nor internationally as a practice the international community seeks to eliminate. However, social work intervention should be based on assessment of need, risk and harm for both male and female children. Social workers should not assume that the different legal and social framework precludes the possibility that a male child could suffer significant harm, or require therapeutic support following genital cutting.

The international definitions of FGM do not refer to consent, whether of an adult with capacity or a child who is competent. They do refer to “non-medical” reasons. Social workers should be aware there are practices that take place, sometimes with consent, that might fall within international definitions of FGM. These – currently culturally permissible – practices include intimate piercings, elective genitoplasty (“designer vagina”) and involuntary gender assignment of intersex babies. This brings into play human rights principles of autonomy which are reflected in the BASW Code of Ethics at 2.1: “Social workers should respect, promote and support people’s dignity and right to make their own choices and decisions, irrespective of their values and life choices, provided this does not threaten the rights, safety and legitimate interests of others.” Social workers must always consider the ethical principle of autonomy when deciding whether an act of mutilation warrants safeguarding or protective action: this might potentially require opposing parental decisions that irreversibly interfere with a child's physical integrity; or supporting a service user's decision. Gender reassignment which might fall within the international definition of FGM is legally sanctioned. As part of the principle of non-discrimination, the Gender Recognition Act 2004 prohibits discrimination on the grounds of gender reassignment across the four nations of the UK.

Adopted by BASW Policy, Ethics and Human Rights Committee _____ 2015

Further Reading

Resolution 67/146 adopted by the General Assembly of the United Nations on 20 December 2012