Forced Marriage and mental health

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A Race Equality Foundation Briefing Paper

June 2011

www.better-health.org.uk
Introduction

Forced Marriage has no geographical boundaries and is an issue in many parts of the world, including the United Kingdom. Despite human rights legislation, new UK enforcement measures, and Home Office interventions, the prevalence of Forced Marriage in many communities is cause for concern.

It is just over ten years since the Home Office Working Group produced the report *A Choice by Right: Report of the working group on forced marriage* (Home Office Working Group, 2000) which set out to explore the issue of Forced Marriage. A key finding of the work was the lack of robust and reliable data, presenting a barrier to understanding the full extent of Forced Marriage and its implications. In order to take action, the Forced Marriage Unit (FMU) was established in 2005 in partnership between the Foreign and Commonwealth Office and Home Office. The Forced Marriage (Civil Protection) Act 2007 provided new legislation to protect victims, and in June 2009 the FMU launched their *Multi-Agency Practice Guidelines: Handling Cases of Forced Marriage* (FMU, 2009). The Coalition Government has continued with this impetus, addressing Forced Marriage in a strategy published in March 2011, *Call to End Violence Against Women and Girls Action Plan* (HM Government, 2011).

Research and reports on Forced Marriage are beginning to increase in the UK, focusing on context, policy, legislation, communities affected, male presentation, individuals with learning disabilities and those who identify as Lesbian, Gay, Bisexual and Transgender. However, there has been limited enquiry into the impact of Forced Marriage on mental health. This is an area which needs fuller attention from policy makers.
A Forced Marriage is not a ‘choice by right’

‘A forced marriage is a marriage in which one or both spouses do not (or, in the case of some adults with learning or physical disabilities, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.’ (Multi-Agency Practice Guidelines: Handling Cases of Forced Marriage, Foreign and Commonwealth Office and Home Office Unit, 2009).

There is a clear distinction between a Forced Marriage and an arranged marriage. In arranged marriages, both spouses’ families are typically involved, but the choice whether to proceed remains with the prospective spouses. However, Khanum (2008) argues that the definition of Forced Marriage should be expanded to include “False marriage: where a person has been tricked into giving consent through false information about the other party (e.g. the existence of previous marriages). A person’s consent cannot be said to be free if it is based on information which has been deliberately falsified or obscured.’

The relationship between human rights, domestic abuse and Forced Marriage is enshrined in international law. The Universal Declaration of Human Rights states that ‘Marriage shall be entered into only with the free and full consent of the intending spouses.’ (Universal Declaration of Human Rights, Article 16(2)). Likewise, the cross-government strategy A Call to End Violence Against Women and Girls defines domestic abuse as ‘Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.’ (HM Government, 2011). Forced Marriage may also be linked to so-called ‘honour killings’ and related acts of violence. Approximately twelve such murders are committed in the UK each year (House of Commons Home Affairs Committee, 2008).

Forced Marriage in the UK

Forced Marriage affects people from a variety of backgrounds and in differing circumstances. In 2010, there were 1735 instances where the FMU gave advice or support related to Forced Marriage (Forced Marriage, Foreign & Commonwealth Office website). Specialist black and minority ethnic agencies, such as Karma Nirvana, deal with numerous cases of Forced Marriage. Between the launch of their helpline in April 2008 and the end of January 2011 they dealt with over 13 000 callers (Karma Nirvana website, Honour Network). A residents’ questionnaire from Women’s Aid showed that during 2006-7, 780 women in refuge accommodation - around 5 per cent - were fleeing Forced Marriage (Women’s Aid website, Topic: Forced Marriage).

Forced Marriage and gender

In the majority of cases the victims of Forced Marriage are women. In 2010, 86 per cent of cases dealt with by the Forced Marriage Unit involved women (Forced Marriage, Foreign & Commonwealth Office website). As a result of this high prevalence, research into Forced Marriage mainly focuses on women. The reasons for gender inequalities are complex, manifesting differently according to race, culture, political climate, country of origin and economic situation. Gender inequalities and the oppression of women have clear links to the high number of female Forced Marriage victims and necessitate the need for ongoing research.

