FORCED MARRIAGE - PREVALENCE AND SERVICE RESPONSE

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1. Introduction

1.1 Research aims

The Department for Children, Schools and Families, with the support of the Forced Marriage Unit (FMU), commissioned the National Centre for Social Research to carry out research on the issue of forced marriage in England. The research had a particular focus on UK resident children and young people under 18 years of age and aimed to inform policy across Government and to feed into new guidelines supporting statutory responsibility for forced marriages (FM).

The aims of the research were to improve understanding of the prevalence of FM and to examine the way services are currently responding to such cases.

An FM is a marriage in which one or both spouses do not (or, in the case of some vulnerable adults, cannot) consent to the marriage and duress is involved. The majority of FMs involve a young female victim, but young men can also be victims. Around one-third of the cases handled by the FMU involve children under 18 years of age.

The majority of FM cases take place among South Asian communities, such as Pakistani, Bangladeshi and Indian communities. However, FMs also take place among other communities, especially from Africa, the Middle East and parts of Eastern Europe. The types of abuse by which a victim of FM may be harmed are wide-ranging and include physical abuse, sexual abuse, psychological abuse, financial or material abuse, neglect, and discrimination. FM can be seen as a form of 'honour'-based violence (HBV), and may involve murder (so called 'honour killing').

1.2 Research methods

- The methodology comprised a literature review, a mapping study, a quantitative data sourcing and analysis exercise, and a qualitative case study element.

- Prevalence was examined using quantitative data collected through a short questionnaire distributed to local organisations across ten selected local authorities (LAs). Data was gathered from a total of 58 local organisations and analysed in conjunction with data from national organisations. The aim was to generate a broad, general estimate, given the time and budget available for this exercise.

- For the qualitative case study element, four LAs with relatively high prevalence of FM were selected, and 40 in-depth interviews carried out between January and April 2009 with key stakeholders from local statutory and voluntary organisations. The qualitative investigation aimed to identify and critically describe front-line responses to FM, prevention of FM, models of good or poor practice, and good practice impediments and facilitators.

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2. Main findings

2.1 Prevalence

- Based on the data on the number of FM cases (either actual FM or the threat of FM) encountered by local organisations and the key national organisations, the national prevalence of *reported* cases of FM in England is estimated to be between 5,000 and 8,000. This estimate does not include a potentially large number of victims who have not come of the attention of any agencies or professionals, since a large general population survey would be required to estimate the prevalence of these 'hidden' victims.

- Of the FM cases reported to local organisations, almost two-thirds related to threats of marriage (62%) and just over one-third (38%) related to marriages that had taken place.

- Whilst FM is not exclusively an issue for Asian communities, 97% of those seeking help or advice relating to FM from local organisations were identified as Asian. This closely reflects the data regarding country of origin held by the FMU for the cases which have come to their attention, where in 2008 64% of cases related to Pakistani victims, 15% related to Bangladeshi victims, and 8% related to Indian victims.

- 96% of FM cases reported to local organisations related to female victims and only 4% to male victims. This represents a smaller proportion of male cases than reported by both the FMU and Karma Nirvana (the largest national organisation providing support to victims of FM) whose proportions of male cases or enquiries in 2008 were 14% and 43% respectively.

- Within local organisations, 41% of reported cases concerned victims under the age of 18.

2.2 Co-ordination of FM response

- Responsibility for co-ordinating a multi-agency local response to FM was formally situated within LA domestic violence (DV) co-ordination structures and processes.

- The quality of FM co-ordination was significantly affected by existing levels of DV resource and capacity within each of the four LAs, with under-resourced LAs tending to struggle with FM co-ordination responsibilities.

- In some LAs concerns were voiced about the level of disengagement with the DV / FM agenda from certain agencies such as Education and Housing.

- FM training did not appear to be core or mandatory for any group of professionals, and lacked co-ordination. FM training was most commonly reported to be included in DV or child protection (CP) training courses and targeted at front-line staff.

- Inconsistent levels of awareness of FM, FMU guidelines, and Forced Marriage Protection Orders (FMPOs), across agencies and among professionals within the same agency, were commonly reported. A need for more training was expressed particularly in relation to agencies' roles.

