



**HONOUR BASED ABUSE  
FORCED MARRIAGE  
FEMALE GENITAL  
MUTILATION**

**ONE CHANCE TO MAKE A DIFFERENCE**

Professionals Handbook of  
Definitions, Warning Signs and  
Safeguarding Pathways



## What is Honour Based Abuse (HBA)?

The terms 'honour crime', 'honour violence' or 'honour based abuse' are used to describe a crime or incident, which has or may have been committed, to protect or defend the honour of the family and/or community. It is a collection of practices used to control behaviour and includes Forced Marriage and Female Genital Mutilation.

A person will be punished for actually, or allegedly undermining what the family or in some cases the community perceive to believe to be the correct way to behave.

Victims will have multiple perpetrators and can be a trigger for forced marriage. Honour based abuse can affect men women and children and it is closely associated with domestic abuse and child protection matters.

In terms of domestic abuse risk assessment, HBA is a significant risk factor for victims and must be regarded as a significant predictor of the likelihood of future harm or homicide.

Specific behaviours, attitudes and actions that may constitute as being seen as dis-honorable are wide ranging and can include:

- Reporting domestic abuse
- Smoking cigarettes
- Inappropriate make-up or dress
- Running away from home
- Existence of a secret boyfriend or girlfriend
- Pregnancy outside of marriage
- Interfaith relationships
- Rejecting a forced or arranged marriage

- Leaving a spouse or seeking divorce
- Kissing, holding hands or other intimacy in a public place
- Being in a same sex relationship
- Failing to have female genital mutilation
- Ostracism by family and community
- Economic damage to family

Individuals, families and communities may take drastic steps to preserve, protect or avenge their honour.

This can lead to substantial human rights abuses including:

- Common assault
- Domestic abuse
- Theft (e.g. passport)
- Child abduction
- Abduction of an unmarried girl under the age of 16 from parent or guardian
- Forced Marriage
- Rape
- Cruelty to persons under 16 (including neglect and abandonment)
- Aiding and abetting a criminal offence
- Kidnapping
- False imprisonment
- Murder

*This list is not exhaustive.*

Do not underestimate that perpetrators of HBA really do kill their closest relatives and/or others for what might seem a trivial transgression.

### **What is Forced Marriage?**

A forced marriage is a marriage in which one or both spouses do not consent to the marriage but are coerced into it.

Duress can include physical, psychological, financial, sexual and emotional pressure.

In cases of vulnerable adults who lack the capacity to consent to marriage, coercion is not required for a marriage to be forced.

Forcing someone to marry is a criminal offence and anyone found guilty can face up to seven years in prison.

It is child abuse, domestic abuse and a form of violence against women and men; it should form part of existing child and adult protection structures, policies and procedures.

A marriage must be entered into with the free and full consent of both parties.

An arranged marriage is not the same as a forced marriage as both parties are free to choose whether to enter into the marriage or not.

#### Key Motivations of Forced Marriage:

- Controlling unwanted behaviour and sexuality (including perceived promiscuity, or being gay, lesbian, bisexual or transgender) in particular the behaviour and sexuality of women.
- Protecting "family honour"
- Responding to peer group / family pressure.
- Attempting to strengthen family links
- Ensuring land, property and wealth remain within the family.
- Protecting perceived cultural ideals.
- Ensuring care for a child or adult with special needs when parents or existing carers are unable to fulfil this role.

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- 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.
- Fulfilling long-standing family commitments.

