



Foreign &
Commonwealth Office
London



Home Office



Dealing with cases of forced marriage

Practice Guidance for Health Professionals

1st Edition 2007

Forced Marriage

Marriage

Forced Marriage

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Forced

“Forced marriage is an abuse of human rights.”

“Marriage shall be entered into only with the free and full consent of the intending spouses.”

(Universal Declaration of Human Rights, Article 16(2))

Forced marriage is primarily, but not exclusively, an issue of violence against women. Although throughout this document the term “women” is used to describe anyone who is trapped in, or under threat of, a forced marriage, much of the guidance can also apply to men.

Forced marriage should be regarded as a form of domestic abuse and, depending on age, child abuse. Most cases involve young women and girls aged between 10 and 30, although about 15 per cent of those helped by the Forced Marriage Unit are male.

The majority of cases of forced marriage reported to date in the UK involve families of South Asian origin. This is partly a reflection of the fact that there is a large, established South Asian population in the UK. However, it is clear that forced marriage is not solely a South Asian problem and there have been cases referred to the Forced Marriage Unit involving families originating from East Asia, the Middle East, Europe and Africa. Although some forced marriages take place in the UK with no overseas element, most involve a partner coming from overseas or a British citizen being sent abroad.

Many women may assume that health professionals cannot help them. For this reason, it is unlikely that a woman will present to a health professional as a victim of forced marriage. Although, if a health professional is aware of forced marriage and the ways in which women can be helped, they are in an ideal position to provide early and effective intervention. They can offer practical help by providing information about rights and choices. They can also assist women by referring

Why guidance for health professionals?

Sanita

Sanita came to the UK following a forced marriage. When she arrived she was prevented from leaving the house, she was discouraged from learning English and she was subjected to appalling abuse from her husband and his extended family. On one occasion after her husband had beaten her, she attended the local hospital - as usual her husband went with her.

Fortunately, the consultant she saw spoke the same language as Sanita. He asked the husband to leave but as usual he refused. The consultant then managed to get Sanita to follow him into another room, whereupon he closed the door leaving her husband outside. He asked Sanita if she was OK and Sanita told him everything.

In the middle of a busy morning clinic he dropped everything, phoned the police and social care services. They collected her from the hospital and found her a place in a refuge.

To this day, Sanita still genuinely believes the consultant saved her life.

them on to the police, social care services, support groups, counselling services and black and minority ethnic women's groups.

There will be occasions when a woman does not mention forced marriage but presents with signs or symptoms, which, if recognised, may indicate to the health professional that she is within a forced marriage or under threat of one. She may have unexplained injuries, be depressed, anxious or self-harming. Some women may attend for a completely different reason and mention in passing that there are "family problems" – with careful questioning she may disclose more.

There are many different ways a woman may come to the attention of health professionals. For example, she may present to:

- Accident and emergency (A&E) departments, rape crisis centres or genito-urinary clinics with injuries consistent with rape or other forms of violence
- Dental surgeries with facial injuries consistent with domestic abuse
- Mental health services, counselling services, school nurses, health visitors, A&E or her GP, with depression as a result of forced marriage. She may display self-harming behaviour such as anorexia, cutting, substance misuse or attempted suicide

Why guidance for health professionals?

- Family planning clinics or her GP for advice on contraception or a termination as many women do not want a baby within a forced marriage
- Midwifery services if she does become pregnant.

An interview with a health professional may be the only opportunity some women have to tell anyone what is happening to them. To prevent this type of domestic abuse it is imperative that health professionals are prepared to use these limited opportunities to openly discuss the issues around forced marriage. This guidance is intended to help all health professionals recognise the warning signs of forced marriage, understand the danger faced by women and respond to their needs efficiently and effectively.

Many health professionals have to make difficult decisions when a woman presents with issues around forced marriage – particularly when a woman presents “early” before any crime has been committed or before she is confident enough to articulate forced marriage as a risk. These dilemmas are recognised and this document aims to address these together with some of the practical ways in which health professionals can help women facing forced marriage.

The Forced Marriage Unit (FMU)

The Forced Marriage Unit is a joint Foreign & Commonwealth Office and Home Office unit. It is the Government's central unit dealing with forced marriage casework, developing Government policy and co-ordinating outreach projects.

What does the FMU do?

The FMU carries out three main strands of work designed to tackle forced marriage:

Casework - The FMU provides confidential information and assistance to potential victims and concerned professionals. It works with partners both in the UK and overseas to ensure that all appropriate action is taken to prevent a forced marriage taking place. The FMU also provides support and information to individuals who have already been forced to marry. All caseworkers in the Unit have experience of the cultural, social and emotional issues surrounding forced marriage.

The staff can offer information and support to individuals who:

- Fear that they are going to be forced into a marriage (in the UK or overseas).
- Fear for a friend or relative who may be forced into a marriage (in the UK or overseas).
- Have already been forced into a marriage and want to consider their next steps.

The staff can assist health professionals by:

- Providing information about existing networks within the UK, including social care services, police, health and non-governmental organisations.
- Providing information on how to seek legal remedies in the UK and overseas.

Policy – The FMU develops future government policy for tackling forced marriage. In order to do this, the Unit works with a wide range of partners including non-governmental organisations (NGOs) and women's groups, the police, social care services, education, health and legal professionals. The Unit aims to develop policies that bring together key elements of government e.g. the education, welfare and legal systems, to combat forced marriage.

Projects – The FMU manages and co-ordinates government projects on forced marriage. These projects are designed to:

- Increase awareness amongst potential victims of the help available and empower them to seek help.
- Raise understanding amongst key professionals (police officers, social workers, health workers, teachers etc.) of forced marriage and how to tackle it.
- Work together with community and voluntary groups to create effective local partnerships against the abuse.

How to contact the Forced Marriage Unit (Monday-Friday 09.00-17.00)

Forced Marriage Unit
Old Admiralty Building
Whitehall, SW1A 2PA
Telephone: 020 7008 0151
Email: fmu@fco.gov.uk
Website: www.fco.gov.uk/forcedmarriage

For out of hours emergencies with an overseas dimension please telephone 020 7008 1500 and ask to speak to the Foreign & Commonwealth Office Response Centre.

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The difference between arranged and forced marriage

A clear distinction must be made between a forced marriage and an arranged marriage. In **arranged marriages**, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the young people. In **forced marriage**, one or both spouses do not consent to the marriage and some element of duress is involved. Duress includes both physical and emotional abuse.

Some children as young as eight years old may know that they will be expected to marry by the time they are 16 years old. In some cases, this may concern them and have a detrimental effect on their education, mental health and overall well-being.

There is no “typical” victim of forced marriage. Some may be under 18 years old, some may be disabled, some may have young children and some may be spouses from overseas. Whatever their circumstances, all cases should be approached with an open mind and each woman handled as an individual.

Incidence of forced marriage

Currently, some 300 cases of forced marriage are reported to the Forced Marriage Unit each year. Many more cases come to the attention of the police, social care services, health, education and voluntary organisations. Many others go unreported. With greater awareness of the help available, the number of cases reported is likely to increase.

Motives prompting forced marriage

Parents who force their children to marry often justify their behaviour as protecting their children, building stronger families and preserving cultural or religious traditions. They often do not see anything wrong in their actions. Forced marriage cannot be justified on religious grounds: every major faith condemns it and freely given consent is a prerequisite of Christian, Jewish, Hindu, Muslim and Sikh marriages.

