

Honour Based Violence Forced Marriage Female Genital Mutilation Multi-Agency Guidance

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1. Purpose

- 1.1 The purpose of this document is to describe the joint Safe Durham Partnership (SDP) and the Durham Safeguarding Children Partnership (DSCP) and Safeguarding Adults Board multi-agency guidance (SAB) in relation to Honour Based Violence (HBV), Forced Marriage (FM) and Female Genital Mutilation (FGM).

2. Training for professionals

- 2.1 A multi-agency training strategy and action plan has been developed and adopted by the Safe Durham Partnership and supported by the Durham Safeguarding Children Partnership.
- 2.2 The training strategy identified key training needs for partner organisations. Honour Based Violence, Forced Marriage and Female Genital Mutilation are identified and included in the training programme. The training is delivered in conjunction with the Durham Safeguarding Children Partnership, the Safe Durham Partnership, the Safeguarding Adults Board and the Durham Police, Crime and Victims Commissioner.
- 2.2 Training opportunities are available on the [DSCP](#) and [SAB](#) respective websites.

3. Roles and Responsibilities

- 3.1 Partner agencies of the SDP and DSCP will ensure that staff have sufficient information and awareness to:
- Recognise instances of Honour Based Violence, Forced Marriage and Female Genital Mutilation
 - Carry out risk assessments in relation to all potential victims
 - Understand the FGM mandatory reporting requirements for under 18's
 - Contribute where appropriate to investigations with a view to bringing the offenders to justice
 - Assist in the provision of support for victims and potential victims

4. Role of all staff

- 4.1 The reporting HBV/FM and FGM is a brave step and an inappropriate response could put victims at further risk. Victims often have no experience of the statutory bodies such as the police and by simply getting into contact could be deemed to have brought further shame on the household. Third party reporting without knowledge or consent of the victim is becoming more common place and this may not occur in the usual route of telephone contact. All staff contacted by third parties who express concern re HBV/FM or FGM issues should refer as a matter of urgency to the identified lead in each organisation.

- 4.2 Each agency will have an identified lead that has responsibility for providing advice and the co-ordination of the HBV/FM and FGM guidance and policy within their organisation.
- 4.3 It is important for all staff to appreciate the difficult and unique position of victims and Potential victims of HBV/FM and FGM regarding their relationship with the Offenders/suspects. Many victims do not wish to criminalise their parents, families or cultures and in doing so become isolated; and may not have considered what would be expected of them once they have made contact with an agency. Nevertheless, they still face the possibility of serious violence which often presents a threat to life; and all agencies are under a duty to protect the victim or potential victim.

Abuse is not a cultural practice, and it is important that professionals are able to name the abuse when it is happening within circumstances that they are not familiar with, without fear of causing cultural offence

- 4.4 UNDER NO CIRCUMSTANCES SHOULD A VICTIM OR POTENTIAL VICTIM EVER BE TURNED AWAY AND TOLD THAT THERE IS NOTHING ANYONE CAN DO. STAFF NEED TO BE AWARE OF THE 'ONE CHANCE' RULE. THAT IS, THEY MAY ONLY HAVE ONE CHANCE TO SPEAK TO A POTENTIAL VICTIM, THEREFORE ONE CHANCE TO SAVE A LIFE.

Always seek advice from the Police Public Protection Department Safeguarding Team and/ or Children's Services (if the individual is under 18), and/ or Adult's Services (if the individual is vulnerable/ at risk). In an emergency ALWAYS dial 999.

