

Section 9 Harmful Cultural Practices - ‘Honour’ Based Violence (HBV), Forced Marriage (FM), and Female Genital Mutilation (FGM)

VAWG Strategy and harmful cultural practices

The VAWG strategy has at least seven actions that are specific to harmful cultural practices. These actions includes raising awareness to communities and more information available to give to victims (attending health services), improved police data collection of these incidents, working with specific health services to promote routine inquiry of abuse during childhood, improve health practices when working with FGM victims, and exploring how technology can be used to support victims in relation to forced marriage and stalking. The full detail of the actions is as follows:-

VAWG action number	Action	Owner	Deadline
12	Continue outreach work carried out by FGM unit and Forced Marriage Units to work with communities to highlight the issues and raise awareness.	HO / FCO	Review by Mar-17
20	Support improvements in responses of health professionals to VAWG for example through roll out of the IRIS programme, free online training and more firmly embedding routine enquiry into domestic abuse in maternity and mental health services. From April 2016 we will begin to introduce sensitive routine enquiry of adverse childhood experiences in a range of targeted services where people who have been abused are likely to present, for example sexual assault referral centres and sexual health clinics.	DH	From April 2016
25	Continue to deliver the FGM Prevention Programme, rolling out a new FGM Risk Indication System to improve NHS safeguarding systems and address the mental health needs of women and girls living with FGM.	DH	Review summer 2017
32	Explore options for using new technology to support victims, for example promoting the development of mobile phone Apps to help victims of forced marriage and stalking.	HO	December 2016
51	Promote FGM resources available to health professionals to share with patients to increase awareness of FGM support and services available for onward referral and explore and agree with NHS England a framework for the national provision of FGM services.	DH	Mar-17
55	Develop an approach to the collection of data recorded by police forces in relation to HBV, FM and FGM in conjunction with the National Police Chiefs’ Council. Consideration will be given to this data being recorded as part of the Annual Data Return.	HO	Jun-16
84	Consider and respond to HMIC’s recommendation to develop a national process to co-ordinate the collection and dissemination of all FMPOs and FGMPOs and other relevant orders.	HO / MOJ	Jun-16

Source - VAWG Strategy 2016-2020

Action – Keep up to date with the outcome of the harmful cultural practice actions in the VAWG strategy

Definitions

Forced Marriage - ‘A Forced marriage is a marriage in which one or both spouses do not (or, in the case of some vulnerable adults, cannot) consent to the marriage and duress is involved’¹.

¹ Kazimirski K, Keogh P, Kumari V, Smith R, Gowland S, Purdon S & Khanum N, (2009) Forced Marriage:- Prevalence and Service Response, National Centre for Social Research

'Honour' Based Violence - *The CPS and ACPO have a common definition of HBV: "Honour based violence" is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community*².

FGM - *A person is guilty of committing FGM if they excise, infibulate or otherwise mutilate the whole or any part of a girl's labia majora, labia minora or clitoris*³.

There is a cross-over between 'Honour' Based Violence and forced marriage, however in this report they have been discussed under separate headings.

Estimated prevalence

The prevalence of harmful based practices which include Forced Marriage, 'Honour' Based Violence (HBV) and Female Genital Mutilation (FGM) in Sheffield is difficult to estimate due the hidden nature of this form of offending.

- Forced marriage estimates suggest between 5,000 and 8,000 reported cases in England each year based on reported incidents. These are cases either where the victim is already in a forced marriage or the person is at risk of being forced into a marriage⁴.
- HBV estimates are not available, although a 2012 IKWRO⁵ report using police recorded information suggested around 3,350 incidents are reported to the police per year but a further IKWRO report in 2014⁶ found that only four out of five police forces reported these incidents as HBV, therefore the 3,350 is likely to be underestimation of reported incidents by up to 20%.
- FGM estimates are as follows:-
 - A MacFarlane et al (2015) City of London University research estimated there were *137,000 women with FGM living in England & Wales, (which) was a prevalence rate of 4.8 per 1,000 women in the population*⁷. 75% of the prevalence estimate was considered be aged 15-49 years old, 17% aged 50 years old and older and 7% aged 0-14 years old.
 - *The research also estimates:-*
 - *The Yorkshire and Humber rate is around 3 per 1,000 female populations (all ages).*
 - *The Sheffield rate is higher than 7 per 1,000 but less than 12 per 1,000 female populations.*