Often parents believe that they are upholding the cultural traditions of their home country, when in fact practices and values there may have changed. Some

parents come under significant pressure from their extended families to get their children married. In some instances, an agreement may have been made about marriage when a child is in their infancy.

- Controlling unwanted behaviour and sexuality (including perceived promiscuity, or being gay, lesbian, bisexual or transgender) – particularly the behaviour and sexuality of women
- Protecting “family honour”
- Responding to peer group or family pressure
- Attempting to strengthen family links
- Ensuring land, property and wealth remain within the family
- Protecting perceived cultural ideals (which can often be misguided or out-of-date)
- Protecting perceived religious ideals which are misguided
- Preventing “unsuitable” relationships, e.g. outside the ethnic, cultural, religious or caste group
- Assisting claims for residence and citizenship
- Long-standing family commitments

While it is important to have an understanding of the motives that drive parents to force their children to marry, these motives should not be accepted as justification for denying them the right to choose a marriage partner and enter freely into marriage. Forced marriage should be recognised as a **human rights abuse**.

The legal position

Although there is no specific criminal offence of “forcing someone to marry” within England and Wales, criminal offences may nevertheless be committed. Perpetrators – usually parents or family members – could be prosecuted for offences including threatening behaviour, assault, kidnap, abduction, threats to kill, imprisonment and murder. Sexual intercourse without consent is rape, regardless of whether this occurs within a marriage or not. A woman who is forced into marriage is likely to be raped and may be raped until she becomes pregnant.

The victim

Isolation is one of the biggest problems facing women trapped in, or under threat of, a forced marriage. They may feel they have no one to speak to about their situation. These feelings of isolation are very similar to those experienced by victims of domestic abuse and child abuse. Only rarely will a woman disclose fear of forced marriage. Therefore, a woman who fears she may be forced to marry will often come to the attention of health professionals, police, social care services or education professionals for various behaviours consistent with distress.

“Multicultural sensitivity is not an excuse for moral blindness.”

(Mike O’Brien, House of Commons Adjournment Debate on Human Rights (Women) 10 February 1999)

Kiran

Kiran was born blind and at the age of 16 she continued to be incontinent and had no feeling in her fingers and toes. At the time she attended the local school with support from a classroom assistant who assisted children with visual impairment. During a one-to-one session, Kiran disclosed to the assistant that she was going overseas to be forced to marry. She explained that she didn't want to go or get married and she asked for help.

The assistant arranged for the local police to meet Kiran on her way home. Again she stated that she didn't want to get married and she wanted help. The police officer organised for her to be taken to accommodation for young disabled people. Kiran stayed in the care of the local authority for several months and started to have contact with her family again. Eventually she was persuaded to return home and, despite her earlier protests, agreed to go overseas with them.

The police were later notified that she died overseas of "food poisoning" and she was buried overseas.

Young people forced to marry, or those who fear they may be forced to marry, are frequently withdrawn from education, restricting their educational and personal development. They may feel unable to go against the wishes of their parents and consequently may suffer emotionally, often leading to depression and self-harm. These factors can contribute to impaired social development, limited career and educational opportunities, financial dependence and lifestyle restrictions. Studies have shown that self-harm is significantly higher amongst Asian women¹ and contributory factors include lack of self-determination, excessive control, weight of expectations surrounding the concept of honour, the role of women and concerns about their marriages.

A mental or physical disability or illness adds to a young person's, or an adult's, vulnerability and may make it more difficult for them to report abuse or to extricate themselves from an abusive situation. Their care needs may make them dependent on their carers.

Possible consequences of forced marriage

A forced marriage will be valid unless and until it is set aside by a divorce or annulment in a civil court. Women forced to marry may find it very difficult to initiate any action to bring the marriage to an end and may be subjected to repeated rape (sometimes until they become pregnant) and ongoing domestic abuse within the marriage.

¹ *Self harm in British South Asian Women: psychosocial correlates and strategies for prevention* – Husain M, Waheed W, Husain N: *Annals of General Psychiatry* 2006.

Some people may feel that running away is their only option. For many people, especially women from ethnic minority communities, leaving their family can be especially hard. They may have no experience of life outside the family. In addition, leaving their family (or accusing them of a crime or simply approaching statutory agencies for help) may be seen as bringing shame on their honour and on the honour of their family in the eyes of the community. This may lead to social ostracism and harassment from the family and community. For many, this is simply not a price they are prepared to pay.

For people with mental and physical disabilities, their impairment and care needs may prevent them from leaving and make them completely reliant on the family.

Those who do leave often live in fear of their own families who will go to considerable lengths to find them and ensure their return. Families may solicit the help of others to find their runaways, or involve the police by reporting them missing or falsely accusing the woman of a crime. Some families have traced women through medical and dental records, bounty hunters, private investigators, local taxi drivers, members of the community and shopkeepers or through National Insurance numbers, benefit records, school and college records. Sometimes having traced them, the family may murder them (so-called “honour killing”).

How health professionals can make a difference

The Health Service should aim to create an “open environment” where forced marriage can be discussed openly and where women know that they will be listened to and their concerns taken seriously. Helping young women who may be threatened by forced marriage should be part of ensuring all services and departments within the health service are “teenager friendly”. This involves reassurance about confidentiality and providing appointment slots during school lunchtimes etc. This would enable young women to visit unaccompanied if they wish and increase the opportunities they have to discuss any worries.

All areas within Strategic Health Authorities (SHAs), Primary Care Trusts (PCTs), General Practice and community care services can create an “open” and supportive environment by:

- Displaying relevant information e.g. details of the National Domestic Violence Helpline, NSPCC Asian Child Protection Helpline, Child Line, Careline and appropriate black and minority ethnic women’s groups.
- Circulating and displaying copies of the Forced Marriage Unit’s leaflet on forced marriage (available from the FMU, address on page 4).
- Educating health professionals about the issues surrounding forced marriage. (See page 32 for a brief summary of the issue. This page can be photocopied together with the laminated insert and distributed.)

- Including black and minority ethnic (BME) women's issues within domestic abuse training for health professionals. Training should include safety planning, risk assessment and risk management.

Forced marriage should be seen as a form of domestic abuse and child abuse. Other key guidance includes:

- *Responding to domestic abuse*, A handbook for health professionals – Department of Health 2005
- *Working Together to Safeguard Children*, Department of Health *et al.* 2006
- “*What to do if you are worried a child is being abused*”, Department of Health *et al.* 2003
- *No Secrets*, Department of Health *et al.* 2000
- *Tackling the Health and Mental Effects of Domestic and Sexual Violence and Abuse*, Department of Health/Home Office 2006
- Practice guidance for social workers: *Young people and vulnerable adults facing forced marriage*, Foreign & Commonwealth Office *et al.* 2004 (2nd edition due 2007)
- Guidance for Police Officers: *Dealing with cases of forced marriage*, Foreign & Commonwealth Office *et al.* 2nd Edition 2005*
- Guidance for Education Professionals: *Dealing with cases of forced marriage*, Foreign & Commonwealth Office *et al.* 2005*

*These guidelines are all available at <http://www.fco.gov.uk/forced-marriages>

Khadijia

Khadijia was just 15 years old when she was to go to Bangladesh for a forced marriage. Before departing, her parents encouraged her to go to her GP for various vaccinations. On this rare occasion no one accompanied her.

