

Merseyside Forced Marriage & Honour Based Violence Protocol

Developed by

Merseyside Forced Marriage & Honour Based Violence Steering Group

Supported by

Adults / Children Safeguarding Boards

Liverpool / Wirral / Knowsley / St.Helens / Sefton

 <p>WIRRAL SAFEGUARDING CHILDREN BOARD</p>		 <p>Knowsley Safeguarding Adults Board</p>
 <p>WIRRAL SAFEGUARDING ADULTS PARTNERSHIP BOARD</p>		 <p>Knowsley Safeguarding Children Board</p>
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Introduction

Forced Marriage (FM) and Honour Based Violence (HBV) is a cultural phenomenon and can affect any communities. Dealing with such cases requires sensitivity, quality of support and consideration of special measures to ensure safeguarding and health and wellbeing of those who are victim, or at risk of, forced marriage and HBV.

This protocol has resulted from a number of cases that have been brought to the attention of the Safeguarding Adult and Children Boards across Merseyside areas of Liverpool, Wirral, Knowsley, St Helen and Sefton; where it has become clear that there is a gap in service provision to appropriately respond to victims of forced marriage or honour based violence.

For the benefit of this document we may be referring to Liverpool, Wirral, Knowsley, St Helens and Sefton Adult and Children Safeguarding Board as “Merseyside” Safeguarding Board, but for responses, policies and procedures you need to follow your respective area for

Liverpool (Appendix 1) (L1)

Wirral (Appendix 2) (W2)

Knowsley (Appendix 3) (K3)

St Helen (Appendix 4) (St4)

Sefton (Appendix 5) (S5)

The protocol has been developed to assist professionals and community groups working in Merseyside to act on the assessment of risk and provide support as appropriate.

It is important that this protocol is used alongside any existing procedures within your organisation that you also have with regards to safeguarding policy and procedure.

Merseyside’s Safeguarding Boards understand forced marriage and honour based violence to be a form of abuse and a breach of human rights. It is, therefore, important to safeguard any child, young person or adult subjected to a forced marriage or honour based violence.

You should follow this protocol if you:

- Work directly with children, young people and adults,
- Work with or supervise others who have contact with children, young people and adults
- Are a concerned member of the public?

Cases should be responded to by using existing structures, policies and procedures designed to safeguard children, young people and victims of domestic violence.

Definitions:

Arranged Marriage

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

Forced Marriage

Forced marriage is a marriage conducted without the valid consent of one or both parties, where some element of duress is a factor.

The United Nations views Forced Marriage as a form of human rights abuse, since it violates the principle of freedom and the autonomy of individuals. This is acknowledged under the United Nations' Declaration of Human Rights, article 16(2):

Article 16

(1) Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.

(2) Marriage shall be entered into only with the free and full consent of the intending spouses.

(3) The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.

So called 'honour' based violence

So called 'honour' based violence (HBV) is where the person is being punished by their family or their community. They are being punished because of a belief, actual or alleged, that a person has not been properly controlled enough to conform and thus this is to the 'shame' or 'dishonour' of the family.

'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 members (ACPO 2007). **Please refer to your local practice for managing honour based violence cases.**

Not everyone who is at risk from Honour Based Violence has been subjected to Forced Marriage

Identifying Forced Marriage / Initial Report

Information about the issue of forced marriage or HBV may have been provided to the victim by a friend, relative or other agency. The person concerned may not have thought that they were a victim of forced marriage or honour based violence and may have only recently begun to question what has happened to them.

Alternatively the person may be seeking help as they know the intention is for their family to force them into marriage or they may be under threat of HBV.

The primary concern is for the safety of the victim. The nature of forced marriage or HBV is that agencies may have only once chance to respond to the needs of the victim. Ultimately to fail to do so may result in injury or death.

One Chance Rule

All practitioners working with victims of forced marriage and HBV need to be aware of the '**one chance**' rule. That is, they may only have **one chance** to speak to a potential victim and may only have **one chance** to save a life. This means that all practitioners working within statutory agencies need to be aware of their responsibilities and obligations when they become aware of potential forced marriage/ HBV cases. If the victim is allowed to walk out the door without support being offered, that **one chance** might be wasted.

Coercion is likely to have been used with one or both spouses; by family members, friends and the wider community. This may include: threats of violence, being held against their will, emotional threats and other forms of coercion and harassment, such as not being allowed to go anywhere without being accompanied by someone.

There is a common misconception that forced marriages and HBV are confined to certain religious groups and cultures, however this is not the case. The practice of forced marriage and HBV is not confined to one culture or religious group and can happen regardless of ethnicity, culture, religion, disability, age, gender and sexuality. Any person can find themselves in a situation where they are offered no choice but to proceed with the marriage.

Indicators of Forced Marriage & HBV

These indications are not intended to be exhaustive

EMPLOYMENT

- Poor performance
- Poor attendance
- Limited career choices
- Not allowed to work
- Unable to attend business trips or functions
- Subject to financial control e.g. confiscation of wages/income
- Leaving work accompanied
- Unable to be flexible in their working arrangements

FAMILY HISTORY

- Siblings forced to marry
- Early marriage of siblings
- Self harm or suicide of siblings
- Death of a parent
- Family disputes
- Running away from home
- Unreasonable restrictions e.g. kept at home by parents ("house arrest") & financial restrictions

HEALTH

- Accompanied to doctors or clinics
- Self harm
- Attempted suicide
- Eating disorders
- Depression
- Isolation
- Substance misuse
- Early/unwanted pregnancy
- Female genital mutilation
 - person with a physical or learning disability being removed from day care centre

EDUCATION

- Absence and persistent absence
- Request for extended leave of absence and failure to return from visits to country of origin
- Fear about forthcoming school holidays
- Surveillance by siblings or cousins at school
- Decline in behaviour, engagement, performance or punctuality
- Being withdrawn from school by those with parental responsibility
- Removal from a day centre of a person with a physical or learning disability
- Not allowed to attend extra curricular activities
- Sudden announcement of engagement to a stranger
- Prevented from going on to further/higher education

Employment

Family History

Victim of
FM & HBV

Health

Education

Police Involvement

POLICE

- Victim or other siblings within the family reported missing
- Reports of domestic abuse, harassment or breaches of the peace at the family home
- Female genital mutilation
- The victim reported for offences e.g. shoplifting or substance misuse
- Threats to kill and attempts to kill or harm
- Reports of other offences such as rape or kidnap
- Acid attacks

Initial Steps

Remembering the '**one chance rule**' the agency should carefully question the person concerned as cases are frequently complex and highly sensitive to the individual.