- FM co-ordination across the LA areas was largely driven by a small group of individuals, often Black and minority ethnic (BME) professionals working in the voluntary sector. In one LA, the police were at the forefront of driving a multi-agency local response to FM.

- The BME voluntary sector was perceived as performing a central role in addressing the gaps in statutory FM co-ordination, which included a wide range of activities such as capacity-building and staff training; FM prevention work with young people; supporting victims; and community development work. Such activities were commonly undertaken without LA funding or with very limited resources and capacity.

- Developing BME representation, participation and involvement was seen by several statutory agencies as an appropriate means to progressing FM-related work and developing their own cultural expertise.

- Multi-agency sharing of statistical FM data was generally not coordinated, although some agencies across all the LAs indicated they had begun to take initial steps to address this gap. Statutory agencies in particular reported that they had started an information-gathering and -sharing process to improve inter-agency understanding of the nature and scale of FM locally.

2.3 Detection

Direct reporting of FM by young people or via concerned friends was a typical way in which schools, colleges, youth agencies and the BME DV / FM voluntary sector identified cases. Direct reporting to the police was much less common with the exception of one LA where the police had experienced steady increases in direct reporting as a result of actively increasing their own capacity to detect and respond to FM. For many statutory agencies and generic DV agencies, FM tended to be hidden behind other more obvious presenting issues such as physical abuse, eating disorders or self-harm, and only transpired once professionals had started working on these.

2.3.1 Factors that may impede detection

- Varying perceptions of FM as a relatively small issue with a high profile, or as a growing problem with inadequate resources.

- Affected communities being 'hard to reach' and mistrusting of statutory agencies.

- FM detection not a strategic focus for LAs because of competing priorities.

- Lack of professional understanding of FM.

- Language barrier and lack of access to appropriate interpretation services.

- Lack of reporting sites and local 24 hour contact points for young people with limited freedoms.

2.3.2 Factors that may facilitate detection

- Raising awareness of FM as an abuse of young people's rights to choose who they marry.

- Empowering young people and providing them with information on their rights.

- Raising awareness of FM among teachers, Learning Mentors and Personal Advisors.

- Multi-agency FM training for professionals.

- A focus on listening, signposting, and protection services.

- Information-sharing protocols between agencies.

- Using direct methods of communication with young people.

2.4 Case response

The nature and quality of case response and management varied between LA areas, and within areas there were differences in understanding of what might constitute a case of FM and differences of opinion and perspective on what, in turn, an appropriate case response might be. The quality and character of case response depended on the following factors.

● **Capacity of partner agencies**

Agencies, particularly voluntary and community organisations (VCOs), reported limited capacity, a lack of integrated reporting and case management systems, and a lack of appropriate community interpretation services as limiting their response to FM cases.

● **Taking FM seriously & cultural sensitivity**

Key partner agencies such as Education, Welfare and Children's Services (CS) were reported by some to be non-responsive to other agencies' concerns about specific cases of FM, and reluctant to intervene in cases due to dismissing FM as a 'cultural issue'.

● **Compartmentalisation / culture of referral**

Some statutory agencies talked of partner agencies as tending to refer 'difficult' cases on, and as being unaware of CS procedures. They also identified CS as being unwilling to get involved in FM cases involving 16- and 17-year-olds who were able-bodied and mentally stable. Cases of threat of FM without associated physical abuse tended to be seen as lower priority than other DV cases. Professionals expressed specific concerns about the gap in effective case response for 16- to 18-year-old FM victims.

● **Differences in professional practices and norms**

VCOs tended to see a wider range of cases in terms of severity, and in terms of proximity to crisis, while statutory agencies were more likely to see cases which had already reached a crisis. Reflecting their wider range of cases, VCOs did not always see the possibility of FM as an imminent crisis, but variously as part of a process, as a threat or possibly as a way for parents to voice discontent with the behaviour of their children.

For cases where crisis was not deemed imminent, VCOs emphasised empowering the young person to deal with their parents' demands through understanding the meanings and motivations behind the threat of FM. Emphasis was also placed on discussing whether leaving home was the best solution, where circumstances and risk assessment meant that staying at home could be considered. This was combined with very practical strategies to support victims in seeking timely help should the situation escalate.