- 4.5 Agencies engaged in this sensitive area of work are saving lives, protecting vulnerable people and improving community trust and confidence in agencies.
- 4.6 All staff have a duty to take all reasonable steps to:
- Understand the meaning of Honour Based Violence, Forced Marriage and Female Genital Mutilation
 - Protect victims and potential victims of HBV/FM or FGM
 - Complete all of the relevant documentation to facilitate risk assessments in relation to victims
 - To fully record information in line with agency procedures
 - Ensure that records are kept secure to prevent unauthorised access that may result in confidential information being passed on the victim's family. Records should only be available to those dealing directly with the case
 - The mandatory duty to report female genital mutilation in girls aged under 18 is a personal one, all professionals should have an understanding of when and how to report FGM in these circumstances

4.7 All agencies should ensure their organisation has:

- A lead person for HBV/FM and FGM (this should be the same person who has overall responsibility for safeguarding children, protecting vulnerable adults or victims of domestic abuse)
- Policies and procedures in place that form part of child protection / adult protection strategies
- A named person whose responsibility it is to ensure that cases of Forced Marriage are handled, monitored and recorded properly
- Staff have access to and are aware of the multi –agency practice guidelines available on both handling cases of Forced Marriage and Female Genital Mutilation produced by HM Government

5. **Recording, monitoring and review**

5.1 Reported incidents of HBV, FGM and FM should always be recorded using individual agency procedures and be in line with the relevant safeguarding policies and procedures. All decisions and actions should be recorded.

5.2 Individual agencies should regularly monitor compliance of their staff with this guidance and notify the Safe Durham Partnership / Durham Safeguarding Children Partnership/Safeguarding Adults Board of any issues arising. The Safe Durham Partnership / Durham Safeguarding Children Partnership/Safeguarding Adults Board holds overall responsibility for the review and monitoring of this guidance.

5.3 This guidance will be reviewed every 3 years in line with local reviewing arrangements to ensure its:

- Continued relevance
- Effectiveness in the business area concerned
- Takes into account any changes to legislation or common law
- Takes in to account any challenges to the policy

6. **Honour Based Violence and Forced Marriage - definition, terms and legislation**

6.1 The National Police Chiefs' Council (NPCC), formally ACPO definition of Honour Based Violence is:

'A crime or incident which has, or may have, been committed to wrongly protect or defend the perceived honour of the family and / or community.'

6.2 It should be noted that Honour Based Violence does not and should not stand alone. It is inexorably linked with domestic abuse and is part of the wider Government strategy to reduce violence against Women and Girls (VAWG). It should also be recognised that HBV occurs across a range of differing and diverse communities for a number of different reasons. HBV is a fundamental abuse of Human Rights. It is a collection of practices, which are used to control behaviour within families to protect perceived

cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and / or community by breaking their honour code.

- 6.3 Women are predominantly (but not exclusively) the victims of HBV, as violence may also be visited upon, for example, the male sexual partner of a woman who is perceived as having brought dishonour to the family/community, or a person perceived to have connived at or assisted such a relationship.
- 6.4 Honour Based Violence can be distinguished from other forms of violence, as it is often committed with some degree of approval and / or collusion from family and / or community members.
- 6.5 A Forced marriage is defined as:
- ‘a marriage conducted without the valid consent of one or both parties, where duress is a factor. Duress includes emotional pressure as well as criminal actions such as assault and abduction.’*
- 6.6 It is distinct from an arranged marriage which is defined as:
- ‘A marriage where the families of both spouses arrange the marriage but the choice to accept remains with the individuals. They give their full and free consent.’*
- 6.7 The majority of cases of forced marriages in the UK involve South Asian families but there are also cases involving families from the Far East, the Middle East, Europe, Africa and also Gypsy Roma Travelers. The issue of forced marriages should not be used to stigmatise any community. Some forced marriages take place in the UK with no overseas element whilst others involve a partner coming from overseas or a British citizen being sent abroad. Most cases involve young women and girls aged between 13 and 30 years, although there is evidence to suggest that as many as 15% of victims are male.
- 6.8 Forced Marriage is a Human Rights abuse. It can constitute both child abuse and sexual abuse. The United Nations considers it a form of trafficking, sexual slavery, and exploitation. Some, however, still see it as a private, personal, domestic, family, religious, or cultural issue. It is none of these – it is an example of abuse.
- 6.9 HBV, like Domestic Abuse, is not a specific statutory offence. The terms is used to describe a range of criminal offences including murder, un-explained death (suicide), rape, removal from education, kidnapping, false imprisonment, threats to kill, assault, harassment, forced abortion and others. It may be classed as Domestic Abuse or child abuse. This list is not exhaustive.
- 6.10 HBV and FM can and does affect both genders. It is also important to be aware that both practices are not linked to religion, but are a result of cultural influence.
- 6.11 The legal basis for this guidance is the Human Rights Act 1984 and the common law duty to protect life.