The reason behind the forced marriage and HBV may be due to sexuality or disability as well as cultural belief. The majority of victims will be women but this does not mean that there are not male victims. All cases should be dealt with seriously.

There is no specific offence associated with forced marriage or HBV but the victim concerned may have been subjected to a number of offences (please see 'Legislation' section).

Initially agencies will need to consider completing the following:

- Ensure the victim is seen in a safe and private place
- See the victim on their own. If an interpreter is needed, take steps to ensure that the interpreter is not connected with the individual or community
- Risk assess and discuss a safety plan
- Where victim is under 18, refer to child safeguarding procedures
- Where the victim is over 18, refer to adult safeguarding procedures
- Inform the victim of their right to seek legal advice and representation
- Identify any potential criminal offences and refer to the police if appropriate
- Reassure the victim. This will include ensuring that their confidentiality¹ is maintained
- Establish a safe way of maintaining contact with the victim
- Make a note of all the information available to you at the time, including a description of the victim and details of any known or alleged perpetrators and potential immediate risks
- Record any current contacts with other professionals, health, social services, third sector etc
- Provide accurate information to the victim about their rights and choices and respect their wishes when possible, remembering that in certain instances information may be shared without consent, for example, child protection
- Contact a specialist in forced marriage for further advice and support
- Consider the need for immediate protection and placement away from the family

Do Not

- Attempt to mediate,
- Send the victim away without having taken appropriate action,
- Approach family members and/or members of the community without an express request from the victim
- Breach confidentiality or share information inappropriately, unless due to safeguarding concerns for a child or vulnerable adult

¹ It is important to remember that in these instances family members, friends and the community may pose the biggest risk to the victim.

Role of Children's Social Care

Children's Social Care has a duty to investigate allegations of abuse and is seen as one of the agencies with a key role to play in the statutory guidance of 'Handling Cases of Forced Marriage and HBV'.² If an allegation of forced marriage or HBV is made or a child/young person discloses that they are at risk a section 47 investigation should take place. This will be done **without parental consent**. Notification to the Legal Department and a strategy discussion will need to take place as a matter of urgency.

A referral should be made to your respective Children Social Care Services (**see Appendices L1,W2,K3,St4,S5**).

The following information is needed for the referral:

- Name of child/young person (check all names are spelled correctly)
- Age (check date of birth as accurate as possible)
- Details of any siblings
- Parent's name(s) (check the surname of the parent is accurate)
- Home address (telephone number if available)
- Special circumstances; for example, language barriers, context disclosure took place etc. What prompted the concerns (include as much detail as possible, including dates, times etc)
- Any physical or behavioural signs
- Is the person making the report expressing their own concerns or passing on those of someone else? If so record details
- Has the child/young person been spoken to? If so, what was said?
- Is anyone alleged to be the abuser? If so, record details
- Has anyone else been consulted? If so record the details

Any professional or member of the public concerned that a child may be at risk of significant harm, should make a referral to their respective Children's Social Care Service, by telephone without delay.

Where the child concerned already has an allocated social worker, referrals to Children's Social Care should be made to the child's social worker, the team leader or a team colleague.

The strategy discussion should determine whether the risk to the child is imminent. If yes, immediate legal advice should be sought and agreements made on how to keep the child/young person safe. Police and Children's Social Care should consider at this stage the legal options available to them by way of Police Protection Order, Emergency Protection Order and/or a 'Forced Marriage Protection Order'.

In the event that a Local Authority placement is perceived as appropriate, the carer (who the child/young person is being placed with) should be given information and advice on the possible risks associated with the child/young person posed by close

² <http://www.fco.gov.uk/resources/en/pdf/3849543/forced-marriage-guidelines09.pdf>

family members, extended family members and community groups, and consideration of this should be made when identifying a placement. Merseyside Police should also consider placing a location of interest marker on the address where the child/young person is accommodated. *(See Role of the Police page 11)*

The strategy meeting should involve representatives from Children's Social Care, referring agency, Legal Department of the Local Authority, Police, Education, Health, Investigations Support Unit (ISU) and, **where appropriate**, Merseyside Probation Trust and UK Border Agency (UKBA). The strategy meeting should discuss the allegation of forced marriage or HBV and agree strategies to address the risks to the child/young person and any other children residing within the property/ living with the parents.

For your respective Area a flow chart for the process is included in **(Appendices L1,W2,K3,St4,S5)** . Other Safeguarding Children – Policies & Procedures can be found on website links at the end of each flow chart.

Role of Adult Social Care

The following section is based on the statutory guidance 'The Right to Choose: Multi-agency Statutory Guidance for Dealing with Forced Marriage or HBV',³ and 'Merseyside Safeguarding Adult Boards Inter-agency Procedures for Safeguarding Adults'.⁴

The Right to Choose Guidance sets out the audience who has responsibility under the guidance:

'This guidance is also given to all persons and bodies in England and Wales who exercise public functions to protect adults with support needs from abuse'.⁵

The guidance is also given to:

'...Any third party who is exercising public functions on behalf of a person or body mentioned in paragraph 14'.⁶

Each area of Merseyside Inter-agency Safeguarding Adults Procedures have been developed in accordance with No Secrets. No Secrets defines an adult at risk as someone:

"...Who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'.⁷

³ HM Government Foreign and Commonwealth Office, Home Office et al
www.fco.gov.uk/forcedmarriage

⁴ www.liverpool.gov.uk

⁵ The Right to Choose, Chapter Two; page 6, point 14

⁶ The Right to Choose, Chapter Two; page 6, point 15

⁷ No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse, Section 2 page 8

Inter-agency Safeguarding Adults Procedures across Merseyside

Information relating to an adult at risk with additional needs should go through the normal process in line with existing Safeguarding Adults process

- Imminent threat or risk dial 999
- Outside of immediate risk a referral should be made to Social Care, for your respective areas (**see Appendix, L1a, W2a, K3a, St4a, S5a**)
- The referral will go to the appropriate social work team for action.
- In addition to the normal risk assessments, in the case of forced marriage the allocated social worker **must** follow the guidance on page 7 of this document
- **Do not** attempt to mediate with the person's family or community members, unless specifically requested to do so by the person
- **A strategy meeting** should be called to establish a protection plan for the person's long term safety.
- **Forced Marriage & HBV – Adults with Learning Disabilities:**
There is specific Government Guidance in relation to adults with a learning disability. This document is research based and offers good practice guidance. The document can be found at:
www.fco.gov.uk/forcedmarriage

Response for Adults who fall Outside of the Safeguarding Procedures

A victim who has contacted Social Care for assistance is likely to be at crisis point, and in need of support. Incidents should be dealt with sensitively and the person supported through to a place of safety.