This approach is heavily dependent on well-informed, accurate risk-assessment, and a full understanding of CP guidance. Nevertheless, a balance needs to be reached between the potentially very high (and sometimes life-threatening) risks associated with the victim staying at home, and a recognition of the full range of FM cases, which, in turn, may require a range of appropriate case management approaches.

● **Attitudes towards the use of FMPOs**

Usage of FMPOs varied according to the area, with little use in one area, whilst in one area the police had been using FMPOs quite extensively. Opinions on the use of FMPOs in case response were mixed, with much confusion as to how they should be applied and concern that their application might be seen, in the short term, as the disproportionate use of legal powers against a minority rather than a legal remedy to a case need. Others (especially those from the voluntary sector) expressed uncertainty about their powers to use the new FMPOs, what their legal role would be and which statutory agencies they would need to involve in taking one out.

2.5 Prevention

2.5.1 Prevention activities with young people

- Schools and colleges were the main locations for prevention activities with young people. For young women with limited freedom and at risk of FM, schools and colleges were seen as potentially the only location for accessing help.

- Activities concentrated on raising awareness of the risks of FM, educating young people on their rights, providing others' testimonies and providing information on the support available. Activities included: distribution of written information and posters; web-based information; training sessions with FM film

screenings followed by discussions; and using drama to explore FM.

- The benefits of prevention activities were clear, and the need for more prevention work was expressed. Activities were relatively ad-hoc and there tended to be little overall co-ordination of activities in schools.

- VCOs rather than statutory agencies tended to undertake prevention activities. Local and regional police forces had been involved in some areas, either in delivering talks, or in encouraging the Local Safeguarding Children's Board (LSCB) to plan activities. The FMU had also been directly involved in some activities.

- Some sessions were led by external professionals, while others were delivered by teachers or Personal, Social, Health and Economic Education (PSHE) co-ordinators who had received training and / or materials from external agencies.

2.5.2 Prevention activities with parents and wider community

- Agencies tended to shy away from undertaking such prevention activities, though there were some good practice examples: in one area where good relationships had been developed between the LA and the local Muslim centre, community-based prevention activities were more common. The main initiative consisted of seminars jointly organised by the LA and the local Muslim centre, including one on FM.

- The main example of reaching parents through schools was in relation to Children Missing from Education (CME) initiatives, which involved communicating to parents the importance of education and the school's disapproval of students missing classes or going on extended holidays abroad. This could have an indirect impact on the risk of FM, as such general messages could persuade parents to postpone marriage plans in order for their children to complete their education.

2.5.3 Factors that may impede prevention

- Lack of resources

- Unclear responsibilities for FM within LAs

- Cultural sensitivity

- Lack of FM related knowledge and confidence among professionals

- Community and gender barriers for white, female professionals in particular

- Lack of trust in agencies among affected communities.

2.5.4 Factors / actions that may facilitate prevention

- Increasing dialogue between the LA and affected communities

- Making the most of established community relationships

- Learning from and sharing good experiences

- Sensitive contextualising of FM and its links with wider issues such as DV.

3. Conclusions and recommendations

3.1 Framing of FM

In our four LA areas, a DV framing of FM predominated, mobilising a response involving police and the DV voluntary / statutory sector services. A CP framing (involving the response of schools and CS) appeared to be less effective, less co-ordinated, and less clearly articulated. Our report also describes a human rights response to FM that was predominantly carried out by BME VCOs. The potential for individual cases of FM to fall through the gaps between these three different approaches is great, and the task of co-ordinating these approaches to deliver an integrated response in terms of prevention, detection, case management and response, is a highly challenging one.

We conclude from this research that all three framings of FM and responses are necessary, all must be properly resourced, and effective co-ordination of all three is key to improving the quality of the overall response.

3.2 Better co-ordination and capacity-building

Local co-ordination of FM response and prevention is lacking in strategic direction. There is a need for the national FM strategy framework to focus more closely on developing local co-ordination in relation to FM.

FM is an issue that cuts across numerous policy areas, covering a wide range of statutory

structures. Moreover, there is a need to integrate FM further into broader policy on violence against women. We therefore support the Government's initiative to develop a cross-departmental strategy on violence against women and girls, and its proposal to include FM within this.