6.12 The legitimate aim of this guidance is to identify when a serious risk to life exists, but taking into account Article 2 'The right to a private life and Article 8 the right to respect for private and family life'.

6.13 These issues are legislated under the following:

- Forced Marriage Civil Protection Act 2007.
- Anti-Social Behaviour, Crime and Policing Act 2014.

6.14 There are also Multi-Agency Practice Guidelines published by HM Government available:

- <https://www.gov.uk/government/publications/handling-cases-of-forced-marriage-multi-agency-practice-guidelines-english>

7. Honour Based Violence and Forced Marriage multi-agency guidance

7.1 *Working Together to Safeguard Children* 2018 highlights that a Local Authority may exercise its powers under s47 of the Children Act 1989 if it has reason to believe that a girl is likely to be or has been the subject of FGM

If a child is at risk of harm contact First Contact on: 03000 26 79 79

If an adult is at risk of harm contact Social Care Direct on: 03000 26 79 79

Contact Durham Constabulary Safeguarding Unit on 101

In an emergency always dial 999

7.2 In many cases the individual will be westernised and pressure will be brought to bear by refusing to allow them out of the home unless chaperoned, withdrawal or threat of withdrawal from education and the barring of contact with friends. In some cases the individual is taken to the country of their extended family where their ability to resist the marriage is unlikely.

7.1 Honour Based Violence and Forced Marriage cuts across all cultures and communities: Pakistani, Bangladeshi, Indian, Turkish, Kurdish, Afghani, African, Middle Eastern, South and Eastern European for example. It is also an issue that affects Gypsy Roma Travelers. (This is not an exhaustive list).

7.2 HBV/FM may be committed by male and female offenders.

7.3 Honour Based Violence may be committed not only against the persons directly involved in the behaviour which is perceived as dishonourable, but also against persons believed to have assisted or conspired in the behaviour. Agencies should therefore always consider the risk of harm to the victim, the victim's partner, their children, siblings, and associates.

7.4 Perpetrators of HBV may commit serious offences including murder upon closest relatives and/or others to achieve a number of purposes including forced marriage to:

- Protect the family 'honour' or Izzat

- Respond to family, community or peer group pressure
- Protect the perceived cultural and/or religious ideals
- Controlling disapproved sexual behaviour or orientation (including perceived promiscuity or being lesbian, gay, bisexual or transgender)
- Punishing perceived immoral behaviour including
- Pre-marital or extra-marital sexual relations
- Kissing or showing other forms of intimacy in public
- Rejecting a forced marriage
- Being a victim of rape or other serious sexual assault
- Inter-faith relationships
- Seeking a divorce
- Inappropriate make-up or dress
- Possession and / or use of a mobile telephone
- Truanting from school or being removed from school

7.5 The above list is not exhaustive.

7.6 When dealing with HBV/FM related incidents and crime including major crime, or missing person enquiries where HBV may be an issue partner agencies should be aware that family members and/or individuals from within the community concerned may support the primary offender(s), by seeking to mislead, obstruct or undermine any inquiries and/or police investigation.

7.7 Staff must be aware that an incident of domestic abuse does not become HBV simply because the parties involved are of BME origin. HBV occurs where violence is committed as a result of a perception that the victim has brought shame or dishonour upon the family or community.