Despite this, figures produced by the Forced Marriage Unit suggest there is significant need for concern about male victims. In 2008, 134 male victims were identified. By 2009 the number had risen to 220; an increase of 65 per cent (News, 1 July 2010, Foreign & Commonwealth Office website). A recent study indicated that men remain below the radar of public concern and so escape the attention of policy makers and activists (Samad, 2010). Samad emphasises the fact that men do not always publicly articulate concerns about their experiences or predicaments to avoid questions of ‘masculinity’ being raised. He acknowledges that men need to break the silence and organise and mobilise collectively in order to see specific policies targeting their needs.
Forced Marriage amongst Lesbian, Gay, Bisexual and Transgender people

The FMU reported 36 instances involving victims who identified as Lesbian, Gay, Bisexual or Transgender (Forced Marriage, Foreign & Commonwealth Office website). Khanum (2008) also suggests that in some cases marriage may be forced in order to ‘straighten out’ gay individuals. Samad’s study presents evidence from the Foreign and Commonwealth Office, media sources and interviews with gatekeepers to show that sexuality may be a major motive in male Forced Marriage, with a perceived need to protect family ‘honour’ by concealing that male family members are gay (Samad, 2010).

Children and Forced Marriage

The Forced Marriage Unit indicates that a third of cases handled in 2010 related to people under the age of 18 (News, 2 July 2009, Foreign & Commonwealth Office website). Forward (Foundation for Women’s Health, Research and Development), a UK-registered campaigning and support charity, believes that ‘any child marriage constitutes a Forced Marriage, in recognition that even if a child appears to give their consent, anyone under the age of 18 is not able to make a fully informed choice whether or not to marry’ (Child Marriage and Forced Marriage, Forward website). Forward also highlight a link between Female Genital Mutilation (FGM) and Child Marriage, acknowledging that communities which engage in FGM are also more likely to practice Child Marriage, and that in these communities FGM may be carried out at puberty prior to a marriage being forced. Though Child Marriage is a worldwide phenomenon, it is most prevalent in Africa and Southern Asia and therefore more likely to affect these communities in the UK (Child Marriage and Forced Marriage, Forward website).

Some evidence suggests that young people who are forced to marry, particularly girls, are frequently removed from school, taken on ‘extended holidays’ or labelled as ‘missing’. For example, in 2008, a report from the House of Commons Home Affairs Committee showed that 1786 children in 13 local authority areas were identified as ‘not in receipt of a suitable education’. However, the report also outlined difficulties in proving that these children were victims of Forced Marriage, despite evidence from the FMU and specialist agencies which suggested they were at risk. This suggests a need for closer monitoring and guidance for and by education providers (House of Commons Home Affairs Committee, 2008).

Ethnicity

The majority of reported Forced Marriage cases in the UK take place among South Asian groups, including Pakistani, Bangladeshi and Indian communities. In the study Forced Marriage Prevalence and Service Response, 97 per cent of those seeking help were from Asian backgrounds (Kazimirski et al. 2009).

Forced Marriage does occur in other communities however, including those from a number of African states, the Middle East and Eastern Europe, as well as Gypsy and Traveller communities, though under-reporting is common. A 2008 study conducted by the national charity Refuge examined experiences of Forced Marriage amongst Middle Eastern and North East African communities. The study also highlighted that less than half of survivors (42 per cent) supported by Refuge between September 2008 and June 2009 were from South Asian communities. Particular emphasis was placed on the need to undertake further research into Forced Marriage in non-Asian communities (Refuge, 2008).

Disabled people and Forced Marriage

In 2010 the FMU provided advice or support to 70 cases relating to Forced Marriage for disabled people; 50 with learning disabilities, 17 with physical disabilities and 3 with both (Forced Marriage, Foreign & Commonwealth Office website). Due to the number of cases being brought to their attention, the FMU has supported research in this area. A 2010 study amongst 298 practitioners found that:

- 91 cases of Forced Marriage were reported.
- The majority of cases related to people aged between 18 and 25.
• The majority of cases identified were reported by a third party.