When she arrived, the doctor asked her conversationally, if she was looking forward to her holiday. Khadijia said "no she was not at all keen to go as she thought she may end up getting married and didn't want to". She continued by asking for the contraceptive injection. She said she feared that should she be forced to marry she would be forced to have sex and she didn't want to end up pregnant and trapped.

The doctor explained to her that she may want to consider her contraceptive options and that there were limits to how long the injection was effective and its suitability and that oral contraception might be more appropriate for her. He advised her to make an appointment with the family planning clinic to discuss the possible contraceptive options. She could then choose and, if need be, make a new appointment to see him.

Khadijia's bravery at speaking out provided the doctor with a great opportunity to refer her to social care services, the police and the Forced Marriage Unit. It gave him the chance not only to take details of when Khadijia was going overseas and who was going with her but also find out the address she was visiting overseas.

Unfortunately, he did none of these things. He did not provide any advice, support or information or take any action. At no time did he recognise the risk of forced marriage and rape, the urgency of the situation or the horror of what Khadijia was facing.

Khadijia's whereabouts are currently unknown.

How to recognise some of the warning signs of forced marriage

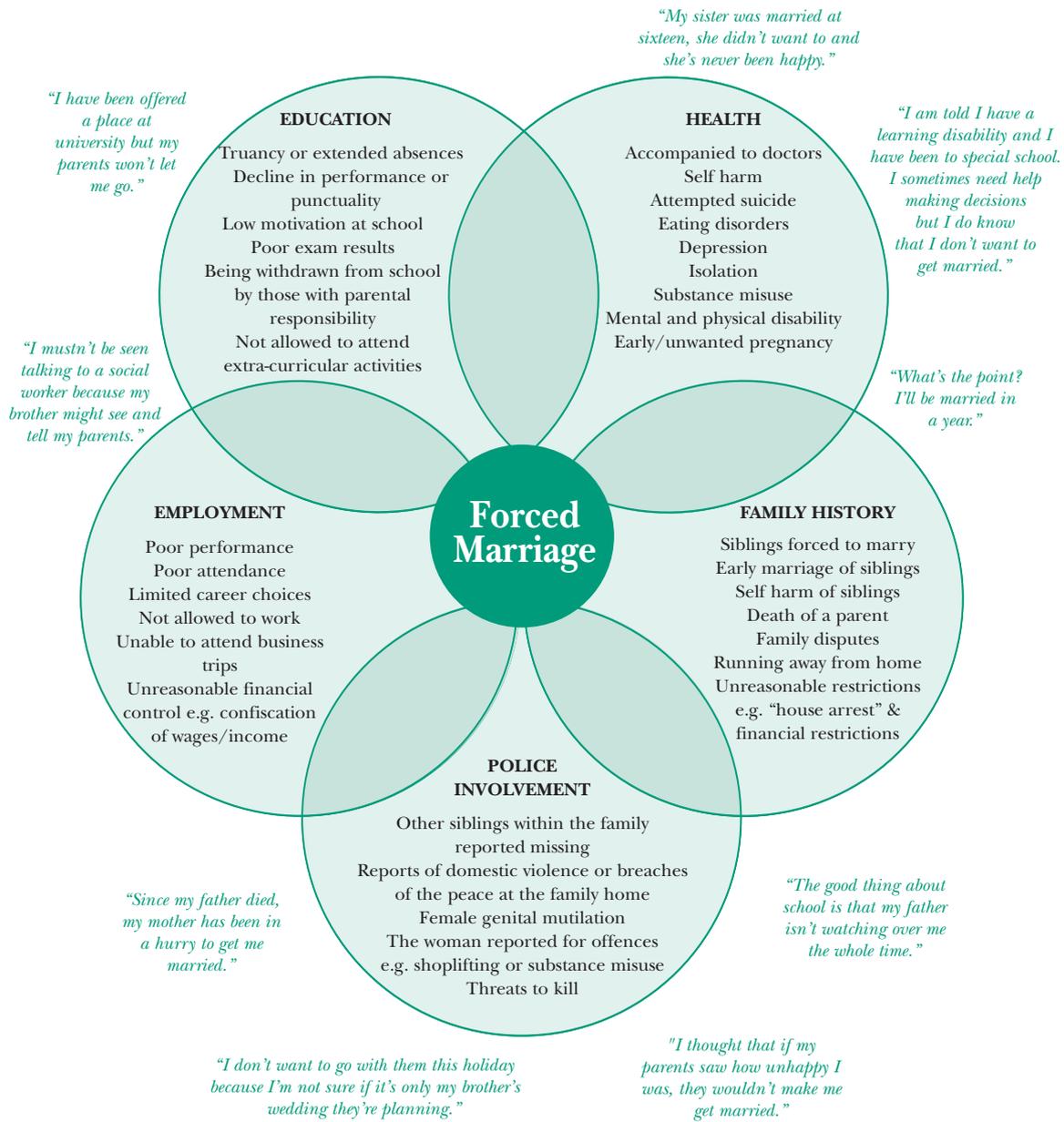
Women under threat of a forced marriage may appear anxious, depressed and emotionally withdrawn with low self-esteem. They may come to the attention of health professionals for a variety of reasons such as unexplained injuries or mental health disorders but they are unlikely to disclose forced marriage. Others may come to the attention of health visitors or midwives during pregnancy. Some women may seek help from their GP or school nurse and display behaviours such as self-harming, eating disorders or challenging behaviour.

Other warning signs may include a family history of older siblings marrying early. In these cases, their parents may feel it is their duty to ensure that children are married soon after puberty in order to protect them from sex outside marriage. Women with physical or learning disabilities may be withdrawn from their social networks or day care and kept at home.

Some other warning signs are illustrated on page 12. However, there have been occasions when women have presented with less common warning signs such as cutting or shaving of a woman's hair as a form of punishment for disobeying or perhaps "dishonouring" her family. In some cases, a girl may report that she has been taken to the doctors to be examined to see if she is a virgin. There have been reports of women presenting with symptoms associated with poisoning.

Health professionals should be alert to potential warning signs and consider that forced marriage could be the reason. However, they should be careful not to assume that forced marriage is an issue simply on the basis that a woman presents with any of these problems. Of course, some of these warning signs could be indicative of other forms of abuse or neglect.

Symptom chart of warning signs



Aggravating factors

There is evidence to suggest that there may be factors that increase the likelihood of a woman being at risk of a forced marriage.

These factors include bereavement within the family. Occasionally, when a parent dies, especially the father, the remaining parent may feel there is more of an urgency to ensure that the children are married. A similar situation may arise within single parent households or when a stepparent moves in with the family.

A woman may have an increased risk of forced marriage if they have disclosed sexual abuse. Parents may feel that this has brought shame on them and that ensuring the woman is married may restore honour to the family. They may also feel that marriage will put a stop to the abuse.

An individual may be at greater risk if they are lesbian, gay, bisexual or transgender, as their parents may feel that by forcing them to marry their sexuality or gender identity will not be questioned. Parents may also do so out of a mistaken belief that this will “cure“ their son or daughter of what they perceive to be abnormal sexual practices.

There have been several reported cases of individuals with mental and physical disabilities being forced to marry. In these situations, parents often feel they are protecting their children by providing someone to care for them after their death. Some women do not have the capacity to consent to the marriage and some may be unable to consent to consummate the marriage.