While it is important to have an understanding of these motives, forced marriage should be recognised as a human rights abuse. The warning signs are as follows:

### ***Education***

- Absence and persistent absence
- Request for extended leave of absence and failure to return from visits to country of origin
- Fear about forthcoming holidays
- Surveillance by siblings or cousins at school
- Decline in behaviour, engagement, performance or attendance
- Poor exam results
- Being withdrawn from schools
- Removal from day centre of person with physical or learning disabilities
- Not allowed to attend extra curricula activities
- Sudden announcement of engagement to stranger
- Prevented from going on to further/higher education

### ***Police Involvement***

- Victim or other young people within the family reported missing
- Reports of domestic violence or breaches of the peace at the family home

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- Female Genital Mutilation
- Acid attacks
- The individual reported for offences e.g. shoplifting or substance misuse
- Threats to kill and attempts to kill or harm
- Reports of other offences such as kidnapping

### ***Family History***

- Siblings forced to marry
- Early marriage of siblings
- Self-harm or suicide of siblings
- Death of a parent
- Family disputes
- Running away from home
- Unreasonable restrictions e.g. "house arrest"

### ***Employment***

- Poor performance / attendance
- Limited career choices
- Leaving and attending work accompanied
- No flexibility in working arrangements
- Not allowed to work
- Unable to attend business trips
- Unreasonable Financial control (e.g. confiscation of wages/ income)

### ***Health***

- Accompanied to the doctors or clinics
- Self-harm/attempted suicide
- Eating disorders
- Depression, isolation
- Substance misuse
- Unwanted pregnancy
- Female Genital Mutilation

### **What is Female Genital Mutilation?**

FGM involves the partial or total removal of the female genitalia or damage to the genital organs for cultural or other non-therapeutic reasons.

FGM is known by a number of names, but 'FGM' and 'cutting' are increasingly used at the community level although they are still not always understood by individuals from practicing communities.

FGM has no medical benefits and causes severe pain and has many immediate and long term health consequences.

The age at which girls undergo FGM varies enormously according to communities.

It may be carried out when a girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy.

FGM is illegal in the UK as is taking anyone out of the UK for the procedure. Any person found guilty of an offence under the FGM Act 2003 is liable to a maximum 14 years in prison or a fine or both.

It is estimated that approximately 127,000 women and girls who have migrated to England and Wales are living with the consequences of FGM, approximately 10,000 girls under the age of 15 who have migrated to England and Wales are likely to have undergone FGM and approximately 60,000 girls between the ages of 0-14 have been born in England and Wales to mothers who have FGM.

FGM is prevalent in 28 African countries as well as parts of the Middle East and Asia. It is believed FGM happens to British girls in the UK as well as overseas particularly during the school holidays periods.



FGM is a complex issue, with a variety of explanations and motives given by individuals and families who support the practice, such as:

- It brings status and respect to a girl's family
- It preserves a girl's virginity and chastity
- It is a rite of passage
- It upholds the family honour
- It perpetuates a custom or tradition

However complex the reason and motivations given by families FGM is child abuse and a form of violence against women and girls, and therefore should be dealt with as part of existing child and adult safeguarding and protection structures, procedures and policies.

There are a number of factors in addition to a girl's or woman's community, country of origin and family history that could indicate she is at risk of being subjected to FGM they may include:

- a female child is born to a woman who has undergone FGM;
- a female child has an older sibling or cousin who has undergone FGM;
- a female child's father comes from a community known to practise FGM;
- the family indicate that there are strong levels of influence held by elders and/or elders are involved in bringing up female children;
- a woman/family believe FGM is integral to cultural or religious identity;
- a girl/family has limited level of integration within UK community;
- parents have limited access to information about FGM and do not know about the harmful effects of FGM or UK law;

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- a girl confides to a professional that she is to have a 'special procedure' or to attend a special occasion to 'become a woman';
- a girl talks about a long holiday to her country of origin or another country where the practice is prevalent
- parents state that they or a relative will take the girl out of the country for a prolonged period;
- a parent or family member expresses concern that FGM may be carried out on the girl;
- a family is not engaging with professionals (health, education or other);
- a family is already known to social care in relation to other safeguarding issues;
- a girl requests help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM;
- a girl talks about FGM in conversation, for example, a girl may tell other children about it – it is important to take into account the context of the discussion;
- a girl from a practising community is withdrawn from Personal, Social, Health and Economic (PSHE) education or its equivalent;
- a girl is unexpectedly absent from school;
- sections are missing from a girl's Red book;
- a girl has attended a travel clinic or equivalent for vaccinations / anti-malarials.