Given that national estimates are all based on reported information they may not reflect the true extent of the abuse, given their 'hidden' nature. It also means that it is difficult and not reliable to estimate local Sheffield prevalence for each of these forms of abuse and this is the same for other cities in the UK.

Legislations and enforcement

Forced Marriage

In 2015 the Government's Forced Marriage Unit (FMU) gave advice or support to 1,220 cases relating to possible forced marriages. One third (34%) were for individuals aged 18 or under. 9% of these were in the Yorkshire and Humber Region⁸.

² http://www.cps.gov.uk/legal/h_to_k/honour_based_violence_and_forced_marriage/#a02

³ Section 1 (1) The Female Genital Mutilation Act (2003)

⁴ Kazimirski K, Keogh P, Kumari V, Smith R, Gowland S, Purdon S & Khanum N, (2009) *Forced Marriage:- Prevalence and Service Response*, National Centre for Social Research

⁵ Iranian and Kurdish Women's Right's Organisation

⁶ Postcode lottery: police recording of reported 'honour' based violence

⁷ Macfarlane, A & Dorkenoo, E (July 2015) *Prevalence of Female Genital Mutilation in England and Wales: National and local estimates* <https://www.rcm.org.uk/news-views-and-analysis/news/new-report-reveals-fgm-prevalence>

⁸ <https://www.gov.uk/government/statistics/forced-marriage-unit-statistics-2015>

On the 16 June 2014 Forced Marriage was criminalised under the Anti-social Behaviour, Crime and Policing Act 2014. To date there has been one conviction under the new law; this was in Wales in 2015. However the total number of cases 'flagged' with forced marriage (convictions can be and are made under other legislation which includes sexual abuse, rape, false imprisonment and kidnapping) is much higher. In 2014/15 there were 82 police referrals, 46 cases brought to prosecution nationally, of which 29 (63%) were successfully convicted⁹.

Forced Marriage Protection Orders (Civil Protection Act 2007) are available with the intention of preventing Forced Marriages and to protect victims already in a forced marriage. There were 227 applications made in the 12 months between July 2014 and June 2015 and a total of 213 orders put in place. In South Yorkshire there have been less than 10 orders in place in the last three financial years¹⁰.

'Honour' Based Violence (HBV)

In 2014/15 the Crown Prosecution service reported that a total of 225 defendants were prosecuted in cases with a flag for 'honour' based violence. This resulted in a total of 129 convictions (or 57% of those prosecuted)¹¹.

There is no specific offence of 'Honour' Based Violence (HBV), as this type of offending can manifest in different ways. SYP have introduced a specific MO¹² of 'Honour Based Violence/Killing' as a means of recording and identifying offences. In 2014/15, 22 offences and 17 incidents recorded this MO, which is an increase of 10 offences or incidents on the previous year. The MARAC meeting hears cases of HBV in a closed session with only specific agencies invited to attend in order to minimise the risk to victims.

Female Genital Mutilation (FGM)

To date there has not been a prosecution against any individuals for performing or assisting in FGM despite being a criminal offence since 1984¹³. The FGM Act (2003) has made it illegal for UK citizens of permanent residence to take a child from the UK abroad for cutting, even to a country where the practice is legal. These offences carry up to a maximum of a 14 year maximum prison sentence.

Section 72 of the 2015 Serious Crime Act inserts a new section 3A into the 2003 Act; this creates a new offence of failing to protect a girl from FGM. This will mean that if an offence of FGM is committed against a girl under the age of 16, each person who is responsible for the girl at the time of FGM taking place will be liable under this new offence. The maximum penalty for the new offence is seven years' imprisonment or a fine or both.

