

18 February 2014

Home Affairs Select Committee Inquiry into Female Genital Mutilation: Written Evidence from the Royal College of General Practitioners

Introduction

1. The Royal College of General Practitioners (RCGP) is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 49,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. We are an independent professional body with extensive expertise in patient-centred generalist clinical care.
2. Our response is written from the perspective of general practice only.

How effective is the existing legislative framework on FGM, and what are the barriers to achieving a successful prosecution in the UK?

3. Given that, to this date, there have been no UK convictions for performing FGM, it is difficult to draw conclusions on the operation of the existing legislative framework.
4. We know that FGM takes place within the UK and is also performed on women and girls (even from infancy) when visiting their family in their country of origin from the UK. Under the Female Genital Mutilation Act 2003 the offender and affected girl or woman both need to be UK nationals or permanent UK residents in order to ensure conviction where FGM is performed abroad. However, often those who suffer from or take part in FGM are only temporary UK residents.
5. The RCGP views FGM as child abuse, as the child has been subjected to irreparable physical harm. If it is suspected by a GP that a child has undergone FGM then the parent(s) or guardian(s) should be referred to social services who should have the means to deal with it accordingly.
6. The RCGP does not feel in a position to comment on barriers to successful prosecution. However, we recommend that the Committee consider whether enough is being done to prosecute health professionals who perform FGM, particularly where a medical professional has been struck off for this reason.
7. It would help if GPs were made aware of the kind of evidence they could collect to provide good objective evidence of FGM, to allow prosecutions to go ahead even when a victim changes their story.

Which groups in the UK are most at risk of FGM (whether in this country or abroad), and what are the barriers to identification and intervention?

8. Women and girls who have been affected by FGM are usually pre-pubertal but infants and adult women are also targeted. A map produced by UNICEF gives the number

and percentage of women and children that have been affected. The highest rate is 98% in Somalia.¹

9. FGM is much more common if the child's mother or sister have been already affected.

10. There are a number of possible barriers to identification by GPs, such as:

- A lack of awareness of the risk factors that suggest a patient may be affected by FGM. Unfortunately there is a lack of adequate data on communities and individuals who are affected by FGM within the UK. It is likely that this is impacting on the ability of GPs to judge which of their patients may be at risk.
- Cultural sensitivity issues. GPs may feel unable to raise the issue sensitively with members of affected communities.
- FGM may not be clinically apparent to a GP who does not often conduct intimate examinations, especially if it is Type 1 (clitorectomy) in a pre-pubertal girl. Less extensive surgery may still be as serious in terms of infection (including HIV and other blood borne viruses), pain and subsequent mental health problems.
- Difficulty asking questions sensitively, but directly.
- Language and communication problems. There has been less access to translation services in recent years due to cut-backs within the health service.

11. In France routine examinations of the genitalia of young girls has led to a higher rate of prosecution. While the RCGP appreciates that routine screening can have positive outcomes, we have concerns that a screening programme of this type could alienate hard to reach individuals and communities, and could in itself be a traumatic experience.

12. Barriers to intervention by GPs include:

- Difficulty obtaining consent to the examination
- The desire to maintain patient confidentiality.
- Worries about the consequences of referral to police and social services for the family if wrong

13. There are a number of resources currently available for GPs, such as:

- Department of Health (2011) Female genital mutilation: multi-agency practice guidelines²
- BMA Ethics: Female Genital Mutilation: Caring for patients and safeguarding children 2011.³ and Tackling FGM in the UK: Intercollegiate recommendations for identifying, recording and reporting⁴
- The RCGP has also helped to draw up a number of resources on FGM for use within primary care:

¹ Unicef, *Female Genital Mutilation/Cutting*, 2013 http://www.unicef.org/media/files/FGCM_Lo_res.pdf

² Department of Health, *Female Genital Mutilation: Multiagency guidelines* <https://www.gov.uk/government/publications/female-genital-mutilation-multi-agency-practice-guidelines>

³ BMA, *Female Genital Mutilation: Caring for patients and safeguarding children* 2011 <http://bma.org.uk/-/media/Files/PDFs/Practical%20advice%20at%20work/Ethics/femalegenitalmutilation.pdf>.