• Family members were most likely to be instigators of the marriage.

• In the majority of cases marriages took place outside the UK, often in Pakistan, Bangladesh and India, with about a fifth occurring inside the UK.

• Many families did not regard the marriage as a ‘Forced Marriage’ and did not consider what they were doing to be wrong.

The study resulted in a multi-agency guidance on Forced Marriage and Learning Disabilities being produced by the FMU (Forced Marriage Unit, 2010).

International issues and Forced Marriage

A BBC news report (12 May 2011), based on information from Karma Nirvana, suggests that hundreds of people at risk of Forced Marriage are rescued from abroad every year (BBC News website, 13 May 2011). Many are students, taken overseas after school holidays then forced into marriage. Changes to the Immigration Rules in 2008 require sponsors of marriage visas and their incoming spouses to be over the age of 21. However, Government reports show that opinions on the impact of this change have been mixed (House of Commons Home Affairs Committee, 2011). Immigration and asylum issues can add to the strain on victims who may have been coerced into marriage under false pretences, for example to ‘have a better life’, when they may in fact be acting as carer to someone with a disability. Individuals who leave marriages may be physically and psychologically vulnerable and may often have to wait long periods for an outcome from the Domestic Violence Concession to determine whether they have indefinite leave to remain. This is particularly the case for victims who have no recourse to public funds, as they may be dependent on specialist black and minority ethnic refuges which often lack sufficient capacity.

Reliability of Forced Marriage data

A key issue in understanding the extent of Forced Marriage relates to the robustness of available data. Many specialists in the field of Forced Marriage question how many instances remain unreported. One study of Forced Marriage in Luton (Khanum, 2008) indicated there were 300 approaches to support services made by people concerned about Forced Marriage. If this was multiplied up and down the country the figure would amount to several thousand. This is also acknowledged in the 2009 report Forced Marriage: Prevalence and Service Response which highlights data on the number of Forced Marriage cases encountered by local organisations and key national organisations in order to create a national estimate of 5000 to 8000 Forced Marriages (Kazimirski, 2009). This does not include the potentially large number of victims who have not come to the attention of any agencies.

Safeguarding victims of Forced Marriage

On 25 November 2008 the Forced Marriage (Civil Protection) Act came into force to provide protection to those at risk of Forced Marriage. The Act was deemed necessary because laws previously utilised to prevent Forced Marriage (such as the Children Act 1989 and the Protection from Harassment Act 1997) did not make explicit that it is unacceptable to pressure someone into marriage. It is important to note that the Forced Marriage (Civil Protection) Act 2007 makes Forced Marriage a civil wrong and provides civil remedies, rather than making it a criminal offence. A total of 293 Forced Marriage Protection Orders (FMPOs) were issued between November 2008 and February 2011 (House of Commons Home Affairs Committee, 2011). Gaffney-Rhys (2009) concluded that the much-publicised case of Dr Humayra Abedin demonstrated that the Act had already proved useful against Forced Marriage as it had sent a clear message that forcing someone to marry was unacceptable and had provided the victim with accessible remedies.
The recent parliamentary House of Commons Home Affairs Committee report (May 2011) indicates it is pleased with the high uptake of FMPOs but highlights a disappointing lack of follow-up to ensure continuing compliance. In rare instances where breaches are discovered, not enough action has been taken and only one individual has been jailed. The Committee recommends that the Government, whilst maintaining the civic route, also criminalises Forced Marriage to send a stronger message that it will not be tolerated, rather than merely criminalising the acts associated with Forced Marriage (false imprisonment, common assault, rape etc.). Some communities have been against this notion in the past as there is a fear of involving family members in criminal procedures. Dr Aisha Gill of Roehampton University has recently been looking at such community concerns in terms of criminalisation.