Remember: this is not an exhaustive list of risk factors.



Look out for signs that FGM has already taken place so that:

- the girl or woman receives the care and support she needs to deal with its effects
- enquiries can be made about other female family members who may need to be safeguarded from harm;
- criminal investigations into the perpetrators, including those who carry out the procedure, can be considered to prosecute those who have broken the law and to protect others from harm.

### ***FGM Warning Signs:***

- a girl or woman asks for help;
- a girl or woman confides in a professional that FGM has taken place;
- a mother/family member discloses that female child has had FGM;
- a family/child is already known to social services in relation to other safeguarding issues;
- a girl or woman has difficulty walking, sitting or standing or looks uncomfortable;
- a girl or woman finds it hard to sit still for long periods of time, and this was not a problem previously;
- a girl or woman spends longer than normal in the bathroom or toilet due to difficulties urinating;
- a girl spends long periods of time away from a classroom during the day with bladder or menstrual problems;
- a girl or woman has frequent urinary, menstrual or stomach problems;
- a girl avoids physical exercise or requires to be excused from physical education (PE) lessons without a GP's letter;
- there are prolonged or repeated absences from school or college (see 2015 guidance on children missing education);

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- increased emotional and psychological needs, for example withdrawal or depression, or significant change in behaviour;
- a girl or woman is reluctant to undergo any medical examinations;
- a girl or woman asks for help, but is not be explicit about the problem;
- a girl talks about pain or discomfort between her legs.

### ***Health: The potential effects of FGM include:***

- Haemorrhage
- Severe pain & shock
- In pain/restricted movement
- Change in behaviour/demeanour
- Difficulties with menstruation
- Urine retention
- Problems during pregnancy
- Acute & chronic pelvic infections leading to infertility
- Infection including tetanus & HIV
- Injury to adjacent tissue
- Fracture or dislocation to limbs as a result of restraint
- Difficulty with passing urine & chronic urinary tract infections leading to renal problems or renal failure

### ***Talking about FGM key points***

- Supporting women and girls who have undergone FGM demands sensitivity and compassion on the part of the professional;
- Sometimes it will not be clear that FGM is the origin of the individual's problem/s;
- Professionals may experience strong emotions when dealing with FGM – it is important they discuss this with a colleague or supervisor;
- Important points to consider when talking to women or girls affected by FGM include: ensuring that the conversation is not interrupted, giving the individual time to speak, only asking one question at a time, listen and respect their dignity and remaining non-judgmental.

## ***Safeguarding Other Family Members***

Whenever a woman is identified as having had, or being at risk of, FGM, consideration must be given not only to whether she is at risk of further harm, but also to whether there are other girls or women in her family or wider unit who may be at risk of FGM.

Issues to consider may include the potential need to:

- Share information about an adult related to or known to the child or vulnerable adult in relation to whom safeguarding action is being taken;
- share information about a girl or young woman who the professional does not have a direct relationship with, e.g. the elder daughter of a pregnant woman who a midwife is treating.

## ***FGM Mandatory Reporting Duty***

All regulated professionals (health, teachers, social workers) are required to personally report known cases of FGM in girls under 18 which they either are informed by a girl under 18 that an act of FGM has been carried out on her; or observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18.

For the purposes of the duty, the relevant age is the girl's age at the time of the disclosure identification of FGM (i.e. it does not apply where a woman aged 18 or over discloses she had FGM when she was under 18).

Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure which might otherwise apply.

### ***What do I need to give the 101 police operator?***

Explain that you are making a report under the FGM mandatory reporting duty;

#### *Your details;*

- name
- contact details (work telephone number and e-mail address) and times when you will be available to be called back
- role
- place of work

#### *Details of your organisation's designated safeguarding lead:*

- name
- contact details (work telephone number and e-mail address)
- place of work

#### *The girl's details:*

- name
- age/date of birth
- address

Where applicable, confirm that you have undertaken or will undertake safeguarding actions.