A person at risk may contact Social Care rather than the Police for a number of reasons. They may not want to get their families into trouble. They may have arrived in Merseyside having left their home in another part of the country and may not know how to access help. In these cases some basic rules should apply in line with the '**one chance rule**' (Page 5)

- Establish if there is any imminent danger. You may need to dial 999 on behalf of the person
- Your conversation with the person should establish if police involvement is necessary
- You may need to contact the police and request that they dispatch officers to the person. The person may not have money for transport or know how to get to the nearest police station,
- If a person is signposted to another support agency the same may apply. They may need direction and advice on how to access support networks,
- **Do not** attempt to mediate with the person's family or community members, unless specifically requested to do so by the person
- **Do not** breach confidentiality or share information inappropriately, unless due to safeguarding concerns for a child or vulnerable adult.

Role of Domestic Violence/Abuse Support Services

Domestic Violence/Abuse Support Services will be used to work with women and men who are fleeing violence, or threats of violence, from family. Forced Marriage and HBV will have some additional complexities in relation to potential threats from the wider community. For risk assessment, you need to use either MeRIT (Merseyside Risk Identification Toolkit) or CAADA DAASH RIC (Risk Identification Checklist). MeRIT is used by St Helen, Knowsley and Liverpool.; Wirral use DASH and Sefton use both MeRIT and DASH (**see appendix 6**)

Role of the Multi Agency Risk Assessment Conference (MARAC)

MARAC provides a structured forum to bring together a representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from statutory and voluntary sectors,

The meetings are held on a monthly basis to share information, undertake risk assessment and to implement safety plans in relation to the highest risk of domestic violence/abuse victims and their families.

Forced Marriage & HBV pose additional high risks to the victim if disclosure is made to any suspected perpetrators. Therefore MARAC may not be safe due to the potential of increased risk linked to disclosure. Information should only be shared or disclosed on a 'need to know' basis.

All such cases of Forced Marriage and HBV must be discussed within an “Emergency” MARAC setting, whereby only those professionals who are essential to manage the immediate risk to the victim or their children are present. This may involve only two or three professionals depending on each case.

Each area must follow their respective procedures in relation to Multi Agency Risk Assessment Conference (MARAC) (**See Appendix L1b,W2b,K3b,ST4b, S5b**). This will provide a safe coordinated response for the victim and their family.

Role of the Police

Police responsibilities in relation to Forced Marriage and HBV include protecting victims, investigating and assisting in the prosecution of any crimes associated with forcing someone to marry or under threat of HBV, and supporting witnesses.

Merseyside Police officers and staff who have been made aware of a case of Forced Marriage HBV or potential Forced Marriage and HBV should refer to the Force Honour Based Violence and Forced Marriage Policy; ensuring that all initial steps are carried out in accordance with Force policy and this protocol.

In particular, officers and staff should ensure:

- Any immediate risk has been identified and steps taken to reduce the risk
- Where the victim is under 18, consideration is given to taking out a Police Protection Order

- All cases are referred to the Area FCIU as a matter of urgency, for referral to partner agencies and joint investigation where appropriate
- Form VPRF1 is completed, including MeRIT risk assessment
- Consideration is given to placing an LOI (Location of Interest) marker on relevant address(es) (refer to Force policy for suitable wording)
- With the victim's consent, fingerprints, photograph and DNA are obtained, according to ACPO guidance
- All crimes are recorded in line with National Crime Recording Standards, and investigated in line with the Merseyside Police Force Policy on Honour Based Violence and Forced Marriage

Officers and staff should be aware that a victim who has contacted police for assistance is likely to be at crisis point, and should therefore ensure that incidents are dealt with sensitively, safely and effectively. The 'One Chance Rule' must be adhered to.

Agencies referring cases to police should do so in accordance with Safeguarding procedures, by making referrals direct to the FCIU or through the local MASH (Multi-agency Safeguarding Hub). Where the case is of an urgent nature, and is outside office hours, the report should be made to Merseyside Police switchboard (101) and the call operator informed that the log should be marked as a Forced Marriage case.

Key Contacts for Police	
North Liverpool -FCIU	0151 777 4571 (Children) 0151 777 4573 (Adult)
South Liverpool -FCIU	0151 777 5309
Sefton -MASH	0151 934 4505 (Children) 0151 934 4533 (Adult)
Knowsley -MASH	0151 777 6629
St Helens -MASH	01744 673 167 (Children) 0744 673 174 (Adult)
Wirral -MASH	0151 604 3521 (Children) 0151 604 3565 (Adult)
Merseyside Public Protection Unit	0151 777 1388
<u>In an emergency always dial 999.</u>	

The Role of Crown Prosecution Service (CPS)

The Crown Prosecution Service is committed to the fair and effective prosecution of all cases of Forced Marriage and Honour Based Violence. This commitment is embedded in the CPS Violence against Women and Girls Strategy – as the majority of these offences are perpetrated against women, by men. Specific legal guidance has been developed to assist prosecutors.

Cases involving Forced Marriage and Honour Based Violence can be very difficult to prosecute. They are often classed as 'high risk' and require sensitive and careful handling, especially with regard to victim care and support.

It is vital that we work closely with the police and other agencies to ensure that the best evidence is gathered and presented to the court. A strong, coordinated prosecution team is required to proactively build and manage a case. It is also essential that we liaise with Witness Care Units (WCU) and voluntary sector support services to ensure that the victim's safety and support needs are addressed throughout the life of a case and sometimes beyond.

Criminal offences committed within the context of Forced Marriage and Honour Based Violence are prosecuted under the specific offence committed e.g. Common Assault, Rape, Murder and a wide range of other offences – But they are also flagged and monitored internally, as Forced Marriage and Honour Based Violence offences.

Key considerations for CPS are:

- Early consultation between the Police and CPS prosecutors
- Potential for multiple offenders, including immediate and extended family
- Potential use of covert intelligence techniques
- Safety and support for victims and witnesses – consideration of additional 'special measures' such as Witness Protection Schemes
- Use of Expert Witnesses

In March 2014, Forced Marriage is set to become a specific criminal offence

The CPS Lead for cases of Forced Marriage and Honour Based Violence is Janet Potter, Head of Complex Case Work Unit, CPS Mersey-Cheshire.

Role of Merseyside Probation Trust

Merseyside Probation Trust (MPT) is committed to working in collaboration with key statutory and non-statutory partners to prevent and reduce the risk of harm caused by Forced Marriage and Honour Based Violence (HBV).