Confidentiality

7.8 Confidentiality is an extremely important issue for any individual, child or adult, threatened with, or already in, a forced marriage.

7.9 Careful consideration must be given in relation to what information is shared and to whom. This applies to practitioners as well as members of the family or the community. If a child or vulnerable person is in a place of safety any disclosure, which could lead to them being traced, could put him/her at considerable risk of harm from family or others. The best interests of the individuals must be the paramount consideration.

7.10 When dealing with cases of Honour Based Violence and Forced Marriage there are often complex and sensitive issues that should be handled by child and adult protection specialists with expertise in HBV and FM issues. Although frontline staff

should contact their safeguarding lead as soon as possible, they may initially need to gather some information to gather the facts to assist with the referral.

7.11 When dealing with potential victims it is important to recognise the seriousness / immediacy of the risk. The member of staff will:

- See the victim immediately in a private room or space to enable them to speak in confidence in a safe environment where they cannot be overheard
- See them on their own
- Explain all of the options available to them
- Obtain full details
- If the victim is a child or young person under 18 activate the child protection procedures immediately
- If the victim is a vulnerable adult activate the Safeguarding Adults Procedures immediately by contacting Social Care Direct
- If the victim is an adult, complete a MARAC Risk assessment Form and Risk Assessment for HBV/FM explain the reasons why and fax to the MARAC Coordinator
- Consider the use of a Forced Marriage Protection Order (FMPO)
- When asking questions within the assessment be clear and fully explain what the questions mean and why they are being asked
- Take into consideration the victim's perception of risk and obtain details of all persons who they are afraid might harm them
- Recognise and respect the wishes of the victim
- Explain the issues relating to confidentiality and who information will be shared with, reassuring them that this will not extend to their family
- Establish a way of contacting them discreetly in the future
- Consider the need for immediate protection and placement away from the family
- Contact the trained specialist / safeguarding lead within the organisation as soon as possible

7.12 The vulnerability of victims cannot be overstated. This could be further compounded by issues such as traditional gender roles, literacy, language and / or immigration status.

7.13 Always seek specialist advice if an interpreter is needed given the potential risks to confidentiality

7.14 The member of staff will not:

- Send them away believing that is not a matter for them to deal with
- Approach members of their family
- Attempt to be a mediator

- Share information without their consent, explaining the circumstances when information must be shared with other agencies even without consent in order to protect the individual

If it is necessary to use an interpreter, always use a professional service. NEVER use friends or family (including children) or community members. Ensure that interpreters are not connected to the individual or community. Seek the details of the interpreter and check this with the individual where possible for their consent to use that interpreter. Always brief and debrief the interpreter.

Further Child Protection considerations

- 7.15 All referrals about possible / actual forced marriage to those under the age of 18 are to be dealt with under child protection procedures. Anyone threatened with forced marriage or forced to marry against their will can apply for a **Forced Marriage Protection Order**. Third parties, such as relatives, friends, voluntary workers and police officers, can also apply for a protection order with the leave of the court. Fifteen county courts deal with applications and make orders to prevent forced marriages. Local authorities can now seek a protection order for vulnerable **Adults at Risk** and children without leave of the court. Guidance published by the Ministry of Justice explains how local authorities can apply for protection orders and provides information for other agencies.
- 7.16 Forced marriage may place children and young people at considerable risk of honour based violence, rape, physical and emotional harm. Due to the complex and sensitive issues involved in relation to forced marriage, the extended family is not usually an option for placement and it may be that a placement needs to be outside of the Local Authority area, in order to protect the child / young person.
- 7.17 The child / young person are to be fully involved in safety planning.
- 7.18 Where decisions are to be made in relation to legal proceedings or legal advice is required, a legal representative from the Local Authority should attend the child protection strategy meeting.

8. Female Genital Mutilation (FGM) - definition, terms and legislation

- 8.1 Female Genital Mutilation is often referred to as 'female circumcision' or 'cutting'. The definition adopted by the World Health Organization (WHO) is:

“all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other nontherapeutic reasons.”