## Remember

- Record all decisions and actions.
- Be prepared for a police officer to call you back.
- Best practice is to report before end of the next working day.
- Always update your local safeguarding lead as mandatory reporting is only one part of safeguarding against FGM and other abuse.

## One Chance Rule

All practitioners, agencies and charitable organisations working with victims of honour abuse, forced marriage or female genital mutilation need to be aware of the one chance rule.

That is, they may only have one chance to speak to a potential victim and may only have one chance to save a life.

If a victim is allowed to walk out of the door without support being offered that one chance may be wasted.

Whatever an individual's circumstances, they have rights and should always be respected such as the right to personal safety and to be given accurate information about their rights and choices.

Professionals should listen to the victim and respect their wishes wherever possible.

However, there may be times when a victim wants to take a course of action that may put them at risk – on these occasions practitioners should explain the outcomes and risks to the victim and take the necessary child or adult safeguarding protection measures.

## First Steps:

Where an allegation is made the following steps should be taken.

First steps in all cases:

- See the individual immediately in a secure and private place which cannot be overheard.
- See the individual on their own – even if they attend with others.
- Explain all the options to them and recognise and respect the individual's wishes.
- Use only accredited interpreter services.
- Complete a DASH Risk Identification/ Assessment by a trained member of staff and gain full contact details.
- Contact MASH, to speak to a trained specialist as soon as possible.
- If under 18 years of age refer to the person responsible for safeguarding children and activate local safeguarding procedures
- If the person is an adult with support needs, refer them to the person responsible for safeguarding adults of abuse or neglect and activate local safeguarding procedures
- Reassure the victim about confidentiality where appropriate i.e. practitioners will not inform the victim's family or attempt mediation

Do not:

- Send the individual away in the belief that it is not a matter for your agency to assist the victim
- Use family or community members as interpreters.
- Approach members of the family or community leaders unless the individual expressly asks you to do so.
- Share information with anyone without the express consent of the individual.
- Breach confidentiality.
- Attempt to be a mediator.



All information should be gathered by a trained specialist, Police or Social Services.

However, there may be occasions where it is an emergency and you as the professional have only one chance to gather the following information.

Key information required in all cases:

- Obtain details of the individual under threat including date of report, name of individual under threat, nationality, age, date and place of birth, passport, school and employment details, full details of the allegation, name and address of parents or those with parental responsibility, national insurance number, NHS number and driving license number.
- Obtain details of the person making the report, their contact details, and their relationship with the individual under threat.
- Establish a way of contacting them discreetly in the future that will not put them at risk of harm such as a code word to ensure you are speaking to the right person
- Obtain any background information including schools attended, involvement by social services, doctors or other health services etc.
- Record details about any threats, abuse or other hostile action against the individual, whether reported by the victim or a third party.
- Obtain a recent photograph and other identifying documents.
- Document any other distinguishing features such as birthmarks and tattoos etc. Establish the nature and level of risk to the safety of the individual (e.g. are they pregnant, do they have a secret boyfriend/girlfriend, are they already secretly married).

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- Establish if there are any other family members at risk of honour abuse, forced marriage or female genital mutilation if there is a family history of this abuse.
- Establish if there are any immediate or imminent travel plans arranged.

## **Legal Interventions**

- Where a girl or woman is at risk of FM or FGM, legal interventions should be considered.
- Interventions may include police protection, an Emergency Protection Order, an FGM Protection Order (FGMPO), Forced Marriage Protection Order (FMPO) and/ or other orders or applications.
- The relevant agencies should consider what is appropriate on a fact-specific basis. In some cases it may be considered that an FGMPO or FMPO is sufficient to protect someone at risk. In other cases it may be more appropriate for a combination of orders to be sought.
- Referral to an accredited family law practitioner to deal with wider issues of private or public family law may be equally important to meet the person's needs.
- The terms of the orders issue can be tailored to meet the specific needs of a victim.