MPT involvement in these cases is likely to be by way of current or previous responsibility for the statutory supervision of the perpetrator and/or their wider family or the victim and/or their wider family.

MPT will play a key role in multi-agency information sharing and risk assessment processes. Where there are current offender management responsibilities, MPT will also work with partners to devise, deliver, monitor and review risk management and victim safety plans. This will include the direct enforcement of risk management restrictive measures (e.g. statutory Community Order/ Suspended Sentence Order requirements and licence conditions) where imposed.

Role of Schools and Colleges

Safeguarding: **'Everyone's Responsibility':**

'Schools (including independent schools and non-maintained special schools) and FE institutions should give effect to their duty to safeguard and promote the welfare of their pupils (students under 18 years of age in the case of FE institutions), under Working Together to Safeguard Children, the Education Act 2002 and, where appropriate, under the Children Act 1989.

Members of staff have a crucial role to play in helping identify welfare concerns and indicators of possible abuse or neglect, at an early stage. They should refer those concerns to the appropriate organisation, normally local authority children's social care; contributing to the assessment of a child's needs and, where appropriate, ensure ongoing action to meet those needs.

Schools & colleges should create and maintain a safe learning environment for children and young people and also contribute through the curriculum by developing children's understanding, awareness and resilience, creating an open and supportive environment.'⁸

WHAT TO DO WHEN YOU ARE CONCERNED THAT A STUDENT MAY BE FORCED TO MARRY OR IS UNDER THREAT OF HBV:

Staff may be concerned about a student because they are exhibiting some of the behaviour shown in the chart of potential warning signs and indicators. Alternatively, a student may approach a member of staff because they are going on a family holiday overseas and they are concerned about this. They are often told that the purpose is to visit relatives, attend a wedding or because of the illness of a grandparent or close relative. The student may suspect that this is a ploy and that there is an ulterior motive, which is to force them to marry.

⁸ Working together to safeguard children 2010

Do not assume that a student is at risk of being forced into marriage or HBV simply on the basis that they are being taken on an extended family holiday. These assumptions and such stereotyping can cause considerable distress to families. All efforts should be made to establish the full facts from the student at the earliest opportunity.

Once the full facts have been established, the member of staff should be able to decide on the level of response required. This may be to offer the student advice or to provide them with all information about specialist advice and services. However, there may be occasions when the level of concern becomes a **child protection issue**; in these cases, the appropriate child protection procedures will need to be followed:

- Staff must collect as much information as possible as set out in 'Initial Steps'
 - Recognise and respect the student's wishes. If the student does not want any referral to be made, e.g. to social services, the teacher, lecturer or other member of staff will need to consider whether the student's wishes should be respected or whether the student's safety requires that further action be taken. If you do take action against the student's wishes, you must inform them
 - Staff must liaise immediately with the designated teacher who has the responsibility for safeguarding children at their respective institution and seek advice from the Forced Marriage Unit and other related Services (**See Appendix 7 useful contacts**)
 - Liaise with the local Police and Social Services to establish if any incidents concerning the family have been reported (e.g. missing persons or domestic violence etc.).
 - If an allegation of Forced Marriage or HBV is made or a child/young person under 18 years old discloses that they are 'at risk' then the **designated safeguarding officer must** make a referral to Social Care **for their respective area (See Appendix L1,W2,K3,ST4,S5)** and use existing national and local protocols for multi-agency liaison with Police and Children's Social Care.⁹ (see Role of Children's Services on this document).
 - Refer to the local Police child protection unit or domestic abuse unit if there is any suspicion that a crime has been, or may be, committed. Liaise with the Police if there are concerns about the safety of the student or the student's siblings.
 - Refer the student, with their consent, to local and national support groups and counselling services with a history of dealing with cases of Forced Marriage or HBV if in doubt, consider seeking advice from the Forced Marriage Unit and other agencies (**see Appendix 7**).
 - Consider whether a communication specialist is needed if the student is deaf, visually impaired or has learning disabilities.
 - There are legal remedies that Social Services can take to prevent young people being taken overseas. These include making the student aware of Court or surrendering their passport or passports (if they are a dual national)
-

What should you not do?

- Treat such allegations merely as a domestic issue and send the student back to the family home
- Ignore what the student has told you or dismiss out of hand the need for immediate protection
- Decide that it is not your responsibility to follow-up the allegation
- Approach the student's family or those with influence within the community, without the express consent of the student, as this will alert them to your concerns and may place the student in danger
- Contact the family in advance of any enquiries by the police, the Forced Marriage Unit, Adult or Children's Social Care, either by telephone or letter
- Share information outside information sharing protocols without the express consent of the student
- Attempt to be a mediator.

WHAT TO DO WHEN A STUDENT STOPS ATTENDING SCHOOL

Local authorities in England have a duty to identify all children not receiving a suitable education. This relates to children of compulsory school age who are not on a school roll and who are not receiving a suitable education otherwise than being at school (this could involve, for example, home education, private education, alternative provision).

Details of the steps local authorities need to take to meet this duty are described in "Statutory Guidance for local authorities in England to identify children not receiving a suitable education".¹⁰

There may be occasions when a student does not return to education after a holiday or they may stop attending school during term time. In these situations, staff may have a suspicion that Forced Marriage is an issue.

If a teacher or other member of staff suspects that a student has been removed from, or prevented from, attending education as a result of Forced Marriage or HBV, a referral **must** be made to Social Care, **for their respective area (see Appendix L1,W2,K3,ST4,S5)**

Role of Health Professionals

Women trapped in Forced Marriage or HBV often experience, violence, rape, forced pregnancy, and forced childbearing. Many girls and young women are removed from education early. Some may be unable to leave the household unescorted – living virtually under house arrest. This guidance is relevant for both male and female victims, however because 85% of those seeking help due to Forced Marriage and HBV are women the consequences are different than those for men.

Many women are the main carers at home and the abuse they suffer can have a devastating impact on their children.

There are many ways that a woman can come to attention of health services including:

⁹ - www.everychildmatters.gov.uk/resources/IG00202

- Accident & Emergency (A&E) departments, rape crisis centres or genito-urinary clinics with injuries consistent of rape or other forms of violence
- Dental surgeries with facial injuries consistent with domestic abuse
- Mental health services, counselling services, school nurses, health visitors, A&E, GP with depression and self-harming behaviour (including anorexia, cutting, substance misuse or attempted suicide) as a result of Forced Marriage an HBV,
- Family planning clinics and GP for advice on contraception or termination,
- Maternity services if pregnant.