- 8.2 The Female Genital Mutilation Act 2003 makes it illegal to perform or assist in the UK and assist a non-UK person to carry it out outside of the UK on a UK national or permanent UK resident. The Serious Crime Bill published in 2014 contains provision to extend the extra-territorial reach of the offences above so that they will apply to offences involving habitual as well as permanent UK residents.

8.3 The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new-born, during childhood or adolescence, just before marriage or during the first pregnancy. However the majority of cases of FGM are thought to take place between the ages of 5 and 8, therefore girls within that age bracket are at a higher risk.

8.4 It is important to note that FGM differs from other forms of child abuse in two important ways:

- Despite the severe consequences, parents and others who have done this to their daughters genuinely believe it is in the girl's best interest to conform with their prevailing custom and they consider FGM as normal, to protect their cultural identity – they do not intend it as an act of abuse
- There is no element of repetition – it is a one-off act of abuse – although younger female siblings may be at risk

FGM is much more common than most people realise. It is estimated that there are around 74,000 women in the UK who have undergone the procedure and that over 20,000 girls under the age of 15 are at high risk of FGM. This estimate is based on the number of women and girls living in the UK who originate from countries where FGM is traditionally practised, such as Yemen, Oman, Malaysia, Indonesia and the United Arab Emirates as well as 28 countries in Africa from Gambia to Somalia.

8.5 London has by far the high prevalence rate at 21.0 per 1,000 population. Highest rates were in London boroughs and Manchester, Slough, Bristol, Leicester and Birmingham had high prevalence rates. In contrast, many mainly rural areas had prevalence's well below one per 1,000, but above zero.

8.6 This highlights that there are likely to be affected women and girls living in every local authority area in England and Wales.

8.7 It is not possible to quantify the prevalence of FGM among girls born in England and Wales to mothers from practising FGM countries or assess the numbers of girls at risk on a population level. (Equality Now, 2015)

8.8 It is important to be aware that the practice is not linked to religion, but is a result of cultural influence.

8.9 The legal basis for this guidance is the Human Rights Act 1984 and the common law duty to protect life.

8.10 The legitimate aim of this guidance is to identify when a serious risk to life exists, but taking into account Article 2 'The right to a private life and Article 8 the right to respect for private and family life'.

8.11 The issue is legislated under the following:

- Female Genital Mutilation Act 2003 as amended by the Serious Crime Act 2015.

9. **2015 Mandatory Duty to Report FGM**

9.1 The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, 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 and they have no reason to believe that the act was necessary for the girls physical or mental health or for purposes connected with labour or birth

9.2 For the purposes of the duty, the relevant age is the girls age at the time of the disclosure / identification of FGM.

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

9.4 The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report; the responsibility cannot be transferred. The only exception to this is if you know that another individual from your profession has already made a report; there is no requirement for you to make a second.

9.5 Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialling 999 if appropriate.

9.6 To get a clearer picture of the extent of FGM in the UK, all acute hospitals must now report about the prevalence of FGM each month, and the Home Office has part-funded a prevalence study to provide local areas with vital information needed to prioritise FGM. The first few months of recording these incidents has given strong indication of the scale of the issue (500 new cases per month have been recorded nationally).

9.7 The Home Office document '[Mandatory reporting of female genital mutilation – procedural information](#)' provides further information.

10. **Further guidance**

10.1 FGM is abuse. The procedure is usually carried out on children however adults who have had the procedure performed on them may suffer severe psychological consequences of FGM and require mental health support to address this harm.

