Royal College of General Practitioners and British Medical Association Brief: Mandatory Reporting in the Crime and Policing Bill

Protecting children and young people from abuse and neglect is the responsibility of all doctors. As part of this responsibility, doctors have a clear duty to report to the police or local authority children's services any situation where there are concerns that a child or young person may be being sexually abused or sexually exploited. We support the plans to strengthen this protection.

We, however, have significant concerns about the current drafting which would require doctors to report to the police or social services any sexual activity between a younger teenager (13-15-year-olds) and an adult.

We believe the Bill should be amended to better improve safeguarding in this area and avoid any serious unintended consequences that could lead to an increase in underage pregnancies and other serious harms to vulnerable children.

Key points

- To ensure that 13- to 15-year-olds feel they have a safe space to discuss sexual activity and ensure effective safeguarding, the Bill should include an exemption for doctors to be able to use their clinical and professional judgement to not report sexual activity to the police or social services when they believe that doing so would cause more harm to their patients than good. This could match the wording of the mandatory information sharing duty currently going through Parliament in the Children's Wellbeing and Schools Bill.
- The Crime and Policing Bill currently includes provisions for the Secretary of State to make exemptions to mandatory reporting for certain services (expected to be such as confidential hotlines such as Childline) but these are not expected to include doctors delivering sexual or reproductive health support.
- Forcing all health professionals to report every situation where they are told by a patient of sexual activity between a 13 to 15 year old and a younger adult will cause significant damage to the ability to deliver sexual and reproductive health care to children and could reverse the progress made over recent years to reduce underage pregnancies.
- Providing confidential sexual health services is an important part of safeguarding. Doctors are trained to spot signs of abuse or pressure when discussing sexual health, particularly with young people under 16. They are already under a professional duty to report whenever they suspect young people are being abused or exploited. If young people are deterred from seeking help, or withhold vital information, this opportunity to spot abuse will be lost.
- It would also overwhelm the police and social services making it harder to focus on cases where abuse is happening putting more children at risk.
- We do not, however, oppose the provision where it becomes mandatory to report any sexual activity involving children under 13.

How the Crime and Policing Bill differs from the current GMC regulations on child sexual abuse and the Children's Wellbeing and Schools Bill also going through Parliament

The Bill as currently drafted will create a general duty to report any sexual activity involving a child under 16 and an adult, or any sexual activity involving a child under 13..

This differs from the current GMC rules governing doctors which places a duty on them to usually report sexual activities in the following circumstances:

a. a young person too immature to understand or consent
b. big differences in age, maturity or power between sexual partners
c. a young person's sexual partner having a position of trust
d. force or the threat of force, emotional or psychological pressure, bribery or payment, either to engage in sexual activity or to keep it secret
e. drugs or alcohol used to influence a young person to engage in sexual activity when they otherwise would not
f. a person known to the police or child protection agencies as having had abusive relationships with children or young people.

The RCGP publishes safeguarding standards for general practice based on these principles. Supporting GPs and their teams in identifying of abuse and neglect, responding to safeguarding concerns, documenting and information sharing and multi-agency working. The RCGP Safeguarding toolkit provides a wealth of resources to support these standards and enable and empower GPs and general practice teams to safeguard children and young people. In particular there is an RCGP and The Centre of Expertise on Child Sexual Abuse co-developed resource: "Talking about child sexual abuse: tackling professional concerns", which aims to give GPs confidence in having conversations with children and young people about sexual abuse. *RCGP Safeguarding toolkit: Talking about child sexual abuse | RCGP Learning*

Confusingly there is another version of mandatory reporting / mandatory information sharing being introduced in the Children's Wellbeing and Schools Bill currently going through Parliament. That Bill will require doctors (or other relevant people) to share information with the police and social services that is relevant to safeguarding or promoting the welfare of the child. However, unlike the Crime and Policing Bill the Children's Wellbeing and Schools Bill goes on to say that this duty "does not apply if the relevant person considers that the disclosure would be more detrimental to the child than not disclosing the information". It is likely to be highly confusing to have two different forms of mandatory reporting / compulsory information sharing being introduced at the same time.