⁴ Royal College of Obstetrician and Gynaecologists, *Intercollegiate Group draws up ground-breaking recommendations for tackling Female Genital Mutilation* <http://www.rcog.org.uk/news/intercollegiate-group-draws-ground-breaking-recommendations-tackling-female-genital-mutilation>

- I. The Primary Care Child Safeguarding Forum (PCCSF) is a Primary Care Society affiliated to the RCGP and has recently produced a Statement on Female Genital Mutilation.
 - II. The RCGP has been involved in a major piece of work on FGM, led by our colleagues at the Royal Colleges of Midwives and Obstetricians & Gynaecologists, amongst others. This is focussed on helping to raise clinician awareness of this problem, which affects some of the most vulnerable girls and women in our society. The report [Tackling FGM in the UK](#) looks at the role that all health and social care professionals - including GPs - have in identifying and reporting cases of FGM.
 - III. The RCGP in conjunction with the NSPCC had previously developed a toolkit for health professionals on safeguarding children and young people, including advice of relevance to cases of FGM.⁵
14. The March 2013 Department for Education publication of "Working together to safeguard children"⁶ does not mention FGM in any meaningful detail. This reinforces the feeling that child protection and combating FGM are not properly strategically aligned.
15. There appears to be no data on the incidence of health impacts of FGM, either over the short or long term. We know there are consequences which may be serious but not how often these occur and therefore have no indication of how often these might be encountered in General Practice.

What are the respective roles of the police, health, education and social care professionals, and the third sector; and how can multi-agency co-operation be improved?

16. GPs have a number of different roles to play in combating FGM;
- Identification. There are a number of clinical situations when GPs and practice nurses may be able to identify patients who have been affected by FGM. These include:
 - i. The registration of new patients from affected communities.
 - ii. At the start of pregnancy in women from affected communities.
 - iii. Patients presenting with symptoms that may suggest they have been affected by FGM.
 - iv. Instances when patients from affected communities refuse cervical cytology or experience pain or distress during the test.
 - Recording. GP systems have a specific code to record FGM. This has the potential to be a valuable tool in recording and combating FGM
 - Supporting with compassion and understanding those that have been affected.
 - Referring. As the main point of entry into the health service for the majority of patients, GPs have a duty to refer patients to relevant secondary bodies.

⁵ RCGP and NSPCC, *Safeguarding Children and Young People A Toolkit for General Practice*, 2011
<http://www.rcgp.org.uk/~media/Files/CIRC/Safeguarding%20Children%20Module%20One/Safeguarding-Children-and-Young-People-Toolkit.ashx>

⁶ Department for Education, *Working together to safeguard children*, 2013
<http://www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to-safeguard-children>

However, in order to do this for patients affected by FGM there need to be clear pathways of care and thresholds for referral to police, social and other relevant services, including mental health. Local Safeguarding Boards (LSGB) need to be encouraged to develop their local multi-agency procedures to clarify these. In addition some women and children will need specialist FGM support services, for the physical and/or psychological consequences of their trauma. The RCGP does not think adequate support services currently exist, except in small pockets within some large cities.

- Raising awareness. The RCGP has helped to produce a number of documents aimed at GPs which contain advice on how to address FGM (detailed in paragraph 14 above). In addition, GPs should feel free to display posters and have leaflets in their surgeries, especially if they are in an area with a high prevalence of FGM.

How can the systems for collecting and sharing information on FGM be improved?

17. The RCGP has significant concerns over the lack of detailed data on the prevalence of FGM within the UK, as planning of services cannot be adequately undertaken without knowledge of the scale of the problem. All health workers who come into contact with those who have been affected by FGM should be encouraged to record this fact. This is particularly true of those who work in obstetrics, gynaecology, paediatrics and mental health.

How effective are existing efforts to raise awareness of FGM?

18. As there is no baseline data available on awareness of FGM within the UK, it is difficult to draw any concrete conclusions on how effective efforts have been to improve this. In addition there is not enough research available on which to base conclusions regarding the effectiveness of existing awareness campaigns.

How can the available support and services be improved for women and girls in the UK who have suffered FGM?

19. The available support and services can be improved by:
 - Developing specific care pathways for FGM that involve health, education, and social services.
 - Developing a way for general practice and other relevant health bodies to identify those at risk from FGM.
 - Engaging with affected communities by identifying and supporting people to work in a culturally sensitive way within the affected communities.
 - Making culturally sensitive specialist FGM services available, especially for long term psychological consequences, including PTSD.
 - Publicising available support services such as the dedicated NSPCC helpline.
 - Improving the evidence base through research into the epidemiology of FGM in the UK, its association with other forms of child abuse, long term outcomes for those affected, and the effectiveness of interventions.

Other matters that may be relevant to the inquiry

20. The RCGP views FGM as child abuse and believes that it should be treated as such by all governmental agencies. However we have concerns around the capacity of social services to respond to referrals. We would like to see care pathways and thresholds for referral clarified and developed nationally and at local LSGB levels.

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21. The contributions of Drs Judy Shakespeare, Amber Janjua, Janice Allister and Vimal Tiwari are acknowledged.