Health services can create an 'open' and supportive environment by:

- Displaying relevant information e.g. National Domestic Violence Helpline, NSPCC, Child Line and appropriate Black and Minority Ethnic women's groups (see appendix 5: useful contacts)
- Circulating and displaying copies of the Forced Marriage Unit's leaflet on Forced Marriage and HBV
- Educating health professionals on issue of Forced Marriage and HBV.

Some health professionals have more opportunities, or are able to create opportunities, to see a woman on their own. If there are concerns that Forced Marriage or HBV is an issue, the health professional might ask questions about family life and whether the woman faces restrictions at home.

There are all sorts of questions a health professional could ask to establish whether a woman is trapped in a Forced Marriage which include:

- How are things at home?
- Do you get out much?
- Can you choose what you want to do and when you want to do it such as seeing friends, working or maybe studying?
- Do you have friends and family locally who can provide support?
- Is your family supportive?

If a health professional does elicit information that suggests a woman is facing a Forced Marriage or HBV, they should use careful questioning to establish the full facts and decide on the level of response required. Health professionals should be mindful if a disclosure is made that this may be the one and only chance of helping the patient.

Health professionals may be able to offer advice and provide information about specialist advice and services, or assist women by referring them onto Police, Social Care services, support groups, counselling services and specialist services including Black and Minority Ethnic groups or any support required

However, there may be occasions when the level of concern, or the imminence of the marriage, is such that it becomes a child or vulnerable adult protection issue and appropriate procedures must be followed. This includes referral to Children's Social Care and the Police.

Within each organisation there is a named person with the lead for supporting staff around Forced Marriage and Honour Based Violence issues, whose responsibility is

to ensure that cases of Forced Marriage and HBV are managed, monitored and recorded properly. They can also support contact with the Forced Marriage Unit (a joint Home Office/Foreign and Commonwealth Office Unit) and other related agencies (**see Appendix 7**).

Accurate records must be maintained at all times documenting what has been said and done.

Role of the Forced Marriage Unit (FMU)

The FMU is a joint Foreign and Commonwealth Office and Home Office venture. It works in collaboration with a number of other government departments and key agencies nationally. The FMU produced multi agency guidance in 2009:

<http://www.fco.gov.uk/resources/en/pdf/3849543/forced-marriage-guidelines09.pdf>.

The practice guidelines supplement the statutory guidance outlined below. It provides advice and support to frontline staff that have responsibilities to safeguard children and protect adults from the abuses associated with Forced Marriage. The guidelines recognise that more than one agency will be required to meet the needs of someone affected by Forced Marriage. It sets out a multi-agency approach and encourages agencies to work together to protect victims.

The practice guidelines were developed alongside statutory guidance, “The Right to Choose”: <http://www.fco.gov.uk/resources/en/pdf/3849543/forced-marriage-right-to-choose>, the guidance sets out the responsibilities of agencies involved in handling cases of Forced Marriage. It covers staff training, developing inter-agency policies and procedures, raising awareness and developing prevention programmes through outreach work.

Legislation

There are criminal sanctions and civil remedies in relation to forced marriage. It is important to be guided by victims as to which route they wish to take. This is not an exhaustive list. In the case of safeguarding concerns any action taken should be supported by multi agency support through relevant policies.

Criminal

There is no specific offence of “forcing someone to marry” but criminal offences may be committed; these could include threatening behaviour, harassment, assault, threats to kill, false imprisonment, sexual violence and murder.

Domestic Violence, Crime and Victims Act (2004) introduced the specific offence of causing or allowing the death of a child or vulnerable adult. There have been a number of prosecutions related to Forced Marriage.

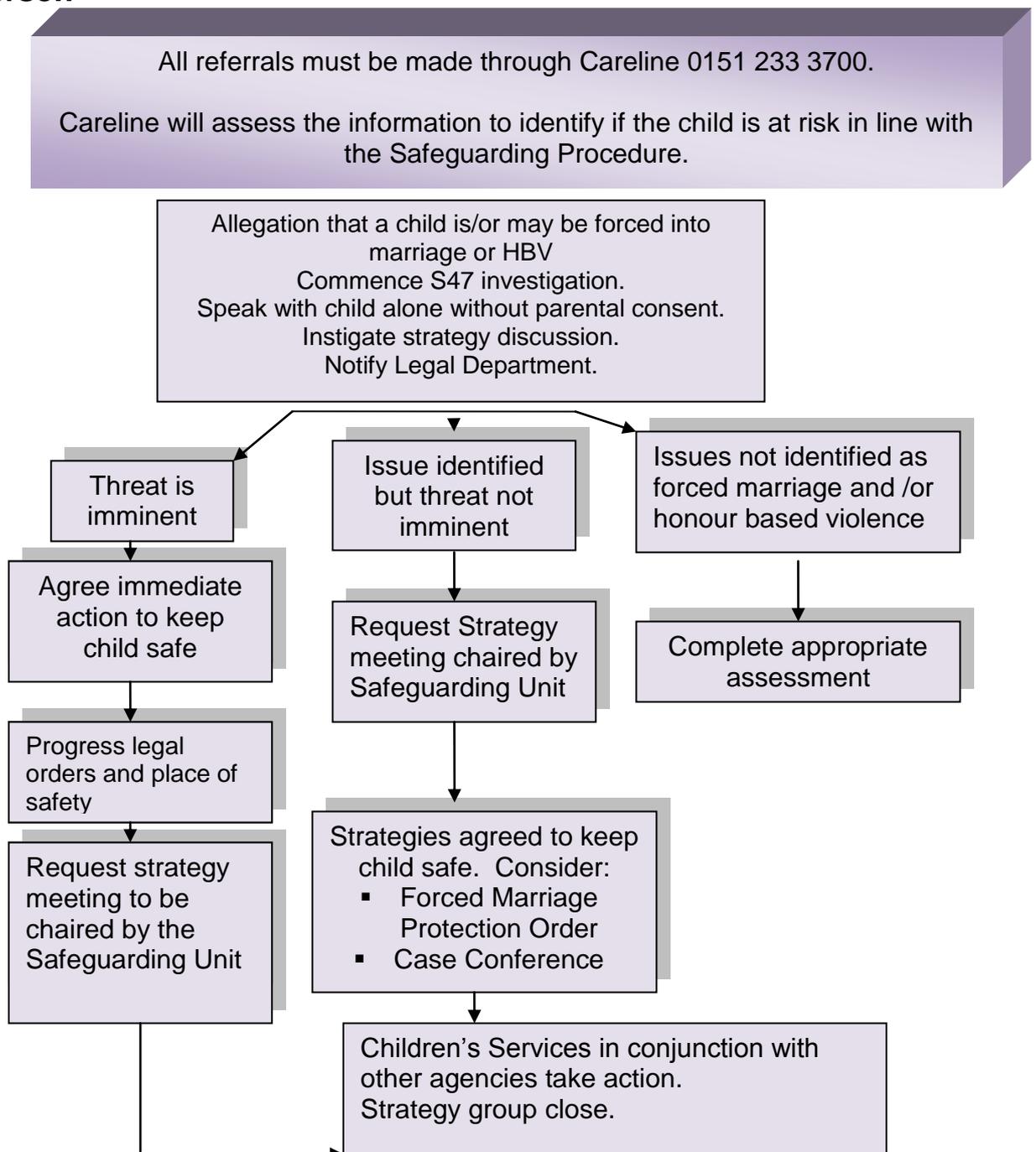
Protection from Harassment Act (PHA) (1997) makes harassment and putting people in fear of violence an offence. The PHA covers both criminal and civil offences.