Safeguarding the mental health of victims of Forced Marriage

Forced Marriage may result in emotional and psychological abuse, creating the need for appropriate mental health services to support vulnerable children and adults. No Secrets (Home Office and DH, 2000) sets out guidance for protecting vulnerable adults from significant harm (including addressing mental health needs). Government strategies such as Women’s Mental Health: Into the mainstream (DH, 2002) highlights the needs of black and minority ethnic women, including the significant prevalence of suicide, self-harm and eating disorders amongst adolescent Asian girls. Targets for reduction were set in the National Suicide Prevention Strategy (DH, 2002) but there was no indication that Forced Marriage would form a key focus of this work.

The Government’s new mental health strategy, No Health without Mental Health (HM Government, 2011), also acknowledges health inequalities faced by black and minority ethnic communities and emphasises that, while the needs of these communities have been a central focus for a number of years (for example, the Delivering Race Equality in Mental Health Action Plan, DH 2005), the outcomes have been disappointing. The new plan commits to tackling health inequalities but is general in its approach and does not explicitly acknowledge that areas such as Forced Marriage deserve specific attention regarding their impact on mental health. The latest Government strategy, Call to End Violence Against Women and Girls Action Plan (HM Government, 2011) makes no reference to safeguarding the mental health of victims in forced marriages. The Forced Marriage Unit Action Plan (FM, 2009-2010) does however mention strengthening existing safeguards to ensure all victims of Forced Marriage receive sympathetic, effective and joined-up support from relevant agencies.

In the Safe and Sane Report, which focuses on interventions in domestic violence and mental health amongst black and minority ethnic women, Siddiqui and Patel (2010) state:

‘The DH should establish a cross government ministerial working group which includes representation from secular BME women’s organisations to develop strategies to tackle domestic violence and mental health problems amongst BME women. One of its first tasks should be to hold a public inquiry into suicide and self-harm amongst abused BME women. It should also commission research and ensure more effective monitoring by public bodies to ascertain the scale of suicide and self-harm within BME communities.’

Likewise, in the Refuge study 60 per cent of participants from Middle Eastern and North Eastern African communities strongly expressed a need for emotional support through counselling and access to psychological/mental health services (Refuge, 2008). Given the range of mental health issues facing victims and survivors, it could be argued that guidelines for addressing these issues should be developed in the same way as for people with learning disabilities who have been forced into marriage.

There are specific projects to help victims of Forced Marriage and to reinforce mental health as a key issue. The Pukaar project in London provides counselling to Asian girls and women around a range of issues such as anxiety, depression, post-traumatic stress disorder, self-harm, substance misuse, suicidal
Ideation and suicidal attempts, along with experiences of domestic violence and abuse. Imkaan have established a project funded by the Forced Marriage Unit in Nottingham and Rotherham involving peer mentoring. A number of skilled community-based mentors have been developed from different black and minority ethnic communities affected by Forced Marriage.

Refuges throughout the country also play a significant part in protecting victims, providing refuge and emotional and psychological support for victims who are often extremely depressed and anxious, self-harming or suicidal. Newham Asian Women’s project has been providing this type of support since 1987, including safe accommodation, attention to mental health needs through the provision of counselling and work on self-harm, and offering rights-based advice and information.

### Getting it right: responsibilities for health and social care practitioners

Whatever an individual’s circumstances, there are basic needs that should always be considered. These include:

- **Personal safety**
- **Confidentiality**
- **Accurate information about rights and choices**
- **Safe accommodation**
- **Source of income**
- **Counselling and support**

*(Home Office, 2000)*

Most guidance and studies agree that a starting point for individuals should be a victim-centred approach. Victims need to feel empowered to help highlight their needs and to choose an approach that works best for them.

The Forced Marriage Unit’s multi-agency practice guidelines provide specific guidance for health professionals; schools, colleges and universities; the police; child and adult social care; and Local Authority housing units. The guidelines clearly demonstrate how each agency can make a difference. In particular, professionals are urged to be aware of the ‘one chance rule’, which emphasises that there may only be one chance to speak to a potential victim and thus one chance to save a life (FMU, 2009).

Separate guidance has been produced by the Foreign and Commonwealth Office for professional bodies including social workers, healthcare, education and the police.