Young women who become pregnant by an “unsuitable” boyfriend are sometimes forced to marry in order to restore honour to the family. Even disclosing an “unsuitable” relationship may put a woman at greater risk.

How to use routine and opportunistic enquiries to recognise cases

As with all types of domestic abuse, women under threat of forced marriage, or already in a forced marriage, present to health professionals in many different ways. Therefore, health professionals should take a proactive role to establish whether forced marriage is an issue. Some health professionals ask women about domestic abuse routinely when taking their social history – this is often the case for midwives and health visitors. It may be useful to incorporate forced marriage into the routine questions about domestic abuse. Most women will not be offended by such questions as long as they know the questions are routine.

How to recognise some of the warning signs of forced marriage

Suggested methods of routine enquiry include:

- “Because abuse or violence is so common in women’s lives, we now ask routinely about abuse in relationships so that we can give all women information about agencies that can help”
- “How is your relationship?”
- “Are you happy about the baby – is your husband/partner happy?”
- “Are you bonding with your baby?”
- “Have you ever been afraid of your partner’s or a family member’s behaviour – are they verbally abusive?”
- “Do you ever feel unsafe at home?”
- “Has your husband/partner or anyone else at home threatened you?”

Depending on the response a health professional receives, they may go on to ask:

- “Have you ever been hurt by your partner or anyone else at home – perhaps slapped, kicked or punched?”
- “Have you ever been forced to have sex when you didn’t want to?”

These routine questions can be tailored to any department within the health service to reflect the types of issues with which

women may present. For example, in a Child and Adolescent Mental Health Service (CAMHS) department where children or young people attend, the questions may focus on the family relationship – such as:

- “How are things at home – do you get on with your parents?”
- “Are your parents supportive of your aspirations – what do they hope for you?”
- “Do your parents have similar aspirations for all your brothers and sisters?”
- “Apart from school, do you get out much?”
- “What do you do at weekends?”

Again, depending on the answer, the health professional may go on to ask more in-depth questions – for example around gender roles within the family or questions around the marriage of older siblings and the circumstances of those marriages.

Forced

How to recognise some of the warning signs of forced marriage

Creating opportunities to make enquiries

Some health professionals have more opportunities, or are able to create opportunities, to see a woman on her own. These include health visitors, midwives, GPs, practice nurses, school nurses, mental health staff and professionals in family planning clinics, genito-urinary clinics and rape crisis centres etc. If there are concerns that forced marriage is an issue, the health professional might ask questions about family life and whether the woman faces restrictions at home.

Some women trapped within a forced marriage have severe restrictions placed on them either by their husband or extended family. Some women find themselves under “house arrest”, facing severe financial restrictions. Others are not allowed out of the house unaccompanied – they may frequently be accompanied to appointments. If they are not accompanied it may be one of the few opportunities a woman gets to tell someone what is happening to her.

There are all sorts of questions a health professional could ask to establish whether a woman is trapped in a forced marriage. These include:

- “How are things at home?”
- “Do you get out much?”
- “Do you have friends or family locally who can provide support?”
- “Are your family supportive?”

Parminder

When Parminder was 16 years old she had a relationship with a boy from school, Ian. After a few months she became pregnant. Parminder did not tell her parents but eventually of course they realised. By this time she was six and a half months pregnant and beyond the legal limit for termination. Even so, her mother took her to the doctor to ask for a termination. The doctor explained to them that a termination at this stage was both life threatening and illegal and sent them away.

Parminder was taken overseas. She was told it was to have the baby in secret so as not to shame the family in their local UK community. In fact, on arrival, Parminder was drugged and forced to have a “back-street” abortion with no anaesthetic. Parminder only just survived but she can no longer have children.

Had the doctor insisted on seeing Parminder on her own, she would have had the opportunity to explain what was happening to her. Also perhaps the doctor should have questioned why he was being asked for termination so late in a pregnancy – this should have suggested that Parminder might be at risk.

How to recognise some of the warning signs of forced marriage

Some health professionals may be concerned that a woman is under threat of a forced marriage because they are exhibiting some of the behaviours shown in the Symptom Chart of Warning Signs on page 12 and on the laminated insert. They may be isolated, depressed, withdrawn, misusing alcohol and drugs (prescribed or non-prescribed), or have unexplained injuries.

In these cases it may be opportunistic questioning that encourages a woman to disclose forced marriage. Although a woman may not disclose anything the first time forced marriage is raised, it shows that you understand the issues and it may give her confidence to disclose at a later date.

Remember:

- Some women may not wish to speak to a health professional from their own community.
- Always speak to a woman on her own even if she is accompanied.

- If the woman needs an interpreter, never use family members or friends. You should always use an accredited interpreter. Some women may be more likely to disclose forced marriage when a telephone interpreting service is used, as they can speak to the interpreter without giving their name or details.
- For further information on asking women about domestic abuse refer to *Responding to domestic abuse, A handbook for health professionals* – Department of Health 2005.

forced
Marriage

What to do if a woman discloses that she has been, or is about to be, forced to marry

If a health professional does elicit information that suggests a woman is facing a forced marriage, they should use careful questioning to establish the full facts and decide on the level of response required. This may be to offer advice and provide them with information about specialist advice and information services. However, there may be occasions when the level of concern, or the imminence of the marriage, is such that it becomes a child or vulnerable adult protection issue – in these cases the appropriate adult or child protection procedures will need to be followed. For further information on protecting children and vulnerable adults facing forced marriage consult the separate guidance produced by the Forced Marriage Unit (page 10).

Choices

If a woman fears she may be forced to marry, she has limited choices:

- To remain with the family and try to resolve the situation
- To accede to the family's wishes
- To flee the family
- To seek legal protection.

Remember:

Remaining with the family and trying to resolve the situation can place a woman in danger.

Acceding to the family's wishes means she is returning to an abusive situation.

Forced marriage places women at risk of rape and possible physical harm. Some cases have resulted in a reluctant spouse being murdered.

What you should do:

- ✓ See the woman immediately in a private place.

- ✓ Take the issue seriously.
- ✓ See her on her own – even if she attends with others.
- ✓ Develop a safety plan in case she is seen, e.g. prepare another reason why you are meeting (page 25).
- ✓ Explain all the options – recognise and respect her wishes.
- ✓ Establish if there is a family history of forced marriage, i.e. have her siblings been forced to marry. Other indicators may include domestic abuse, self-harm, family disputes, depression or unreasonable restrictions (e.g. house arrest). See page 12.
- ✓ **Advise her not to travel overseas and discuss the difficulties she may face (page 19).**
- ✓ Liaise with your manager or the “domestic abuse lead” about what you can do to help, e.g. discuss the situation with someone from the Community Safety Unit in your local police station.
- ✓ Seek information and support from the Forced Marriage Unit (page 4).
- ✓ Refer her, with her consent, to appropriate local and national support groups and counselling services with a history of dealing with cases of forced marriage (page 30). If in doubt, consider contacting the Forced Marriage Unit (page 4).
- ✓ Offer to make an appointment for a future date and discuss with her what you should do if she does not attend. If she is in the country, having an appointment card may give her a legitimate excuse for visiting a health professional (on a prearranged pretext) if leaving the house is difficult.
- ✓ Devise a safety plan (page 25).

