



Forced Marriage Policy and Guidance on its Implementation

Lead Manager:	Head of Inequalities and Corporate Planning
Responsible Director:	Director of Corporate Planning and Policy
Approved by:	Corporate Management Team
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Replaces previous version: [if applicable]	n/a

1. Introduction

1.1 NHSGGC believes that everyone has a right to enter into marriage with their full and free consent. Legislation is in place to prevent an individual from being forced or tricked into marriage.

1.2 This policy has been produced to meet the requirements of Statutory Guidance on Forced Marriage (<http://www.scotland.gov.uk/Publications/2011/11/25115331/0> make hyper link) issued by the Scottish Government.

1.3 The overall aim of the Policy is to ensure our staff are alert for the signs of potential forced marriage and that any disclosure of Forced Marriage results in action to increase the safety and wellbeing of the individual involved.

1.4 The Policy should be considered alongside related NHSGGC policies and procedures including:

- West of Scotland Inter Agency Adult Support and Protection Practice Guidance;
- West of Scotland Inter Agency Child Protection Procedures;
- Gender-based Violence (GBV) Plan;

2. Forced Marriage and its Implications for the NHS

2.1 The law defines forced marriage as ‘a marriage in which one or both spouses do not (or, in the case of children/ young people/adults at risk, cannot) consent to the marriage and duress is involved’.

2.2 The majority of victims of forced marriage are female but there are also male victims. People with physical and learning disabilities may be forced into marriage by families. Lesbian, gay, bi-sexual, transgender (LGBT) people may also be victims of forced marriage as a means of repressing their sexual orientation or gender identity.

2.3 Duress may be from parents, other family members and the wider community and can be psychological, financial, sexual and/or

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emotional pressure which is often accompanied by threatening conduct or severe physical, emotional and sexual abuse.

2.4 The health impact of forced marriage may include self-harm, attempted suicide, eating disorders, depression, isolation and substance misuse and victims may present to, or already be patients of, a wide range of services including:

Health Visiting, School Nurse Services, GP Services, Maternity, Learning Disability, Mental Health, Substance Misuse, Sexual Health, Adult or Child Emergency Services.

2.5 Cases of forced marriage should be tackled regardless of cultural sensitivities, using existing frameworks for protecting children, adults at risk and victims of gender-based violence.

3. Legal Framework

3.1 The Policy is underpinned by the following legislation:

Forced Marriage etc (Protection and Jurisdiction) (Scotland) Act 2011 [click here](#)

Sexual Offences (Scotland) Act 2009 [click here](#)

Equality Act 2010 [click here](#)

Adults with Incapacity (Scotland) Act 2000 [click here](#)

Protection from Abuse (Scotland) Act 2001 [click here](#)

Domestic Abuse (Scotland) Act 2011 [click here](#)

Adult Support and Protection (Scotland) Act 2007 [click here](#)

Protection of Vulnerable Groups (Scotland) Act 2007 [click here](#)

Protection from Harassment Act 1997

<http://www.legislation.gov.uk/ukpga/1997/40/contents>

Mental Health (Care and Treatment) (Scotland) Act 2003 [click here](#)

Prohibition of Female Genital Mutilation (Scotland) Act 2005

<http://www.legislation.gov.uk/asp/2005/8/contents>

The Management of Health and Safety at Work Regulations 1999

<http://www.legislation.gov.uk/uksi/1999/3242/contents/made>

4. Forced Marriage Protection Orders

4.1 The Forced Marriage Act allows for victims and third parties, specified by the legislation, to apply for a Forced Marriage Protection Order. Health workers are not specified as a third party in the legislation. If a health worker believes an order is required they should liaise with social work or police colleagues who are able to make applications directly to the court.

4.2 Any action will depend on the individual circumstances of the victim or potential victim.

5. Scope

5.1 The Policy applies to all employees of NHS Greater Glasgow and Clyde as victims of forced marriage may come to our attention anywhere in the service.

6. Roles and Responsibilities

6.1 Forced Marriage cuts across child protection, gender-based violence and vulnerable adult agendas and it is everyone's responsibility to ensure victims are protected where forced marriage is disclosed.

6.2 The **Lead Director for the Forced Marriage Policy** within NHSGGC is the Director of Corporate Planning and Policy. Expertise on the issues around forced marriage comes from the Lead Officers for Child Protection, Gender-based Violence and Adult Support and Protection.

6.3 In line with statutory requirements all **Directors** are responsible for ensuring that managers are aware of systems and supports in place to ensure frontline staff handle cases of forced marriage effectively and all cases of forced marriage are properly monitored and recorded.

6.4 **Managers** must ensure that frontline staff have access to, and follow, guidance on what to do if they are concerned a patient may be affected by forced marriage. The guidance that frontline practitioners should follow is set out in Appendix 1 of this policy and will be widely distributed across the organisation.