The Police response to HBV, FM and FGM

An HMIC inspection of the police response to HBV, FM and FGM¹⁴¹⁵ was published in December 2015. It reviewed the police response to these abuse forms, over four criteria. These were leadership, awareness and understanding, protection, enforcement and prevention. The report found *'that honour-based violence, forced marriage and female genital mutilation are not yet being given the priority by the police service that victims deserve'*. Out of 43 police force areas only three were considered 'prepared' to protect people from HBV. South Yorkshire Police was considered 'not yet

⁹ Crime Prosecution Service (CPS), Violence Against Women and Girls Crime reports 2014/15

<http://www.cps.gov.uk/publications/equality/vaw/>

¹⁰ South Yorkshire Police data

¹¹ Violence Against Women Crime Report 2014/15 https://www.cps.gov.uk/publications/.../cps_vawg_report_2014.pdf

¹² Modus Operandi

¹³ CPS to crack down on female genital mutilation, *The Guardian*, Friday 23rd November 2012

¹⁴ HMIC The depths of dishonour: Hidden voices and shameful crimes: An inspection of the police response to honour based violence, forced marriage and female genital mutilation. December 2015 <http://www.justiceinspectors.gov.uk/hmic/publications/the-depths-of-dishonour/>

¹⁵ <http://www.justiceinspectors.gov.uk/hmic/peel-assessments/peel-2015/south-yorkshire/other-reports/>



prepared' in one of the four criteria, therefore it was 'unprepared overall' to protect people from HBV¹⁶. The force had a prepared leadership and governance structure; it is aware of HBV and understanding at point of contact and in the protection offered to victims but it is unprepared for Enforcement and Prevention i.e. the force is not prepared in respect of enforcement against perpetrators of HBV or prepared to prevent offences occurring.

HBV MARAC Activity

The DASH risk assessment is used as the citywide tool for risk assessment. The SafeLives FAQ notes explain professional judgement is important on HBV cases *because 'much of the checklist covers wider criminal behaviour which may be absent in cases of 'honour'-based violence and thus they are unlikely to meet the actuarial threshold for referral'*¹⁷.

Referral data for MARAC find that in the 12 months between July 2015 and June 2016 there were 41 cases at MARAC flagged as HBV. This is around 4% of the total MARAC cases¹⁸. There is no flag to specifically state forced marriage. 60% had a referral source cited. Over half were referred by the police, and other referrers include a GP practice, IDVA, the refuge, victim support and housing solutions.

Activity in Domestic abuse support services

Local information received for commissioned services suggests:-

- Data from the minimum dataset shows that a minority of HBV victims did not have any recourse to public funds.
- Around 2% of service users in domestic abuse commissioned support services report being a victim of forced marriage and less than one 1% of service users in domestic abuse commissioned support services report being a victim of 'honour' based violence.
- A questionnaire sent to domestic and sexual abuse support services Found that the 10 services responding reported;
 - Had over 190 individuals disclosing one of these three forms of abuse on their caseloads (107 HBV, 62 FM, and 24 FGM) in 2015/16.
 - Most services reported an increase on their caseload for HBV, FM and FGM
 - Whilst this is not a reflection of the incident rate of these forms of violence in Sheffield, this information gives some insight into the volume of individuals in these abuse situations presenting to services. All services reported an increase in the number of people presenting.

Action - There is a need to explore whether the number of HBV victims referred to MARAC should be higher than the 41 in a 12 month period, given that there are over 100 HBV cases reported as in support during 2015/16 in the questionnaire feedback as there is a potential gap here. This is particularly paramount given the caution that SafeLives give in their FAQ advice on HBV and how identification of risk is based on professional judgement. It would be worth considering the use of DASH Risk assessment in services with a high number of HBV cases.

DACT has contracts with a number of domestic and sexual abuse support services and all contracts include provision to support all forms of domestic abuse, including victims of Forced marriage and 'honour' based violence. A helpline is available Monday to Friday for all domestic abuse victims, concerned relatives, known others and professionals for advice, information and referral and this will be extended to 24 hours in the coming year.