What to do if a woman discloses that she has been, or is about to be, forced to marry

What you should NOT do:

- ✗ Speak to the woman in front of anyone else.
- ✗ Treat such allegations merely as a domestic issue and send her back to the family home.
- ✗ Ignore what she has told you or dismiss out of hand the need for immediate protection.
- ✗ Approach her family or those with influence in the community without her express consent, as this will alert them to your concerns and may place her in danger.
- ✗ Contact the family in advance of any enquiries by the police, social care services or the Forced Marriage Unit, either by telephone or letter.
- ✗ Share information outside child or adult protection information sharing protocols without the express consent of the woman (page 22).
- ✗ Breach confidentiality except where necessary in order to ensure the woman's safety (page 22).
- ✗ Attempt to be a mediator (page 24).

What to do if the woman is under 18 years old or has children under 18 years old

- ✓ If the woman is under 18 or has children under 18 and does not want any referral to be made, e.g. to social care services, the health professional will need to consider whether her wishes should be respected or whether her safety, or that of her children, requires that further action be taken. If you do take action against her wishes, you must inform her (page 22).

- ✓ If you have concerns for the safety of a woman under 18 years old, activate local child protection procedures and use existing national and local protocols for multi-agency liaison with police and social care services (*Working Together to Safeguard Children*, Department of Health *et al.* 2006).
- ✓ Refer to the local police Child Protection Unit if there is any suspicion that a crime has been, or may be, committed. Liaise with the police if there are concerns about the safety of the woman, her siblings or her children.

What to do if a woman is going overseas imminently

There may be occasions when a woman tells you she is being taken overseas imminently. There may not be an opportunity to refer her to the police or social care services. There may be too little time to develop a safety plan or seek protection for her. In these cases, although you may not be able to gather all the details suggested, try to gather as much information as possible about her, as there may not be another opportunity if she goes overseas. Do not assume that someone else will have collected the information.

The following information may be vital in assisting the Forced Marriage Unit to locate her and assist her repatriation.

- ✓ A photocopy of the woman's passport for retention. Encourage her to keep details of her passport number and the place and date of issue.

What to do if a woman discloses that she has been, or is about to be, forced to marry

- ✓ As much information as possible about her family (this will need to be gathered discreetly) including:
 - **Full name and date of birth of the woman under threat**
 - **Her father's name**
 - **Any addresses where she may be staying overseas**
 - Potential spouse's name
 - Date of the proposed wedding
 - The name of the potential spouse's father (if known)
 - Addresses of her extended family in the UK and overseas.
- ✓ Information that only she would be aware of (this may assist any subsequent interview at an Embassy/British High Commission in case another person of the same sex and age is produced pretending to be her).
- ✓ Details of any travel plans and people likely to accompany her.
- ✓ Names and addresses of any close relatives remaining in the UK.
- ✓ A safe means by which contact can be made with her, e.g. a secret mobile telephone that will function overseas. Record the number.
- ✓ An estimated return date. Ask that she contacts you without fail on her return.
- ✓ Offer to make an appointment for a future date and discuss with her what you should do if she does not attend.
- ✓ A written statement by her explaining that she wants the police/social care services/third party to act on her behalf if she does not return/make contact by a certain date.

Difficulties faced when overseas

For many young people it may be their first experience of travelling overseas. If they are being held against their will and forced to marry there are various difficulties they may encounter if they want to return to the UK. They may find it impossible to communicate by telephone, letter and e-mail. They may not have access to their passport and money. Women may not be allowed to leave the house unescorted. They may be unable to speak the local language. Often women find themselves in remote areas where even getting to the nearest road can be hazardous. They may not receive the assistance they might expect from the local police, neighbours, family, friends or taxi drivers. Some women may find themselves subjected to violence or threats of violence.

Remember:

Even if the authorities in the UK are aware of the whereabouts of a woman overseas, it may not be possible to provide suitable assistance to reach the area or to rescue her. Therefore, it is always advisable to warn her not to travel overseas.

Remember:

- Advise her not to travel overseas and discuss the difficulties she may face (see above).
- Give her the contact details of the nearest Embassy/British High Commission (pages 28-29).
- Discuss the implication of dual nationality (page 20).

What to do if a woman discloses that she has been, or is about to be, forced to marry

Note:

There are legal remedies that social care services and other agencies can take to prevent a woman under the age of 18 from being taken overseas or to assist her return, if she has already gone. These include making her a ward of court or surrendering her passport or passports (if she is a dual national). Full details of these remedies are set out in the *Practice Guidance for Social Workers: Young people and vulnerable adults facing forced marriage*, Foreign & Commonwealth Office *et al.* 2004).

What to do if a woman has already been forced to marry

- ✓ Devise a safety plan and discuss personal safety advice (page 25).
- ✓ Speak to her about the options available to her.
- ✓ Refer her to the Forced Marriage Unit (page 4).
- ✓ Refer her to the police if there are concerns that a crime has been committed.
- ✓ Refer her to support groups, counselling services and black and minority ethnic women's groups with experience of dealing with cases of forced marriage (page 30).
- ✓ If the woman is under 18 years old refer to page 18.

Dual nationality

If a person holds the nationality of two countries, they are considered a dual national. If the person is a British national and is in the country of their other nationality, the authorities of that other nationality are entitled to take the view that the British Government has no standing in the matter. Should the British Embassy or High Commission try to offer assistance to them as a British national the country of other nationality is entitled to object.

In some cases, a young person may be treated automatically as a dual national if they return to the country of their parent's origin, and they may not even be aware that this is the case. If a young person is a dual national in the country of their other nationality (for example, a dual Pakistani-British national in Pakistan), the British Embassy/High Commission would not normally offer them support or get involved in dealings between them and the authorities of that country. They can make an exception to this rule on a humanitarian basis in cases of forced marriage. But the assistance they can provide will depend on the circumstances and will require the acquiescence of the state of other nationality.

It is advisable to inform any young British person intending to travel that they should try to travel using their British passport and not the passport of their other nationality. Similarly, when asking a court to surrender the passports of a young British person to prevent them from being taken abroad, ensure that this includes all passports if they are dual British nationals. Any queries concerning dual nationality should be addressed to the Forced Marriage Unit (page 4).

Keeping a woman safe following a disclosure of forced marriage

Keeping records

Accurate record keeping in cases of forced marriage is important. The records may be used in court proceedings or to assist women in immigration cases. Records should provide a detailed account of what was discussed with the woman. Even if forced marriage is not disclosed, a record of your suspicion may be useful in the future.

Records should:

- Be accurate, detailed, clear and include the date
- Use the woman's own words in quotation marks

- Document any injuries – include photographs, body maps or pictures of their injuries
- Be kept separately from the main patient record to ensure confidentiality
- Only be available to those directly involved in the woman's care.

For further information on record keeping refer to *Responding to domestic abuse, A handbook for health professionals*, Department of Health, 2005.

Domestic violence provisions in the immigration rules

A spouse may come to the UK from overseas and report that they have been forced to marry overseas. The woman may not speak English and may not be aware of the support to which she may be entitled. These cases may come to the attention of health professionals as cases of domestic abuse, self-harm or following routine and opportunistic enquiry during appointments.