Scottish Government multi-agency practice guidelines for responding to forced marriage can be accessed via Staffnet, via www.equalitiesinhealth.org or at www.scotland.gov.uk/ForcedMarriagePractice

7. Training

7.2 Lead Officers for Adult Support and Protection, Child Protection, Gender-Based Violence, suicide prevention and self-harm must ensure training and awareness –raising on forced marriage is incorporated into training materials.

8. Communication and Dissemination

8.1 The Policy is available via

www.staffnet.ggc.scot.nhs.uk/Applications/PM/Pages/nhsggcPolicyManual2.aspx

It is also available to staff and the public at www.equalitiesinhealth.org

8.2 The Policy will be communicated to NHSGGC Chief Executive; All Directors, Heads of Service and senior managers for action. Staff will be informed of the Policy via StaffNet and Manager's Team Brief.

8.3 The Policy will come into effect on 20th August 2012.(tbc)

9. Review

9.1 The Policy is due for review in April 2015 unless changes in legislation, service requirements or national guidance require the Policy to reviewed before that date.

10. Monitoring

10.1 NHSGGC will monitor and evaluate the effectiveness of this Policy in line with existing guidance for protecting adults and children at risk of harm.

Appendix 1

Forced Marriage Guidance for Health Workers

This guidance aims to support NHSGGC health workers to identify and respond to patients who may be victims of forced marriage

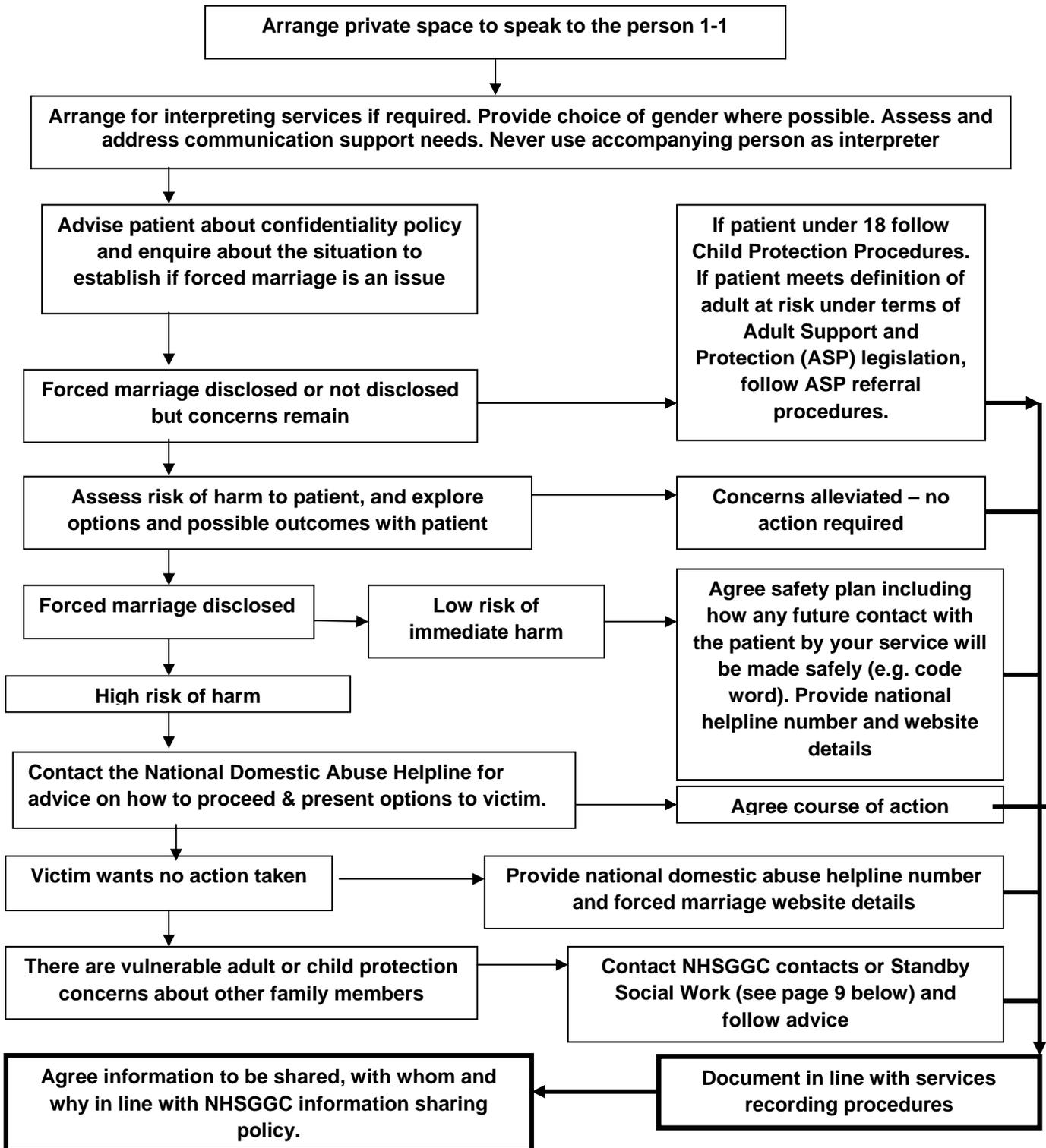
Legislation is in place to prevent an individual from being forced or tricked into marriage