¹⁶ <http://www.justiceinspectorates.gov.uk/hmic/peel-assessments/peel-2015/south-yorkshire/other-reports/>

¹⁷ SafeLives Dash risk checklist Frequently asked questions <http://www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face?qclid=CJqjwp3K2NICFalL0wodzRYObQ>

¹⁸ If you use the 920 SafeLives figures at the total (Sheffield has been around this figure for the last two to three years (see high risk section for further details on MARAC data and activity.



The numbers of FM, HBV and FGM victims seen in these support services has increased over the last two years. The increase suggests there are more workers who have a greater awareness of these forms of abuse, resulting in more disclosures and subsequent referrals into support.

Action – Continue to increase the numbers of victims of harmful cultural practices in support services and ensure all workers are confident in risk assessing victims experiencing these forms of abuse.

Expert group feedback

Services represented at the expert group suggested working with victims of harmful based practices has challenges:-

- For example those presenting to services were often complex, MAST explain that HBV cases can be complex when working with children. This often means the person is never alone, so it is difficult to gauge the 'full picture' from the victim and complete the DASH satisfactorily.
- Interpretation services were raised by a number of experts, smaller charities raised issues with the cost of such services, the need for female interpreters, and skills needed in how to work with an interpreter - there were worker confidence issues around with working with interpreters on this sensitive issue. Ashiana has specifically raised the issue that there is a need for *'interpreters to have an awareness/training in abuse & trauma and more specific sensitive issues around FGM, HBV, FM'* – see the Diversity section discussion on interpretation for further information on interpreters.
- There are various names for FGM because different cultures use different terminology for FGM, so there is a need for a wider understanding of this with workers and within the specific communities.
- The difficulty of trying to support people with No Recourse to Public Funds
- A need for workers to have a better understanding of cultural practices and greater confidence in asking about harmful cultural practices.
- A need for workers to have specific training on how to ask about FGM
- A need for workers to have clearer understanding of where to refer people following identification or disclosure (particularly with FGM cases).
- A need for workers to understand how victims with FGM may present to services.
- Guidance on how to work with a victim of FGM (this may differ depending on the service and their focus).
- Consider how different communities may need a different approach/ response to the harmful cultural practices.
- Provide a concise summary of the current laws for harmful cultural practices in the UK. Understanding the law can help a victim realise what is happening to them is not acceptable in the UK and may reduce the risk of the same happening to their children.
- Workers require a better understanding of social care and how they work with harmful cultural practice cases. Experts gave mixed reports of how social care has dealt with cases. This is needs to be addressed to ensure that victims, who need referring, are referred and supported during the process.
- A need for a terminology sheet for professionals.
- Could the *Asking the question* tool be adapted to be specific for harmful cultural practices? The tool is for professionals to have a summary of guidance on how to ask indirect questions to victims but gathers information about their home-life/ life situation.

A number of the issues raised will be addressed in the Forced Marriage and 'Honour' Based Violence protocol. There is an out of date Sheffield First protocol¹⁹ (September 2013) which outlines the responsibilities of all agencies and services providers and also gives clear guidance on indicators,

¹⁹ <http://sheffielddact.org.uk/domestic-abuse/wp-content/uploads/sites/3/2013/05/Forced-Marriage-and-Honour-Based-Violence-Sheffield-Protocol.pdf>



education and awareness raising and how to safeguard victims. The protocol will be updated in the coming year in light of the changes in legislation (e.g. the criminalisation of Forced Marriage in 2014) and needs to be widely publicised and promoted.

Action – Update The Forced Marriage, Honour Based Violence protocol, publish the protocol on the DACT website and publicise to a wide audience.

Action - Promote the new FGM Strategy and Pathway

Training

In the last year workers in Sheffield have received over 150 hours of training courses where HBV, FM and FGM are discussed, delivered to over 560 workers in over 58 organisations (health, voluntary sector, social services, housing)²⁰. These training courses raise worker awareness of the forms of domestic abuse, the DASH assessment and referral process. Each course has a section on harmful cultural practices. The DASH element of the training courses also includes consideration of FM and HBV.

