GUIDANCE FOR SCHOOLS: FORCED MARRIAGE & FEMALE GENITAL MUTILATION

Schools are well placed to raise concerns and take action to prevent young people from being forced into marriage whilst on extended visits to their parents’ home country or that of extended family. The majority of extended holidays or visits to family overseas are for valid reasons. This guidance aims to raise the awareness of education professionals regarding the safeguarding of children at risk. It should be read together with the multi-agency practice guidelines produced by the Forced Marriage Unit and the Foreign and Commonwealth Office. http://www.fco.gov.uk/resources/en/pdf/3849543/forced-marriage-guidelines09.pdf http://www.homeoffice.gov.uk/publications/crime/FGM

What is forced marriage?

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.

This is not the same as an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the prospective spouses.

Who is at risk?

Pupils, male or female, from as young as 11 may be at risk of being forced into marriage by parents. They may be pressurised and then agree to marry one of the prospective candidates without time for reflection. The younger pupils may be betrothed with the expectation that they will enter full married state at a later stage of their lives.

In the UK, young people can be forced into a legal marriage from age 16 or undergo a religious ceremony at an earlier age and suffer sexual abuse.

The key motives for forcing a child into marriage have been identified as:

* Controlling unwanted behaviour and sexuality (including perceived promiscuity such as kissing or hand holding, or being gay, lesbian, bisexual or transgender) - particularly the behaviour and sexuality of women

* Controlling unwanted behaviour, for example, alcohol and drug use, wearing make-up or behaving in a ‘westernized manner’
* Preventing ‘unsuitable’ relationships, e.g. outside the ethnic, cultural religious or caste group

* Protecting ‘family honour’ or ‘izzat’

* Rejecting a proposal of marriage

* Responding to peer group or family pressure

* Attempting to strengthen family links

* Achieving financial gain

* Ensuring land, property and wealth remain within the family

* Protecting perceived cultural ideas

* Protecting perceived religious ideals that are misguided

* Ensuring care for a child or vulnerable adult with special needs when parents or existing carers are unable to fulfil that role

* Assisting claims for residence and citizenship.

* Long standing family commitments

Female Genital Mutilation

Female genital mutilation (FGM) involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life.

Who is at risk?

In the UK, it is estimated that up to 24,000 girls under the age of 15 are at risk of female genital mutilation (FGM). UK communities that are most (although not exclusively) at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. However women from non-African communities that are at risk of FGM include Yemeni, Kurdish, Indonesian and Pakistani women.

Suspicions may arise in a number of ways that a child is being prepared for FGM to take place abroad. These include knowing that the family belongs to a community in which FGM is practised and is making preparations for the child to take a holiday, arranging vaccinations or planning absence from school. The child may also talk about a 'special procedure/ceremony' that is going to take place.
Girls are at particular risk of FGM during summer holidays. This is the time when families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM.

If you suspect that someone you know is at risk of being subjected to any form of FGM, you should take action to report it immediately.

What can you do to spot the risks?

Parents/carers will sometimes require translation or interpretation of absence request forms and explanation of the rules concerning term time holidays. Where head teachers require a meeting with parents to discuss applications for extended leave of absence during term time, this can provide an opportunity to gather important information.

When parents/carers make requests for extended holiday leave, consider whether the parents/carers are volunteering information on the following:

* The precise location of where the pupil is going;
* The purpose of the visit;
* The child/children know and corroborate the purpose of the visit;
* The return date and whether it is estimated or fixed.

Parents/carers may not always be able to provide a definite return date due to return flights being booked as last minute availability occurs. The circumstances triggering a trip may also necessitate a flexible return date.

If a return date has been specified and a child has not returned to school, school should use their Attendance Improvement Officer to investigate in the first instance. In no circumstances should a school remove the student from the roll. Concerns about a missing young person should be referred to the police and Children’s Services as appropriate.

Key questions for education professionals:

* Do parents know that the Local Authority will be notified if the pupil does not return on given date?
* Do parents understand the authorising process and penalties for unauthorised absence?
* Can they notify a named person by email or text message if there is a change of plans/delay?
* Are the parents aware of the disadvantages to their child of a missed school period or examination?
* What educational provision have parents made for child/children during extended visit?

* Are there other historical factors to consider? Such as persistent unexplained absence from school; child not allowed to attend extra curricular activities; close supervision of child by family/carers; maltreatment of siblings.

Indicators that FGM may have taken place

Indicators that FGM may already have occurred include prolonged absence from school, noticeable behaviour change on return and long periods away from classes or other normal activities, possibly with bladder or menstrual problems. Some teachers have described how children find it difficult to sit still and look uncomfortable or may complain of pain between their legs.

You must report your concerns to the police and to Children's Services.

Home Office guidance also recommends you contact FORWARD as they provide support, counselling and safe space for girls and women to talk about their experiences. They can also educate and work with families to prevent FGM happening to any other girls in the family. There are also specialist health services available to women who have undergone FGM.

What to do if you are concerned:

A child at risk of forced marriage or FGM may also be at risk of honour based abuse. Extreme caution should be taken in sharing information with any family members or those with influence within the community as this may alert them to your concerns and may place the student in danger.

Further Guidance & Resources:

The government’s multi-agency practice guidelines should be read in conjunction with this document. The guidance and further advice about FGM is available from the Home Office website: https://www.gov.uk/government/organisations/home-office/series/female-genital-mutilation

The NSPCC has launched a new free 24-hour helpline which will provide advice and support to protect UK children from female genital mutilation (FGM). Callers’ details can remain anonymous, but any information that could protect a child from abuse will be passed to the police or social services. If you are worried that a child may be at risk of FGM, contact our 24 hour helpline anonymously on 0800 028 3550 or email fgmhelp@nspcc.org.uk. FAQs on the new FGM helpline

E-Learning:

The Forced Marriage Unit has designed an e-learning training package to support professionals, including education, social and health care professionals, police officers, housing officers, the voluntary sector and others dealing with forced marriage in the course of their work.
Using real life case studies, the training gives professionals a basic understanding of the main issues surrounding forced marriage, how cases can present and how to respond appropriately. This tool complements the multi-agency practice guidelines for professionals and should be read alongside the training. You can access the tool on the Forced marriage eLearning website But It’s Not Fair by Aneeta Prem is a fictional account of different perspectives on forced marriages that’s useful reading for school children and teachers. The publication is free and can be ordered from the FMU or downloaded. Promoted by the FMU, the organisation http://www.freedomcharity.org.uk/ has produced a very clever app that offers help, assistance and instruction to children, friends of children, professionals with an interest and any other parties. Forced Marriage: A Survivors Handbook – new and updated for victims or potential victims Marriage: it’s your choice: new these are business-card sized and contain contact details for the FMU. They can be given to any potential victim. They are small enough to be placed in wallets/purses.

All schools can prominently display posters/leaflets with guidance and contact information for those who are worried about forced marriage and FGM. Resources are available from https://www.gov.uk/forced-marriage and https://www.gov.uk/government/organisations/home-office/series/female-genital-mutilation

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