10.2 The following principles should be adopted by all agencies when identifying and responding to girls (and unborn girls) at risk of, or who have experienced FGM:

- The safety and welfare of the child is paramount
- If the victim (or person at risk) is a child or young person under 18 activate the child protection procedures immediately
- All agencies should act in the interests of the child as outlined in the United Nations Convention (1989)

- FGM is not a matter that can be left to be decided by personal preference – it is an extremely harmful practice. Professionals should not let fears of being branded “racist” or “discriminatory” weaken the protection required by vulnerable girls
- All decisions or plans should be based on good quality assessments and be sensitive to the issues of race, culture, gender, religion and sexuality **subject to the caveat that FGM is illegal in the United Kingdom**

Suspicious may arise in a number of ways that a child is being prepared for FGM to take place abroad. Consider whether any other indicators exist that FGM may have or has already taken place, for example;

- Preparations are being made to take a long holiday - arranging vaccinations or planning an absence from school;
- The child has changed in behaviour after a prolonged absence from school;
- The child has health problems, particularly bladder or menstrual problems.

- 10.3 Research into practicing African communities indicates that women who have undergone FGM have the same levels of post-traumatic stress (PTSD) as adults who have been subjected to early childhood abuse, and that the majority of women (80%) suffer from affective mood or anxiety disorder.
- 10.4 When dealing with cases of FGM, there are often complex and sensitive issues that should be handled by child and adult protection specialists with expertise in the issue.
- 10.5 Frontline staff should contact their safeguarding lead as soon as possible and when dealing with potential victims it is important to recognise the seriousness / immediacy of the risk.
- 10.6 A woman over the age of 18 is an adult and, therefore, is protected by confidentiality and their wishes should be respected if they do not wish to report that they have been subjected to FGM.

“There is no requirement for automatic referral of adult women with FGM to adult social services or the police. Professionals should be aware that any disclosure may be the first time that a woman has ever discussed her FGM with anyone. A referral to the police should not be an automatic response for all adult women who are identified as having had FGM; cases must be individually assessed”¹

[\(taken from Multi-agency statutory guidance\)](#)

- 10.7 In all cases it is also important to consider whether the individual and/or her family are known to social services, and whether there are any existing safeguarding arrangements in place.
- 10.8 If an adult has been subjected to FGM in the past there is a specific risk to her female children. A girl who comes from a family where a woman has been subjected to FGM is at a greater risk of being subjected to it herself and referrals into First Contact should be made.

¹ Taken from Multi-Agency Statutory Guidance on Female Genital Mutilation, HM Government.

- 10.9 There can be specific factors that may heighten a girl's risk of being affected by FGM:
- The position of the family and the level of integration within UK society – it is believed that communities less integrated into British society are more likely to carry out FGM
 - Any girl born to a woman who has been subjected to FGM must be considered to be at risk, as would other female children in the extended family
 - Any girl who has a sister who has already undergone FGM must be considered to be at risk, as would other female children in the extended family
 - Any girl who has been withdrawn from Personal, Social and Health Education or Personal and Social Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights
- 10.10 It should be noted that FGM is not a religious requirement or obligation. It is a harmful practice that is against the law.
- 10.11 To safeguard children, it may be necessary to give information to people working in other agencies or departments. Both law and policy allows for disclosure, where the information is needed in order to protect a child. Referrals to other professionals or agencies should be undertaken using existing and agreed child protection procedures.
- 10.12 There may be times when a child wants to take a course of action that may put them at risk. However, FGM is a criminal offence in the UK and must not be permitted or condoned. On these occasions professionals should explain all the outcomes and risks to the child and take the necessary child protection precautions.
- 10.13 Child protection investigations should be coordinated under existing Section 47 child protection procedures. The strategy meeting must establish whether the parents or girl has had access to information about the harmful aspects of FGM and the law in the UK. If not, they should be given appropriate information.
- 10.14 Every attempt should be made to work with the parents on a voluntary basis to prevent the abuse. It is the duty of the investigating team to look at every possible way that parental cooperation can be achieved.
- 10.15 A Female Genital Mutilation Prevention Order may be considered. However, any agreement reached must be carefully monitored and enforced with the child's interests always paramount. The first priority is the protection of the child. Here, the primary focus is to prevent the child undergoing any form of FGM.
- 10.16 If the girl is in immediate danger of FGM and / or professionals consider that her parents will proceed with the procedure, then an Emergency Protection Order can be used.
- 10.17 **When a child has been a victim of FGM** The Child Protection strategy meeting should consider how, where and when the procedure was performed and the implications of this and to assess the need for support services.

