Children’s right to physical integrity

Parliamentary Assembly

1. Many legislative and policy measures have been taken by Council of Europe member States in recent decades to improve the well-being of children and their protection against any form of violence. Nevertheless, children continue to be harmed in many different contexts.

2. The Parliamentary Assembly is particularly worried about a category of violation of the physical integrity of children, which supporters of the procedures tend to present as beneficial to the children themselves despite clear evidence to the contrary. This includes, among others, female genital mutilation, the circumcision of young boys for religious reasons, early childhood medical interventions in the case of intersex children, and the submission to, or coercion of, children into piercings, tattoos or plastic surgery.

3. According to the United Nations Convention on the Rights of the Child (UNCRC), in all actions concerning children, comprising every person under 18, “whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration” (Article 3) and States are required to take “all appropriate ... measures to protect the child from all forms of physical or mental violence, injury or abuse ... while in the care of parent(s), legal guardian(s) or any other person who has the care of the child” (Article 19).

4. The Council of Europe has been actively promoting children's rights and child protection since 2006 through its Strategy for the Rights of the Child, in which “Eliminating all forms of violence against children” is one of four strategic objectives.

5. The Assembly itself has adopted numerous texts drawing attention to various forms of violence inflicted upon children in bad faith (sexual violence in different contexts, violence in schools, domestic violence, etc.). It continues to fight against different forms of violence inflicted upon children via different promotional activities and campaigns (domestic violence, sexual violence). However, it has never looked into the category of non-medically justified violations of children's physical integrity which may have a long-lasting impact on their lives.

6. The Assembly strongly recommends that member States promote further awareness in their societies of the potential risks that some of the above-mentioned procedures may have on children's physical and mental health, and take legislative and policy measures that help reinforce child protection in this context.

7. The Assembly therefore calls on member States to:

7.1. examine the prevalence of different categories of non-medically justified operations and interventions impacting on the physical integrity of children in their respective countries, as well as the specific practices related to them, and to carefully consider them in light of the best interests of the child in order to define specific lines of action for each of them;

Assembly debate on 1 October 2013 (31st Sitting) (see Doc. 13297, report of the Committee on Social Affairs, Health and Sustainable Development, rapporteur: Ms Rupprecht). Text adopted by the Assembly on 1 October 2013 (31st Sitting).

See also Recommendation 2023 (2013).
7.2. initiate focused awareness-raising measures for each of these categories of violation of the physical integrity of children, to be carried out in the specific contexts where information may best be conveyed to families, such as the medical sector (hospitals and individual practitioners), schools, religious communities or service providers;

7.3. provide specific training, including on the risks of and alternatives to certain procedures, as well as the medical reasons and minimum sanitary conditions that should be fulfilled when performing them, to various professionals involved, in particular medical and educational staff, but also, on a voluntary basis, religious representatives;

7.4. initiate a public debate, including intercultural and interreligious dialogue, aimed at reaching a large consensus on the rights of children to protection against violations of their physical integrity according to human rights standards;

7.5. take the following measures with regard to specific categories of violation of children’s physical integrity:

7.5.1. publicly condemn the most harmful practices, such as female genital mutilation, and pass legislation banning these, thus providing public authorities with the mechanisms to prevent and effectively fight these practices, including through the application of extraterritorial “legislative or other measures to establish jurisdiction” for cases where nationals are submitted to female genital mutilation abroad, as specified in Article 44 of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (CETS No. 210);

7.5.2. clearly define the medical, sanitary and other conditions to be ensured for practices which are today widely carried out in certain religious communities, such as the non-medically justified circumcision of young boys;

7.5.3. undertake further research to increase knowledge about the specific situation of intersex people, ensure that no-one is subjected to unnecessary medical or surgical treatment that is cosmetic rather than vital for health during infancy or childhood, guarantee bodily integrity, autonomy and self-determination to persons concerned, and provide families with intersex children with adequate counselling and support;

7.6. promote interdisciplinary dialogue between representatives of various professions, including medical doctors and religious representatives, so as to overcome some of the prevailing traditional methods which do not take into consideration the best interest of the child and the latest medical techniques.

7.7. raise awareness about the need to ensure the participation of children in decisions concerning their physical integrity wherever appropriate and possible, and to adopt specific legal provisions to ensure that certain operations and practices will not be carried out before a child is old enough to be consulted.