If the woman does not have indefinite leave to remain (ILR), exceptional leave to remain or a right of abode in the UK, then she is likely to be the subject of a restriction on receiving public funds. Public funds include income support and housing benefit. This means that she may not be able to access refuge accommodation (although some refuges will offer places). As a result, she may experience tremendous difficulty in finding alternative accommodation and a means by which to live. This may lead her to feel she has no option but to remain in the marriage and to feel unable to co-operate with health professionals, social care services or anyone she sees as being in "authority".

If a woman is suffering domestic abuse, the domestic violence provisions under the Immigration Rules may apply. This means that a health professional can provide evidence that may assist her to apply for indefinite leave to remain in the UK. The evidence should take the form of:

- A medical report from a hospital doctor confirming that she has injuries consistent with being the victim of domestic abuse.
- A letter from a GP who has examined her and is satisfied that she has injuries consistent with being a victim of domestic abuse.

For further information refer to *How can I support her? – Domestic violence, immigration and women with no recourse to public funds*, A resource pack for voluntary and community organisations – Southall Black Sisters and Women's Resource Centre 2006 – www.wrc.org.uk/policy/norecourse.htm

Keeping a woman safe following a disclosure of forced marriage

Do Not:

- ✗ Record the threat of forced marriage or an allegation of forced marriage in “hand-held” notes (notes kept by the patient – e.g. maternity notes), as members of the woman’s family may have access to them.

Remember:

Some women who have fled a forced marriage have been traced through their medical records. When a woman moves to a different area, it is important to have systems in place to prevent her medical records being traced to another GP practice.

Confidentiality, referrals and sharing information safely

A dilemma may arise because women facing forced marriage may be concerned that if confidentiality is breached and a member of her family finds out that she has sought help she will be in serious danger. On the other hand, women facing forced marriage are often already facing serious danger because of domestic abuse, rape, imprisonment etc. Therefore, confidentiality and information sharing is going to be an extremely important issue for anyone threatened with, or already in, a forced marriage. Health professionals need to be clear about when confidentiality can be offered and when information given in confidence should be shared. In these cases, in order to protect a woman, it may be necessary to share information with other agencies such as the police.

The General Medical Council (GMC)² identifies seven situations where confidential information may be disclosed. The seven situations are:

1 With the consent of the client

- Most women threatened by forced marriage will consent to disclosure if they receive a careful explanation of why the disclosure is to be made and to whom.

2 If disclosure is clearly in the woman’s interest but it is not possible or is undesirable to seek consent

- Problems arise when a woman has already been taken overseas for the purpose of a forced marriage and it is not possible to obtain her consent. In these cases it may be in her best interest for a health professional to share information with, for example, the police and the Forced Marriage Unit.
- If a health professional believes a woman “to be a victim of neglect or physical, sexual or emotional abuse and that the patient cannot give or withhold consent to disclosure, you must give information promptly to an appropriate responsible person or statutory agency, where you believe that the disclosure is in the patient’s best interests. If, for any reason, you believe that disclosure of information is not in the best interests of an abused or neglected patient, you should discuss the issues with an experienced colleague. If you decide not to disclose information, **you must be prepared to justify your decision**” (*Confidentiality: Protecting and Providing Information*, GMC 2004).

² <http://www.gmc-uk.org/guidance/current/library/confidentiality>

Keeping a woman safe following a disclosure of forced marriage

3 If it is unequivocally in the public interest

- Disclosing information without consent may be justified in the public interest where failure to do so may expose a woman or her children or siblings to risk of death or serious harm. “Such situations arise, for example, where a disclosure may assist in the prevention, detection or prosecution of a serious crime, especially crimes against the person, such as abuse of children” (*Confidentiality: Protecting and Providing Information*, GMC 2004).
- Sections 5.3 and 5.4 of the Nursing and Midwifery Council (NMC) code of professional conduct³ state that if the patient or client withholds consent, or if consent cannot be obtained for whatever reason, disclosure may be made where it can be justified in the public interest or where there is an issue of child abuse.

4 If it is necessary to safeguard national security or to prevent a serious crime

- The types of serious crimes that may be committed by forcing a woman to marry include threatening behaviour, assault, kidnap, abduction, threats to kill, imprisonment and murder. Sexual intercourse without consent is rape, regardless of whether this occurs within a marriage or not.

- The NHS code of practice⁴ on confidentiality states that murder, manslaughter, rape, kidnapping, child abuse or other cases where individuals have suffered serious harm may all warrant breaching confidentiality.

5 If it is required by law

6 If it will prevent a serious risk to public health

7 In certain circumstances for the purposes of medical research

If a decision is made to disclose confidential information to another person, the health professional should seek the consent of the woman before the disclosure. Whether or not she agrees to the disclosure, she must be told if there is to be disclosure of confidential information.

Consider:

- ✓ Drawing on existing national information sharing protocols and procedures concerning child protection. These are set out in “*What To Do If...*”, Department of Health, 2003 and *Working Together to Safeguard Children*, Department of Health, 2006.
- ✓ Drawing on existing information sharing protocols and procedures concerning adult protection. These are set out in “*No secrets*” (Department of Health, 2000) and local multi-agency adult protection policies and procedures concerning vulnerable adults.

3 Nursing and Midwifery Council (NMC) code of professional conduct: standards for conduct, performance and ethics – <http://www.nmc-uk.org>

4 Confidentiality NHS code of practice 2003 – <http://www.dh.gov.uk/PublicationsAndStatistics>

Keeping a woman safe following a disclosure of forced marriage

- ✓ Drawing on existing information sharing protocols and procedures concerning domestic abuse. These are set out in *Safety and Justice: sharing personal information in the context of domestic violence*, Home Office 2004, *Responding to domestic abuse: A handbook for health professionals*, Department of Health 2006 and in the Cross Government Guidance issued in 2006 – *Information Sharing: Practitioner Guide and Information Sharing: Further Guidance on Legal Issues*.
- ✓ Consulting with other professionals, particularly an experienced manager/colleague, the local police child protection and domestic abuse unit. Advice can be sought without revealing the woman's identity.

Remember:

There may be occasions when the woman's family ask a third party, e.g. a family friend, councillor, GP, MP, or those with influence within the community to request information from a health professional. The third party may have been given a very plausible reason by the family for needing to know the whereabouts of the woman, e.g. the illness of a close relative, and the third party may unwittingly think they are helping the woman. These requests are often made by telephone and rely on the person making the request persuading a health professional that they are authorised to receive information. If you are in any doubt about such a request, consult an experienced colleague or manager.

The danger of family counselling and mediation

Forced marriage should not be viewed as a "generational or culture clash" that can be solved by mediation.

Mediation, reconciliation and family counselling as a response to forced marriage can be extremely dangerous. Health professionals undertaking these activities may unwittingly increase the woman's vulnerability and place her in danger.

Remember:

- Mediation can be extremely dangerous. There have been cases of women being murdered by their families whilst mediation was being undertaken.
- Mediation can place a woman at risk of further abuse.
- If it is absolutely necessary to have a meeting with a woman and her family, you may wish to have a professional interpreter present.