10.18 If there is evidence of any criminal act having taken place (for example the FGM took place in the UK or was performed or was assisted by a British resident overseas), legal advice must be sought, and a criminal investigation conducted.

11. **Female Genital Mutilation – awareness raising and preventative strategies**

11.1 Unlike Honour Based Violence and Forced Marriage the Safe Durham Partnership and Durham Safeguarding Children Partnership believe there is the potential that agencies can identify the risk of FGM that allows for awareness raising preventative measures to be formulated and implemented. For example; parents and families moving to the UK may not be aware that the practice is harmful or illegal. In this instance community education to raise the awareness of FGM could prevent any planned activity.

11.2 As County Durham is a mainly rural area, parents and families from cultural communities who practice FGM in their country of origin may be low in number and isolated from the local community due to language barriers etc.

11.3 Girls of school age, who are subjected to FGM overseas, are thought to be taken abroad at the start of the school holidays in order for there to be sufficient time for the child to recover from the procedure before returning to her studies. There is the opportunity to raise awareness of FGM in the run up to school holiday periods in both school across the county and services who deliver into schools.

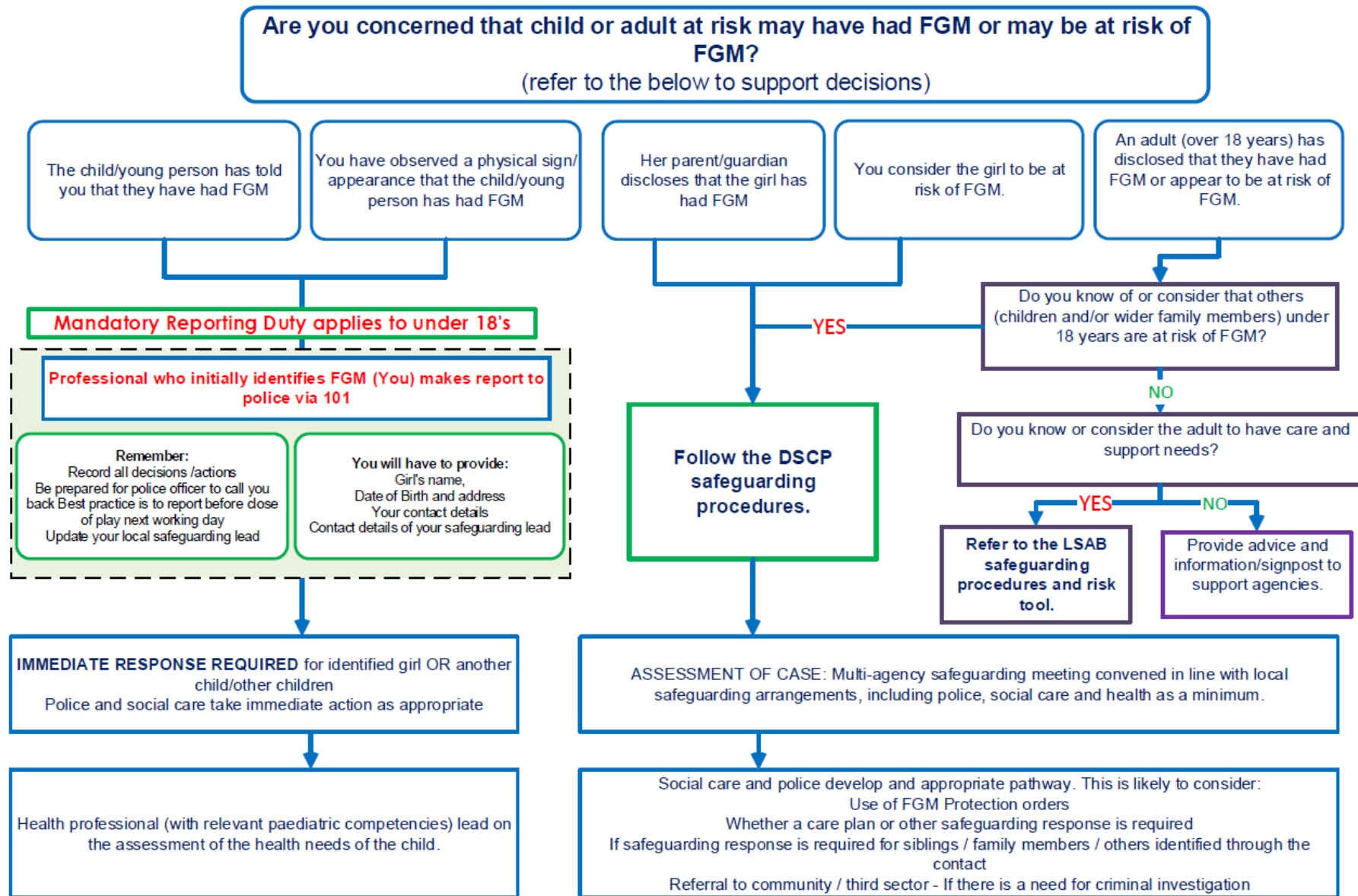
11.4 The engagement and support of local community groups, elders, religious leaders and key figures in the community is extremely important. With their support an awareness-raising and education programme has more chance to positively safeguard children from FGM.