The Department of Health established a taskforce to deal with ‘Health Aspects of Violence Against Women’ which published a report in March 2010 *(Responding to Violence Against Women and Children and the Role of the NHS)*. The report recommended that violence against women and children, including Forced Marriage, should be tackled within the NHS on the same basis as other areas of NHS work, such as diabetes and stroke. Good practice recommendations included:

- Increasing NHS staff awareness of Forced Marriage and providing basic education and training to help them meet the needs of women and children who have experienced violence and abuse.
- Ensuring that women and children who experience violence or abuse are provided with information that helps them to access services quickly and safely.
- Developing clear policies on the use of interpretation services that ensure women and children are able to disclose violence and abuse confidently and confidentially.
• Establishing local Violence Against Women and Children Boards to work with women and children to drive change and improve outcomes against violence.

• Participating in multi-agency risk assessment conferences (MARACs), set up to prevent and reduce violence. These arrangements should link with those local structures already in place for safeguarding children and vulnerable adults.

(DH, 2010)

The 2009 report Forced Marriage: Prevalence and Service Provision, examined the current extent of training experiences amongst four local authorities with a high prevalence of Forced Marriage. In-depth interviews and questionnaires suggested that:

• There were inconsistent levels of awareness of Forced Marriage, Forced Marriage guidelines and Forced Marriage Protection Orders across agencies and among professionals within the same agency.

• Training was not mandatory and lacked co-ordination, meaning staff were often unable to properly undertake their role

(Kazimirski et al. 2009)

In order to be more effective in prevention, detection and case management, a three-way framing approach was advocated. Local authority domestic violence services, schools and children's services, and human rights or black and minority ethnic voluntary and community organisations would work together to co-ordinate prevention strategies with detailed objectives, and roles and responsibilities for each partner. Furthermore, the study advocated a victim-oriented approach whereby the needs of the victim are prioritised through informed risk assessment.

Specific strategies to assist victims of Forced Marriage

As with all types of domestic abuse, women under threat of Forced Marriage, or already in a Forced Marriage, come into contact with health professionals in many different ways. When taking ‘social histories’ from women, health professionals now use routine enquiry to determine whether domestic abuse is an issue. This may provide an opportunity to incorporate questions about Forced Marriage. It is important to stress that during routine enquiry, health professionals should ensure the individual is unaccompanied, in the interests of their safety.

In the report A Bitter Pill to Swallow (HM Government, 2010) women unanimously recommended the need for routine and selective enquiry into experiences of violence across all health settings, accompanied by standardised guidance and training to encourage a consistent response to violence against women and girls. Women indicated that this should be accompanied by robust monitoring so that health professionals are held to account for failing to detect violence against women and girls. The report clearly highlights that routine enquiry is not used to full effect, or in some cases not used at all. The IRIS project (Identification and Referral to Improve Safety) is a three year funded project working with a selection of GP practices in Bristol and Hackney to train and support primary care clinicians to recognise domestic abuse and support female patients. If the project is successful it will be rolled out across the country.

There are a number of resources and toolkits that practitioners can utilise to help identify and work with victims or potential victims of Forced Marriage (See Resources 1 below).
Partnerships between statutory services and specialist agencies in the third sector may help to meet the needs of victims and survivors by enhancing prevention, detection and service provision. For example, Saheli, a specialist third sector organisation working with South Asian Women in Manchester, has helped improve participants’ mental well-being through their own services and by improving access to primary mental health services. They also provide training to front-line professionals resulting in both early detection of young women at risk of Forced Marriage and a number of subsequent referrals.

The positive work carried out by these agencies was recognised in the Home Affairs Committee Report on Forced Marriage, which states that ‘Specialist services run by the voluntary sector provide a vital means of support to individuals at risk of Forced Marriage, who are often failed by statutory agencies or do not feel able to approach them; 63 per cent of the thousands of callers to the Honour Network Helpline do not contact statutory agencies.’ (House of Commons Home Affairs Committee, 2011) In spite of this recognition, concerns have been expressed at the number of specialist voluntary community organisations that have closed or are under threat (Saddiqi and Patel, 2010). The Rt Hon. Keith Vaz, Chair of the Parliamentary Home Affairs Committee on Forced Marriage, states he is ‘concerned that a loss of specialist support services due to spending cuts will stunt further progress.’ (News, 17 May 2011, Parliament.uk).