The key role in confidential sexual health advice in safeguarding children

A study involving 13–14-year-olds in the UK found that 86% were more likely to use sexual health services if they were confidential, and over half would avoid using a service if it was not confidential. Since the Gillick judgment in 1985, the law has been clear that young people under 16 can access confidential sexual health advice. However, after a short period of uncertainty, between the Court of Appeal and House of Lords' judgments, there was a 34% drop in under 16s seeking sexual health advice. The 1999 Teenage Pregnancy Strategy expanded child friendly confidential sexual health services which helped to significantly reduce underage pregnancies. The 2021 under -18 conception rate was 72% lower than the 1998.

The other danger is that as soon as children hear that their doctor will report any sexual activity they will stop telling their doctor the truth damaging the doctors safeguarding role. Sadly, in many abusive sexual situations the victim is already coached not to tell the truth to their doctor. Research from The Centre of Expertise on Child Sexual Abuse highlights that children need help to tell about their experience of child sexual abuse, and that having a trusted and reliable relationship with the person they tell is one of the keys to this. It is therefore vital that children and young people continue to see doctors as trusted and reliable professionals in their life so that we are in a position to listen, support and safeguard. *Communicating with children: A guide for those working with children who have or may have been sexually abused (second edition)*

Below are three anonymised examples of situations where we believe that it would be damaging to report sexual activity involving 14 and 15 year olds. These scenarios are not uncommon in general practice. What unites them is that all involve competent, well-supported adolescents where there is no evidence of exploitation, coercion, or grooming and the young people are acting responsibly by seeking professional advice.

Example 1 Heterosexual couple, female younger (Year 11 girl, Year 13 boy):
A couple meet in secondary school—she is just 11 in Year 7 (turning 11 the August before), and he is 13, turning 14 early in Year 9. They become girlfriend/boyfriend and over the initial years form a close, emotionally supportive, non-sexual relationship. Now, she is 15 (Year 11) and he is 18 (Year 13). They jointly attend a GP consultation to seek contraceptive advice, having decided to move forward in their relationship with full mutual consent.
Under the proposed law, this would be considered a reportable offence despite the absence of any safeguarding concern—undermining trust in the healthcare setting and risking unprotected sex resulting in unplanned pregnancy

Example 2 Same-sex couple (two boys):
Two male pupils begin a friendship at school that gradually becomes a romantic relationship. One is 15 and the other has just turned 18. They have been emotionally close and respectful throughout. They visit their GP to discuss safe sex, STI testing, and emotional support as they prepare to take the next step.
Mandatory reporting would be triggered, even though both are Gillick competent, and there is no evidence of exploitation or coercion. This risks deterring LGBTQ+ youth from seeking help, especially in environments where stigma already exists.

Example 3 Female older than male (15-year-old boy, 18-year-old girl):
A 15-year-old boy and an 18-year-old girl have known each other through a youth arts program since the boy was in Year 9. They have been in a steady relationship for nearly two years and recently decided—together—to pursue a sexual relationship. The boy seeks advice from his GP for contraception and STI prevention.
Again, despite no safeguarding concerns, the GP would be legally obliged to report this as a potential sexual offence, even though the younger partner is clearly competent, informed, and safe.

Possible solutions
It is important that there is nothing in the Bill that damages the safeguarding role of medical practitioners. We are keen to discuss with the Home Office and DHSC how this can be achieved.

It may be that removing anyone working at a general practice from a mandatory reporting duty would send the wrong message and may be damaging. Instead it may be that there is a special provision that NHS staff providing health support to children MUST report UNLESS they 'reasonably believes that it is not in the best interests of each relevant child to make a notification'; or include an exemption where the doctor reasonably believes that: the relationship between the parties is consensual and not intimidatory, exploitative or coercive; the child is not subject to any pressure to continue in the relationship; and the child has not been harmed and is not at risk of being harmed.