There is much that could be done on a national level to support co-ordination and capacity-building. Specific national activities might include:

- Developing national training protocols[1], and 'training the trainer' interventions around FM. This should be carried out in partnership with BME voluntary sector organisations;

- Amending and developing national guidelines to address the question of prevention; to state the value of community responses to FM more clearly; to give clearer guidance on co-ordinating disparate responses to FM; and to tackle the question of lack of confidence or reticence among workers;

- Developing data collection protocols for LAs (to inform their response) - these could require the addition of an FM flag on case records and regular collection of these data by an LA-based FM co-ordinator;

- Developing a national database of good practice around preventing FM, and responding to it in a co-ordinated way;

- Considering the potential role of national capacity-building organisations (such as the Improvement and Development Agency for Local Government - IdeA - and the Centre for Excellence & Outcomes in Children's and Young People's Services) in identifying, co-ordinating and improving national, regional and local knowledge about FM.

3.3 Better resourcing of BME VCOs

We recommend additional resources be made available to support the development of FM partnerships between local statutory agencies and local BME VCOs with a strong track record of tackling FM.

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[1] This is part of the FMU's 2009/10 action plan.

3.4 Better engagement and understanding

National training protocols on FM should be accompanied by enhanced resources for the provision of such training, and need to counter inappropriate reticence, fear and cultural over-sensitivity among workers. We also recommend undertaking awareness-raising interventions within the key services. Such training and awareness-raising should provide spaces for workers to speculate on their own assumptions and fears without being judged or proscribed.

3.5 Better prevention

We recommend that prevention work is prioritised at an LA level through:

- Development and implementation of LA FM prevention strategies detailing key aims and objectives, roles and responsibilities of partners, co-ordinating mechanisms, prevention protocols, methods, approaches and outcomes;

- Central support for local FM prevention work in the form of national prevention co-ordination activities (LA FM prevention strategy template and guidance, conferences, websites, forums, identification and sharing of good practice models etc);

- Increased resources for prevention activities within communities.

3.6 Better detection

This research indicates that better detection and identification of FM lies in young people's capacity to report it. Potential victims are often severely restricted in their movement, with educational settings the only places where they are free from the surveillance of family. We therefore recommend:

- Increasing access to reporting facilities for young people (for example, within schools and colleges, providing a 24hr facility etc.);

- Support for schools, Education Welfare Officers (EWOs) and LA CS and Education Departments to monitor the extent to which CME guidance relating to FM is being followed;

- A focus on improving FM co-ordination and joint working between all key agencies and services in relation to any FM / DV forums or protocols (schools, EWOs, LA CS and Education Departments, police and the voluntary sector);

- Awareness-raising work around FM, focusing on warning signs in schools, colleges, youth settings and within local communities.

3.7 Better case management and response

We make the following recommendations specific to improving case response.

- Increase resources (both financial and infrastructural) to BME and DV VCO sector to improve their capacity to respond to cases of FM appropriately.

- Improve national response protocols to take more account of the human rights perspective used by BME and DV VCO.

- Promote informed, careful risk-assessment, which goes beyond standard CP risk-assessment approaches, to take into account the particular risks associated with FM.

- Promote 'victim-centred' approaches to case management, where the wishes and needs of the victim are prioritised and (subject to a thorough and informed risk assessment) the victim is given more opportunity at an earlier stage to recognise and determine their own best response to the risks they perceive (this may or may not include leaving the family).

- Improve capacity for case-coordination at an LA level.

- Improve protocols for joint working to address gaps in service provision (specifically that for 16- to 18-year-olds), acknowledging that how to address the gap will need to vary according to local capacity, but that responsibilities nevertheless need to be clear.

- Improve guidance for the most appropriate use of FMPOs (in relation to the range of responses available).

- Provide training and awareness-raising for professionals in order to enable them to:

  o challenge damaging practices without being seen to challenge the culture itself;

  o take an 'end-to-end' interest in a case rather than either holding on to a case for too long or referring it on too quickly because it is difficult;

  o understand the range of appropriate ways of responding to FM.

Additional Information

The full report (DCSF-RR128) can be accessed at www.dcsf.gov.uk/research/

Further information about this research can be obtained from Joanne Harker, Child Protection Policy Division, GF Area D, DCSF, Mowden Hall, Staindrop Road, Darlington DL3 9BG

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The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Children, Schools and Families.