Contact with a health worker may be the one chance for a person who is at risk of being forced into marriage or is already in a forced marriage to get help and protection

We are therefore asking all health workers to look out for the signs of forced marriage and take action when you see them

Any combination of the following factors may indicate that a person is being or has been forced to marry	
Health Indicators	Groups most at risk
<ul style="list-style-type: none"> • Self-harm • Attempted Suicide • Eating disorders • Depression • Isolation • Substance misuse 	<ul style="list-style-type: none"> • Women from South Asian community aged between 13 and 30 • Women from other ethnic communities • People with learning disabilities • Those affected by domestic or sexual abuse

If you have a concern that a patient may be a victim of forced marriage you should take the following steps, considering the appropriate option at each step



1. FURTHER INFORMATION ABOUT THE PATHWAY

- Staff should remember that risks to victims may be increased by all forms of counselling, mediation, arbitration and conciliation involving the family.
- **Interpreting services** should be arranged using NHSGGC protocol. If no face to face interpreter available arrange for telephone interpreting. To provide continuity, the interpreter should accompany the patient to the support service where possible.
- **To enable private time**, direct anyone accompanying the patient to the waiting area. Ensure you speak to patient in an area where the conversation will not be overheard. If possible use a room with telephone access to allow the patient to make calls direct to support services where necessary and for ease of access to interpreting services if dual handset is not available.
- When **assessing risk** always take the issues and concerns of the victim seriously and recognise the potential risk of very significant harm to the victim. Asking the following questions can help to assess level of risk and inform options and possible outcomes for patient:
Is there a risk that patient may be taken abroad imminently? Is access to passport/ money being withheld from her/ him? Has s/he attempted suicide or self harmed? Is there potential harm to other family members? Is victim minimising risk?
- **Seek agreement for referral** to other agencies. If victim wants no action taken and there are no vulnerable adult or child protection concerns agree a safety plan and safe way to contact victim. Where a decision is taken to refer to police without permission you should tell the patient why. Keep the patient informed of progress on the agreed course of action.
- **Keep the patient safe** in the private area while awaiting transport to support service.

- Staff should note the **importance of inter-agency working** in protecting victims of forced marriage and co-operating with locally agreed multi-agency information sharing procedures.
- **Information** should only be disclosed with the victims consent unless there is a statutory duty to share information, such as in vulnerable adult or child protection cases.
- **Document disclosures and actions** in the patient record. Be aware documentation may be used as evidence in the event of any criminal justice proceedings.

2. FURTHER RESOURCES

Additional support and guidance for staff in responding to victims of forced marriage is available from the following sources during the times stated:

BETWEEN 8:45 AND 5PM:

Children	NHSGGC Child Protection Unit Nurse Advisors	0141 201 9225
Adults	Gender Based Violence Resource Unit Advisors	0141 201 9777 gbvunit@ggc.scot.nhs.uk

At any time:

The National Domestic Abuse Helpline provides advice about support and protection to individuals affected by forced marriage:
0800 027 1234

Child Protection Procedures are available at:
http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Child%20Protection/Pages/CP_POLICIES_WE_230507.aspx

Adult Support and Protection Guidance and Procedures are available at:
<http://www.staffnet.ggc.scot.nhs.uk/Partnerships/CHPs/Pages/Adult%20Pr>

Visit www.equalitiesinhealth.org for further information on forced marriage including good practice guidance and additional support services. 9

[rotection%20Procedures.aspx](#)

OUT OF HOURS:

**West of Scotland Social Work standby service
0800 811505**

3. SPECIALIST SUPPORT SERVICES FOR VICTIMS

The National Domestic Abuse Helpline **0800 027 1234** provides advice about support and protection to individuals affected by forced marriage. It is confidential, free and open 24 hours a day. Alternatively, individuals can be directed to www.yourrightsscotland.org

Local support services for **women:**

Hemat Gryffe Women's Aid <http://www.hematgryffe.org.uk/> Tel: 0141 353 0859

Amina Muslim Women's Resource Centre www.mwrc.org.uk
Helpline: 0808 801 0301 Tel: 0141 585 8026

Support for **male victims:** www.mensadvice.org.uk

4. Scottish Government Guidance and Resources

Forced Marriage Multi-Agency Practitioner Guidelines are available online at: www.scotland.gov.uk/ForcedMarriagePractice

A summary version of the practice guidance is also available via the following link:

<http://www.scotland.gov.uk/Publications/2011/11/11134734/0>