Keeping a woman safe following a disclosure of forced marriage

Hina

Hina had planned to leave home from the age of ten, when she met her future husband. At 14, she had become engaged. However, Hina waited until she was 17 to make her escape, days before she was due to travel overseas with her family in order to marry. Hina had turned to her school for help, but they refused to get involved. Her parents later withdrew her from college when she turned to them for help at the age of 16. Hina was extremely depressed and suicidal. She started to see a therapist in secret, who referred her to social services. Although social services eventually placed Hina into care, she came under tremendous pressure to hold mediation meetings with her parents, which at times were organised without her consent. Hina's mother had been married at the age of ten, and so her family did not feel they were in the wrong. They had often subjected Hina to horrific violence. Even at the mediation meetings, Hina's parents would threaten her with violence in their language, which the social workers did not understand. When Hina told the social workers, she was not believed. Hina refused to return home and is no longer under the care of social services. However, she remains in hiding and is in the process of changing her whole identity as her family have continued to look for her and have, from time to time, threatened and attempted to assault her upon discovering her whereabouts.

(Southall Black Sisters, Forced Marriage Interim Report, July 2001).

Personal safety advice and devising a strategy for leaving home

Research shows that leaving home is the most dangerous time for women experiencing domestic abuse and this is often the case when fleeing a forced marriage. The woman should take measures to ensure her safety, particularly if she intends to leave or the perpetrators suspect that she might leave home. Even if a woman is not ready or willing to leave, she should be advised of her options and helped with safety planning so that she can take measures to protect herself at home and make arrangements to leave home in an emergency.

In an emergency, consider referring the woman to the police, social care services and to appropriate local and national support groups and counselling services with a history of dealing with cases of forced marriage (page 30).

Get the woman to think about:

- Who could they go to in an emergency
- Who would be able to send them money if necessary
- All the things they may need to start a new life
- The possible finality of this decision.

Encourage her to:

- ✓ Leave spare clothing and money etc. with a trusted friend
- ✓ Keep help-line numbers close at hand
- ✓ Have a telephone card and change for urgent phone calls or keep a secret mobile phone

Keeping a woman safe following a disclosure of forced marriage

- ✓ Arrange alternative “emergency” accommodation should the need arise
- ✓ Remove or destroy anything by which they or their friends may be traced (e.g. address books, bank statements, emails, letters etc.).

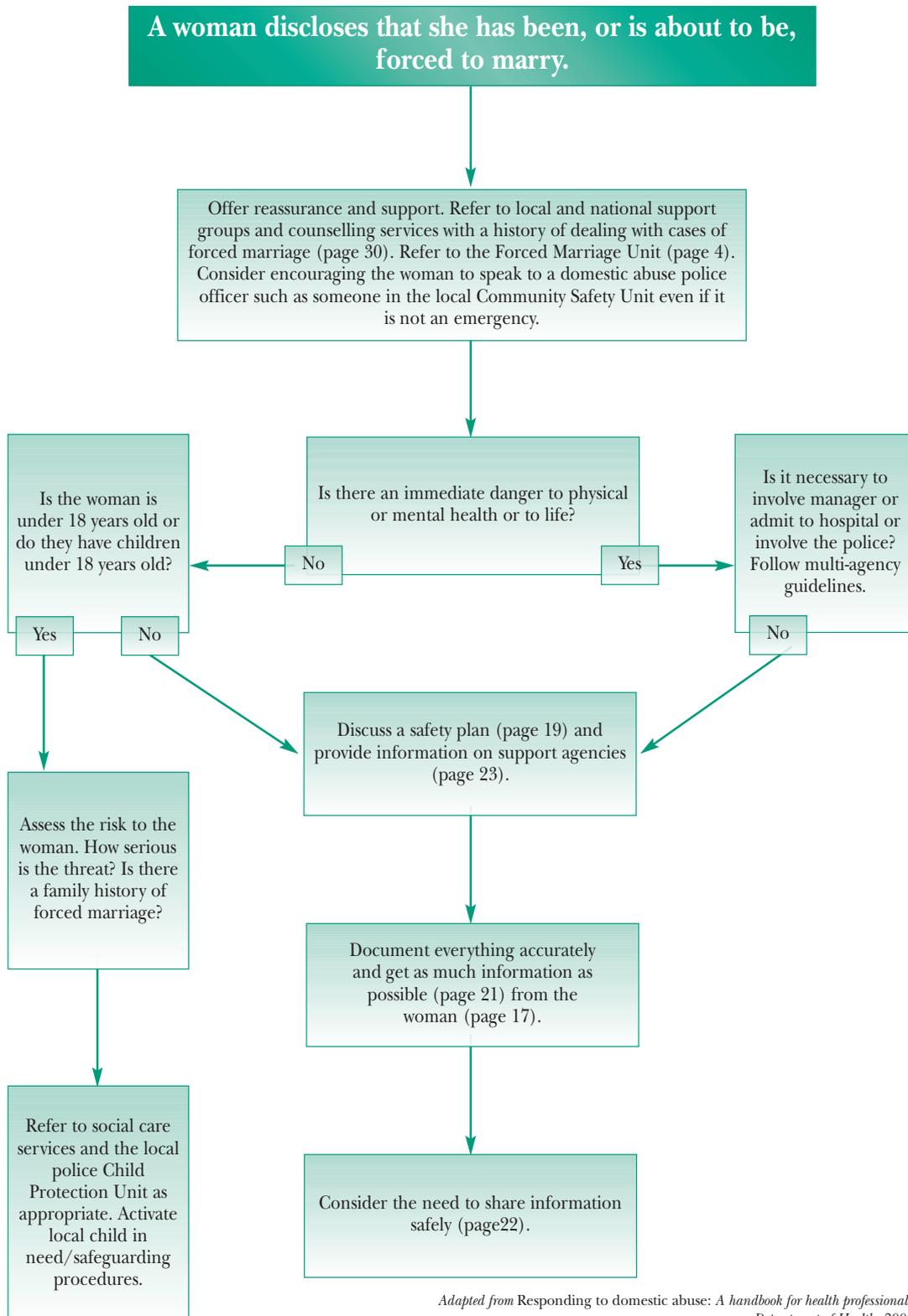
Remember:

Once the woman has left home she may continue to be at risk. Sometimes families use organised networks that will track women. These networks include family and community members, bounty hunters, private investigators, taxi drivers together with people who have access to records such as staff from the benefits office, GP and dental surgeries, and housing departments. There may be occasions when professionals unwittingly give confidential information to those searching for the woman.

Many women who remain in contact with their families once they have left home continue to be subjected to emotional pressures. This may include stories about the illness/death/dying of parents, relatives or siblings.

Men trapped in, or at risk of, a forced marriage may encounter difficulties being taken seriously. If they then wish to leave the family home, refuge accommodation tends to be limited so the use of hostels may be the only alternative.

For further information on devising a strategy for leaving home refer to *Dealing with Cases of Forced Marriage: Guidance for Police Officers*, 2nd Edition 2005, Foreign & Commonwealth Office *et al.*



Adapted from Responding to domestic abuse: A handbook for health professionals, Department of Health, 2005.

BRITISH HIGH COMMISSIONS

Please contact the Forced Marriage Unit if you require further details of any other British High Commission or Embassy (page 4).