Please refer to the following documents for further advice and guidance

- Multi-Agency practice guidelines: Handling cases of forced marriage 2014
- Multi-Agency statutory guidance on female genital mutilation 2016

These guidance documents should be considered together with other relevant safeguarding guidance, including (but not limited to): Working Together to Safeguard Children (2015) in England

## Contact and Help

Contact the Police on 101. Always dial 999 in an emergency.

Contact Social Services on 0344 0800 8020 if you have a safeguarding concern about a child, young person or vulnerable adult.

### **Freedom Charity (24 hour Helpline)**

[www.freedomcharity.org.uk](http://www.freedomcharity.org.uk) | 0845 607 0133

Text "4freedom" 88802

### **IMKAAN**

[www.imkaan.org.uk](http://www.imkaan.org.uk) | 0207 842 8525

### **IKRWO**

[www.ikrwo.org.uk](http://www.ikrwo.org.uk) | 0207 920 6460

### **Ashiana Network (London)**

[www.ashiana.org](http://www.ashiana.org) | 0208 539 0427

### **Karma Nirvana Honour Network**

[www.karmanirvana.org.uk](http://www.karmanirvana.org.uk) | 0800 5999 247

### **Southall Black Sisters**

[www.southallblacksisters.org.uk](http://www.southallblacksisters.org.uk) | 0208 571 0800

### **Victim Support**

[www.victimsupport.org.uk](http://www.victimsupport.org.uk) | 0845 3030 900

### **UK Border Agency**

[www.ukba.homeoffice.gov.uk](http://www.ukba.homeoffice.gov.uk) | 0870 606 7766

### **Forward**

[www.forwarduk.org.uk](http://www.forwarduk.org.uk) | 0208 960 4000

## **Asian Family Victim Support**

0845 3030900

## **Child Abduction Centre admin line**

0116 2556370

## **Childline**

[www.childline.org.uk](http://www.childline.org.uk) | 0800 1111

## **Forced Marriage Unit**

[fmu@fco.gov.uk](mailto:fmu@fco.gov.uk) | 0207 008 0151

## **Henna Foundation**

[www.hennafoundation.org](http://www.hennafoundation.org) | 029 20496920

## **Home Office advice**

[www.gov.uk/stop-forced-marriage](http://www.gov.uk/stop-forced-marriage) | 0207 008 0151

## **Karma Nirvana**

[www.karmanirvana.org.uk](http://www.karmanirvana.org.uk) | 0800 5999 247

## **MIND**

0208 519 2122

## **Muslim Women's Helpline**

0208 904 8193

## **NSPCC**

0808 800 5000

## **Shelterline Helpline**

0808 800 4444

## **Domestic Violence Helpline**

[www.nationaldomesticviolencehelpline.org.uk](http://www.nationaldomesticviolencehelpline.org.uk)  
0808 200 0247

## **FGM support groups/further information**

### **National FGM Centre**

[www.nationalfgmcentre.org.uk](http://www.nationalfgmcentre.org.uk) | 0208 498 7137

### **NSPCC FGM Helpline**

[fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk) | 0800 028 3550

### **28 too many**

[www.28toomany.org](http://www.28toomany.org)

### **Daughters of Eve**

[www.dofeve.org](http://www.dofeve.org)

### **Desert Flower**

[www.desertflowerfoundation.org](http://www.desertflowerfoundation.org)

### **Equality Now**

[www.equalitynow.org](http://www.equalitynow.org)

### **FGM Network**

[www.fgmnetwork.org](http://www.fgmnetwork.org)

### **Foundation for Women's Health**

[www.forwarduk.org.uk](http://www.forwarduk.org.uk) | 0208 960 4000

### **Home Office**

[FGMenquiries@homeoffice.gsi.gov.uk](mailto:FGMenquiries@homeoffice.gsi.gov.uk)

### **The Orchid Project**

[www.orchidproject.org](http://www.orchidproject.org)





**NORFOLK**  
CONSTABULARY

*Our Priority is You*