DACT also commission an accredited training course for Forced Marriage, HBV and FGM. Two courses are commissioned each year and a total of 16 workers were trained and accredited in 2015/16.

The same training is commissioned for the next two years of the contract; therefore up to 48 workers will have attended the accredited course and hopefully over 1,500 will have attended the domestic abuse courses over a three year contract period.

Reactive courses are also available, therefore if specific services wanted specific training on harmful cultural practices, this could be provided, as there is capacity within the contract to permit this to happen.

The non-accredited training courses are the generic courses for all forms of domestic abuse; the more specific in-depth course covering harmful cultural practices is available to a limited number of workers. From the feedback given via the expert group there is perhaps a greater need for harmful cultural practice training courses to be offered to more workers.

Action – Consider holding harmful cultural practices training/seminars for those who want more in depth training in this area, to allow more workers to receive this training.

FGM dataset

In 2015 a FGM mandatory reporting duty²¹ under the Serious Crime Act 2015 was introduced. The Female Genital Mutilation (FGM) Enhanced Dataset^{22,23} requires all healthcare, social care and educational professionals to report all cases of FGM identified in girls under the age of 18 to the Police and record specific data on each case of FGM of any age to the national Health and Social Care Information Centre (HSCIC).

The total number of newly disclosed FGM cases for all ages finds that at least 165 FGM cases were reported in Sheffield in 2015/16. The majority (130) of the cases were identified by midwifery services and 35 cases were identified by gynaecological services. There were at least 460 in the Yorkshire and Humber region and 5,702 nationally reported, of which 2% were victims under the age of 18 year old. Sheffield has the highest rate of reported FGM for cities in Yorkshire and Humberside. This is perhaps

²⁰ The total of the DA training courses for Signs, Indicators and Referral Pathways, the DASH/MARAC/Safety planning and referral pathways course and the Safeguarding Children & Young people affected by DA training course.

²¹ Section 5B of the FGM Act 2003 ("the 2003 Act")¹⁶ introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s to the police

²² www.hscic.gov.uk

²³ The Female Genital Mutilation (FGM) Enhanced Dataset (SCCI 2026) is a repository for individual level data collected by healthcare providers in England, including acute hospital providers, mental health providers and GP practices.



reflective of the particular communities who have settled here from countries where FGM is regularly practiced.

The *Multi-Agency Statutory Guidance on Female Genital Mutilation*²⁴ guidance was published in 1st April 2016. The guidance details the definition of FGM, the Female Genital Mutilation Act 2003 which explains the illegality of FGM and the legal actions that can be taken with offenders, the use of FGM protection orders to protect those at risk of FGM, the strategic and partnership response for victims and the commissioning of FGM support services. Commissioning guidance is also contained in the *Commissioning services to support women and girls with female genital mutilation*²⁵ published in 2015.

The FGM Pathway

A local FGM Task and Finish Group was established and led by the Safeguarding Children Board. This has enabled statutory and voluntary organisations to work in partnership to develop a prevention framework for FGM in Sheffield; to protect those at risk and support those who have suffered FGM and to pursue and prosecute those who inflict FGM. This is also an action under the Domestic and Sexual Abuse Strategy. A stakeholder event was held in May 2016 which consulted partners and community organisations on the new pathway for responding to girls and women at risk of FGM.

The latest version of the FGM pathway can be found at the following link: - <http://sheffielddact.org.uk/domestic-abuse/resources/pathways/>

The pathway has been approved and is being formally rolled out by the Safeguarding Children's Board. An FGM Strategy for the city has been developed by the group and launched in March 2017.

Action – Review the effectiveness of the FGM pathway in 2017/18.

²⁴Multi-Agency Statutory Guidance on Female Genital Mutilation <https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

²⁵ Commissioning services to support women and girls with female genital mutilation <https://www.gov.uk/government/publications/services-for-women-and-girls-with-fgm>