BANGLADESH

Dhaka

British High Commission
United Nations Road
Baridhara
Dhaka 1212

Postal Address:

PO Box 6079, Dhaka – 1212

Telephone (00) (880) (2) 8822705-9

Facsimile (00) (880) (2) 8823437

Office Hours (GMT):

Sun to Wed 03.00 – 10.15

Thurs 03.00 – 09.00

Local Time

Sun – Wed 08.00 – 15.15

Thurs 08.00 – 14.00

Sylhet

British High Commission – Sylhet
House 37A
Kumarpara
Sylhet

Telephone: (00) (880) (821) 724694

Facsimile: (00) (880) (021) 720070

Office Hours (GMT):

Sun to Wed 03.00 – 10.15

Thurs 03.00 – 09.00

Local Time

Sun – Wed 08.00 – 15.15

Thurs 08.00 – 14.00

INDIA

New Delhi

British High Commission
Shanti Path
Chanakyapuri
New Delhi 110021

Telephone (00) (91) (11) 2687 2161

Facsimile (00) (91) (11) 2687 2882

Consular Facsimile: (00) (91) (11) 2611 6094

Office Hours (GMT)

Mon – Fri 03.30 – 07.30 & 08.30 – 11.30

Local Time

09.00 – 13.00 & 14.00 – 17.00

Mumbai (Bombay)

Office of the British Deputy
High Commissioner
Maker Chambers IV
222 Jamnalal Bajaj Road
PO Box 11714 Nariman Point
Mumbai 400 021

Telephone: (00) (91) (22) 56502222

Facsimile: (00) (91) (22) 2202 7940

Office Hours (GMT)

02.30 – 07.30 and 08.30 – 10.30

Local Time

08.00 – 13.00 and 14.00 – 16.00

PAKISTAN**Islamabad**

British High Commission
Diplomatic Enclave,
Ramna 5
PO Box 1122
Islamabad

Telephone (00) (92) (51) 2012000
Consular Enquiry Line (00) (92) (51) 2012951
Facsimile: (00) (92) (51) 2279356
Consular Email address: cons.islamabad@fco.gov.uk

Office Hours (GMT)

Mon – Thurs 03.00 – 11.00
Fri 03.00 – 07.00

Local Time

Mon – Thurs 08.00 – 16.00
Friday 08.00 – 12.00

Karachi

British Deputy High Commission
Shahrah-E-Iran
Clifton
Karachi 75600

Telephone (00) (92) (21) 5827000
Facsimile (00) (92) (21) 5827005

Office Hours (GMT)

Mon – Thurs 03.30 – 11.00
Fri 03.30 – 07.30

Local Time

Mon – Thurs 08.30 – 16.00
Friday 08.30 – 12.30

NATIONAL SUPPORT AGENCIES

This section gives details of national professional/support agencies including addresses, telephone numbers and an explanation of the service. Health professionals will need to prepare a comprehensive list of local support agencies.

The Asian Family Counselling Service 020 85713933

This is a national service offering counselling on marital and family issues for Asian men and women. The national helpline is open from 9am to 5pm Monday to Friday. Telephone counselling is also available.

Citizens advice bureau

The Citizens Advice Bureau offers free, confidential and impartial information and advice on a wide range of subjects including consumer rights, debt, benefits, housing, employment, immigration, family and personal matters. For a list of branches, see "Citizens Advice Bureau" in the telephone directory.

Language line 020 7520 1430

This service can provide an interpreter on the telephone immediately in 100 different languages, 24 hours a day.

MIND 0845 7660163 0208 5192122 (legal helpline)

MIND is a mental health charity working for a better life for everyone with experience of mental distress. Their services include a legal helpline.

Freephone 24 Hour National Domestic Violence helpline 0808 2000 247

Run in partnership between Women's Aid and Refuge

This service provides information, support, and practical help, 24 hours a day, 7 days a week, to women experiencing domestic abuse. It can refer women and their children to refuges throughout the UK. They will discuss the practical and legal options available, and if the young person wishes refer them to a local Women's Aid refuge and advice service, or other sources of help. All calls are taken in strictest confidence. Alternatively, you can contact the local Women's Aid service through the local phone book, or access the Women's Aid website (www.womensaid.org.uk). In Wales you can also call Welsh Women's Aid on 01222 390874.

NSPCC

Asian child protection helpline

Bengali speaking advisor

0800 096 7714

Gujurati

0800 096 7715

Hindi

0800 096 7716

Punjabi

0800 096 7717

Urdu

0800 096 7718

English

0800 096 7719

This free, confidential service for anyone concerned about children at risk of harm offers counselling, information and advice. The service also connects vulnerable young people, particularly runaways, to services that can help. It is open Monday – Friday 11.00 – 19.00.

NSPCC

0808 800 5000 (helpline)

0800 056 0566 (text phone)

This free, 24-hour helpline provides information, advice and counselling to anyone concerned about a child at risk of abuse.

Shelterline

0808 800 4444

This service provides emergency access to refuge services.

Southall Black Sisters

020 8571 9595

This is a resource centre offering information, advice, advocacy, practical help, counselling, and support to black and minority women experiencing domestic abuse. Southall Black Sisters specialise in forced marriage particularly in relation to South Asian women.

The office is open weekdays (except Wednesday) 10.00 – 12.30 and 13.30 – 16.00.

Forced Marriage Summary Sheet

Forced marriage is recognised in the UK as a form of domestic abuse and a serious abuse of human rights. The Department of Health has joined forces with the Forced Marriage Unit to raise awareness of the problem. Full guidance about the issue can be found in “Dealing with cases of forced marriage: Practice Guidance for Health Professionals” (Foreign & Commonwealth Office *et al.*, 2006).

Did you know?

- Hundreds of young people (particularly girls and young women) some as young as 13 are forced into marriage each year. Some are taken overseas to marry whilst others may be married in the UK.
- Forced marriage is NOT the same as an arranged marriage in which both spouses can choose whether or not to accept the arrangement. In forced marriage one or both the spouses do not consent to the marriage or consent is extracted under duress. Duress includes both physical and emotional pressure.
- Forced marriage can involve child abuse, including abduction, violence, rape, enforced pregnancy and enforced abortion.
- Refusing to marry can place a young person at risk of murder, sometimes also known as “honour killing”.
- Forced marriage is not sanctioned within any culture or religion.
- The majority of cases in the UK involve South Asian families, but also involve families from East Asia, the Middle East, Europe and Africa.

Health professionals should be alert to potential warning signs and consider (whilst being careful not to assume) that forced marriage may be the reason.

The warning signs can include:

- History of domestic violence within the family.
- Depressive behaviour including self-harming.
- History of older siblings leaving education early and marrying early.

Further information can be obtained from the Forced Marriage Unit (FMU).

How to contact the Forced Marriage Unit

(Monday – Friday 09.00 – 17.00)

The Forced Marriage Unit
Room G/55
Old Admiralty Building
Whitehall
SW1A 2PA

Telephone: 020 7008 0151

Email: fmu@fco.gov.uk

For out of hours emergencies with an overseas dimension telephone 020 7008 1500 and ask to speak to the Foreign & Commonwealth Office Response Centre.

**If you wish to receive a hard copy, or
comment on this document
please contact:**

The Forced Marriage Unit
Room G/55
Old Admiralty Building
Whitehall
SW1A 2PA

Telephone: **020 7008 0151**
Email: fmufco.gov.uk

These guidelines have been produced and co-funded by the Foreign & Commonwealth Office and the Department of Health. They have been compiled by Eleanor Stobart in consultation with national and local elements of the Health Service and with relevant non-governmental organisations (NGOs).

Published on behalf of The Foreign & Commonwealth Office, London by FCO Services: publishing.
The information in this booklet is correct at time of writing. March 2007.