11.5 Any community education should be sensitive to the cultural norms and pressures on parents and children.

11.6 Organisations who can provide more information about community education programmes include (not exhaustive):

- [Agency for Culture and Change Management](#)
- [Black Women's Health and Family Support](#)
- [Foundation for Women's Health, Research and Development](#) (FORWARD)
- [The HALO project](#)

Annex A - Process flowchart



Adapted from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/525405/FGM_mandatory_reporting_map_A.pdf

Appendix B

Further Information

Children from Abroad, including Victims of Modern Slavery, Trafficking and Exploitation Procedure, Durham Safeguarding Children Partnership policy and procedures.

Legal Guidance for Honour Based Violence & Forced Marriage, Crown Prosecution Service (June 2018)

Multi-Agency practice guidelines: Handling cases of forced marriage 2014 - Step-by-step advice for frontline workers. Essential reading for health professionals, educational staff, police, children's social care, adult social services and local authority housing, Her Majesty's Government (2014).

Forced Marriage Unit (GOV.UK) - Contact the Forced Marriage Unit (FMU) if you're trying to stop a forced marriage or you need help leaving a marriage you've been forced into.

Forced marriage – A survivor's handbook – guide to support victims.

Forced marriage - Information and practice guidelines for professionals protecting, advising and supporting victims. This includes Multi-Agency Statutory Guidance and video case studies for dealing with forced marriage, Foreign & Commonwealth Office & Home Office (May 2019)

Apply for a forced marriage protection order Her Majesty's Courts and Tribunal Service (April 2017)

Protocol on the handling of 'so-called' Honour Based Violence/Abuse and Forced Marriage Offences between the National Police Chiefs' Council and the Crown Prosecution Service

Ending Violence against Women and Girls (VAWG) Strategy: 2016 to 2020 HM Govt (2016)

SafeLives Dash risk checklist for the identification of high-risk cases of domestic abuse, stalking and 'honour'-based violence SafeLives (2015)

'Safeguarding Women and Girls at Risk of FGM' - includes links to the guidance plus additional resources including a safeguarding pathway and risk assessment tools, Department of Health (January 2017)

The National FGM leaflet for families – National FGM Centre