Conclusion

Forced Marriage remains a critical issue in the UK, and calls for its criminalisation continue. However, if any changes are going to be made, concerns from the third sector and groups affected by Forced Marriage will need to be addressed. Alarming reported and unreported statistics of Forced Married suggest that sustained and focused multi-agency prevention and detection work are essential. Lessons learned so far demonstrate that this is a national issue that will not go away in the short term.

The impact of Forced Marriage on mental health must move up the agenda for policy makers and must be considered a key issue for victims and survivors. The present shortfall in attention can begin to be remedied by responding to existing evidence, and by ensuring funding for future research. Furthermore, the human rights approach used by black and minority ethnic voluntary and community organisations needs to be embedded into the work of all agencies. This will guarantee that the victim is at the centre of all care at all stages of the care pathway.
Forced Marriage and mental health

Forced Marriage Unit resources
020 7008 0151
The FMU has produced information leaflets explaining Forced Marriage, how to obtain help and the rights of victims. They have also developed an online e-learning tool for professionals which may be particularly useful if training is not available locally.

Forced Marriage.net
www.forcedmarriage.net
Forced Marriage.net is a one-stop website providing practical information and advice on where to go for help, regional contacts and survivor’s stories.

Honour Network Helpline
www.karmanirvana.org.uk/honour-network
0800 5999 247
Launched in April 2008, the Honour Network Helpline is a joint initiative between charity Karma Nirvana and the Government. It is a dedicated line for reporting and responding to victims of honour-based abuse and Forced Marriage. The line is unique as those who call have the option to speak to a survivor whose experiences may provide invaluable support.

Karma Nirvana roadshows
Karma Nirvana have hosted a number of roadshows across England in a bid to raise awareness of honour-based violence and Forced Marriage. These roadshows focused particularly on children and young people. Testimonials indicated they were very useful in raising understanding and awareness, resulting in an increase in calls to the helpline from areas targeted. The roadshows continue during 2011.

Save Your Rights
www.stopforcedmarriages.org/index.php
Save Your Rights is a campaigning website committed to ending Forced Marriage. It uses Facebook to support this aim and has produced a documentary drama about Forced Marriage, Life in the UK. The website aims to empower victims to seek help.

Resources 2

ORGANISATIONS WORKING TO TACKLE FORCED MARRIAGE

Albert Kennedy Trust
www.akt.org.uk
The Albert Kennedy Trust is an organisation supporting young LGBT people who experience domestic violence or homelessness. This includes focusing on issues relating to Forced Marriage.

Ashiana Network
www.ashiana.org.uk
The Ashiana Network in London provides support to South Asian, Turkish and Iranian women. It provides a range of services including a five-bed refuge specifically for victims of Forced Marriage, plus counselling, outreach support and workshops to raise awareness of domestic violence, abuse and children’s rights in schools, colleges and community groups.

Imkaan
www.imkaan.org.uk
Imkaan is an Open College Network accredited provider of Forced Marriage and Honour-Based Violence training.

Saheli
Saheli is a specialist third sector organisation working with South Asian Women in Manchester. They have established a self-help group for young South Asian girls and women aged 11-25 which empowers members.

Solace Women’s Aid
www.solacewomensaid.org
Solace Women’s Aid work with Traveller women including victims of Forced Marriage.

Southall Black Sisters
www.southallblack sisters.org.uk
Established in 1979, Southall Black Sisters is a not-for-profit specialist organisation. The Domestic Violence and Mental Health Project provides information, counselling, psychotherapy and advice, advocacy and support services are offered to black and minority ethnic women.
References

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We welcome feedback on this paper and on all aspects of our work. Please email briefings@racefound.org.uk