Civil

Matrimonial Causes Act (1973) legislates for a marriage not being valid if the parties have not freely consented to the marriage taking place or were under duress when the marriage took place. The Act also covers the area of mental capacity and whether or not the young person or vulnerable adult is able to make a decision in relation to marriage. The minimum age of consent under this legislation is 16 years of age.

Forced Marriage (Civil Protection) Act 2007 enables the courts to make Forced Marriage Protection Orders (FMPO) to prevent or pre-empt Forced Marriage from occurring and to protect those who have already been forced into marriage. The order can include restrictions or requirements to protect a victim from a spouse, family member or anyone involved. It can relate to conduct either within or outside of England and Wales. In cases involving children, FMPOs can be used alongside wardship. Applications for a FMPO can be made direct to the court by the persons seeking protection. The Local Authority can also make an application as a 'relevant third party'. Other agencies or individuals can make an application after obtaining 'leave to apply' from the court. Applications for orders within Merseyside will be heard at the specialist court in Manchester, however if the person to be protected is a British national who is outside the jurisdiction of the UK then applications will be heard at the High Court in London.

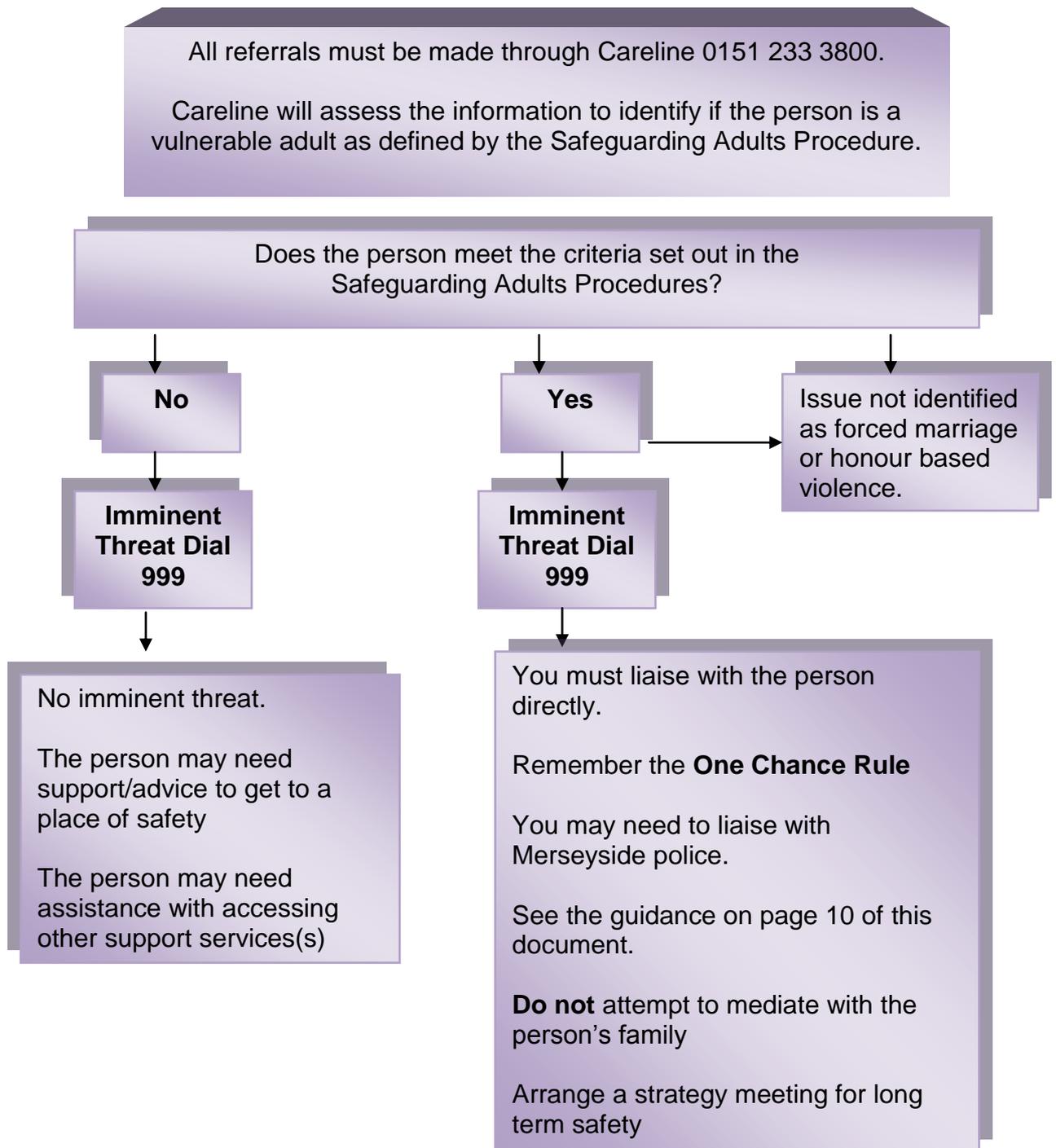
Appendix1: Liverpool Flowchart for referral of a child/young person



Safeguarding Children – policies & Procedures can be found at:

<http://www.safeguardingchildrenboard.liverpool.gov.uk/professionals/index.asp>

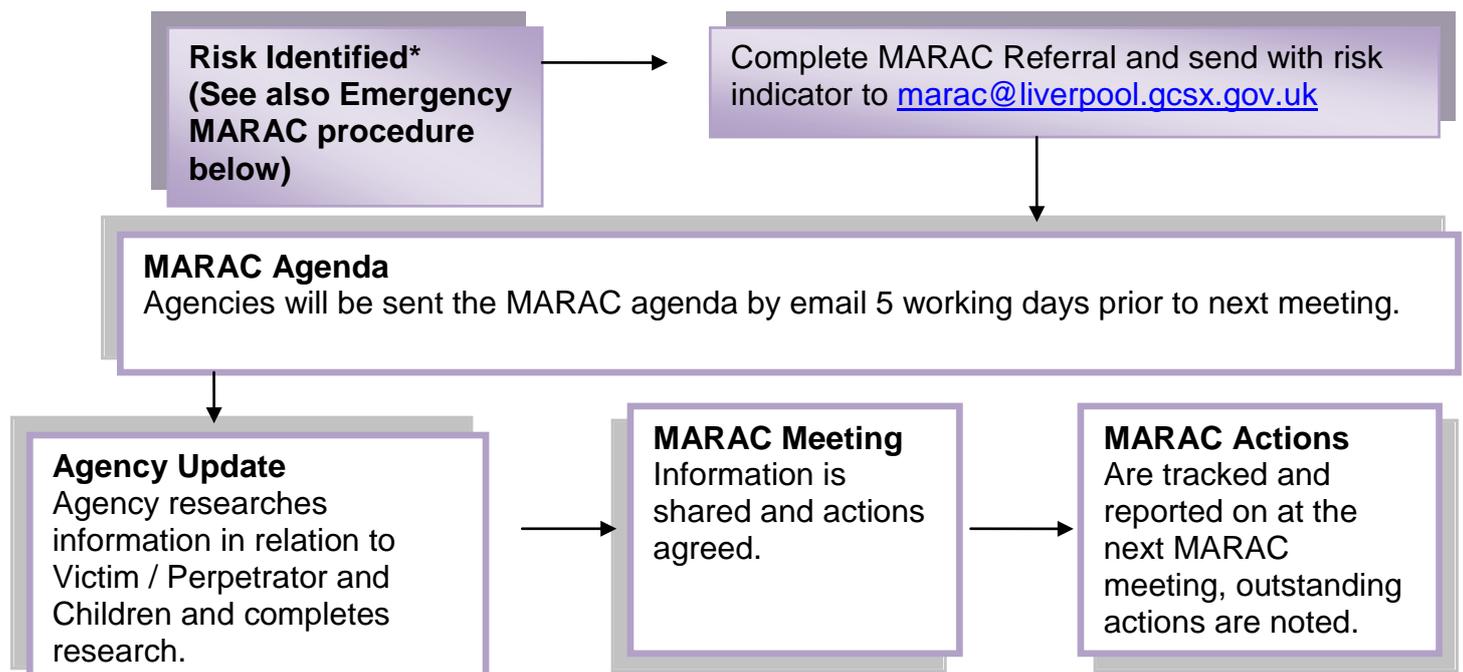
Appendix 1a: Liverpool Adult flowchart for safeguarding referrals



Appendix 1b – Liverpool MARAC & Emergency MARAC Flowchart

All agencies have an equal ability to refer cases to MARAC subject to the agency conducting the referral utilising the Merseyside Risk Identification Toolkit (MeRIT) risk assessment model or approved alternative.

As a result of contact with a victim, where the risk assessment* indicates that the risk to that person is “Gold” or “High Risk” (MeRIT score of 72 or above), there is “Escalation” (frequency and severity of incidents) or it is the “Professional Judgement” of the referring agency - the following actions should be undertaken:



* Emergency MARAC Procedure:

Where the Risk Assessment identifies cases of Forced Marriage (FM) / Honour Based Violence (HBV) – an “Emergency MARAC” meeting will be convened by the referring agency following discussions with the MARAC Chair.

It is recognised that domestic abuse cases involving FM / HBV can contain risks that are very different from other forms of domestic abuse. For this reason, such cases will be dealt with at an Emergency MARAC meeting.

The attendance at such a MARAC will be at the MARAC Chair’s discretion and will be limited to those agencies required based on the risks and needs of the individuals in each case.

If in any doubt about making a referral – contact marac@liverpool.gcsx.gov.uk

Appendix 2: Wirral flowchart referral for children/young person

All referral must be made through CADT (0151 606 2008)

cadtchildrensocialcare@wirral.gov.uk

CADT will assess the information to identify if the child is at risk in line with the LSCB Safeguarding Procedure

CADT Access Worker passes call or messages to social worker (must be backed up same day by fully completed Multi-Agency Request for Service (MARAC) form)

Allegation that a child is/or may be forced into marriage or HBV Commence S47 investigation. Speak with child alone without parental consent Instigate strategy discussion

Threat is imminent

Issue identified but threat not imminent

Issues not identified as forced marriage/or honour based violence

Progress legal orders and place of safety

Requesting Strategy meeting chaired by Safeguarding Unit

Complete appropriate assessment

Agreed immediate action to keep child safe

Strategies agreed to keep child safe. Consider:

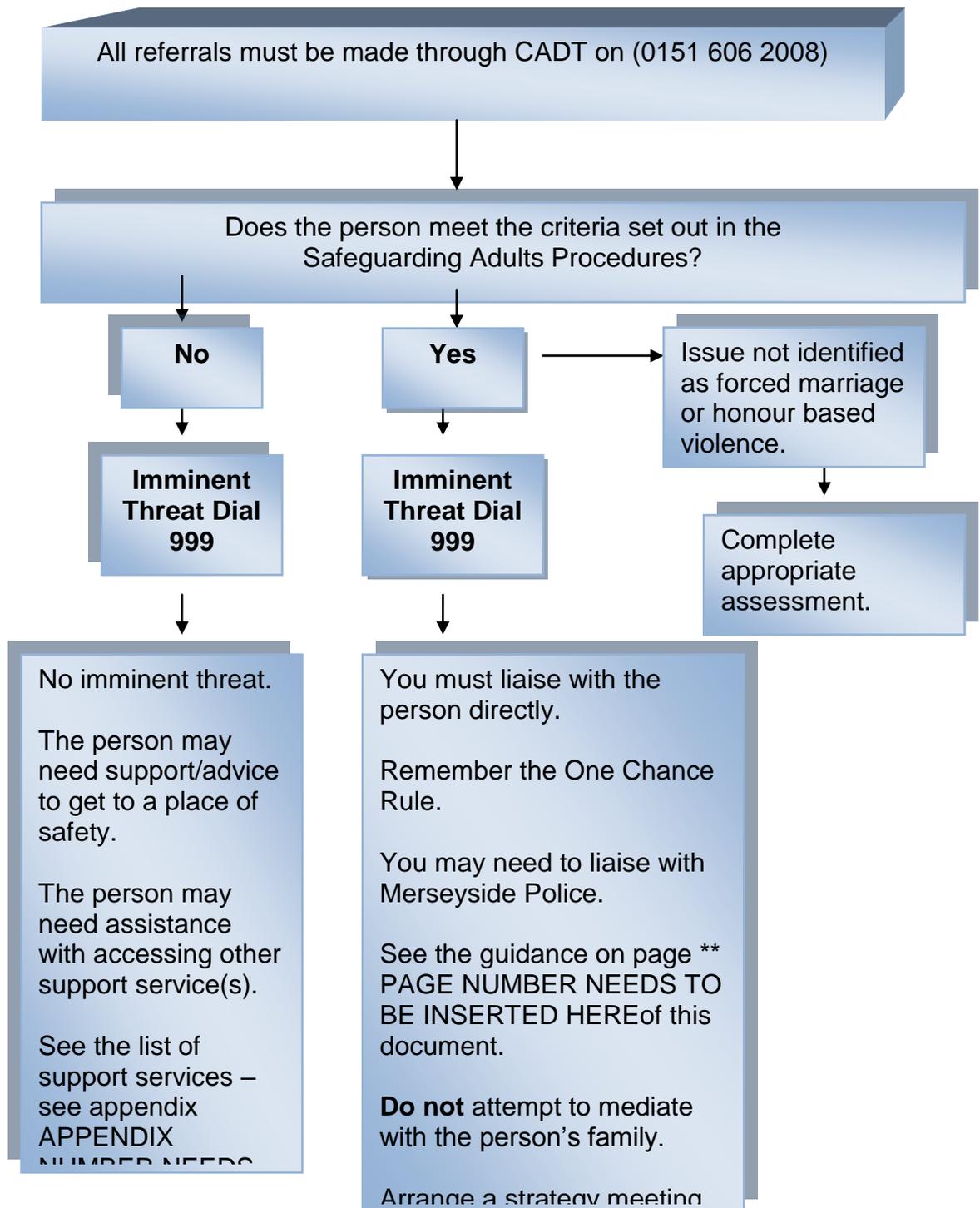
- Forced Marriage Protection Order
- Case Conference

Request strategy meeting to be chaired by the Safeguarding Unit

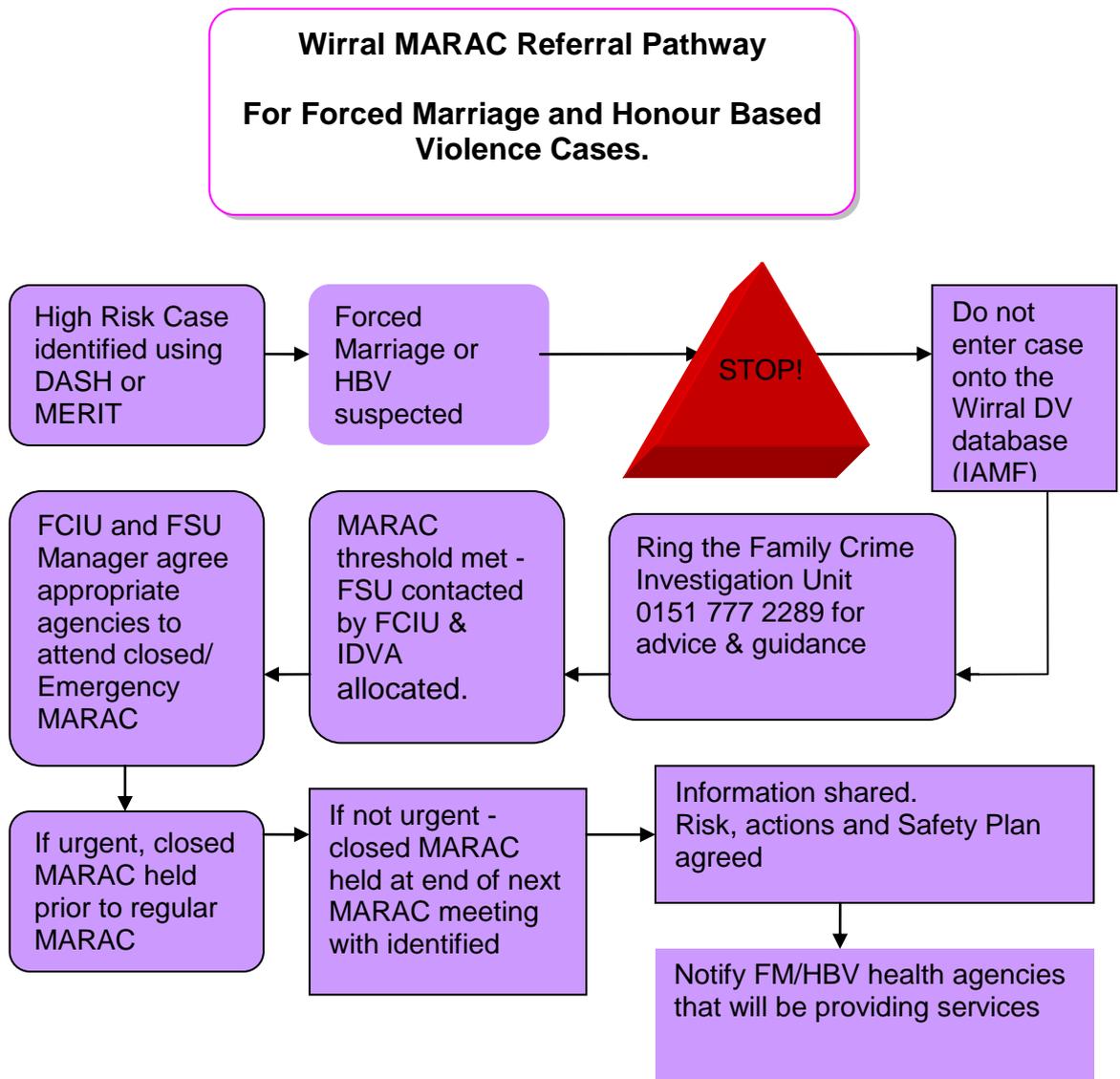
Children's Services in conjunction with other agencies take action. Strategy group close

Wirral LSCB Safeguarding Procedures: <http://wirrallscb.proceduresonline.com/index.htm>

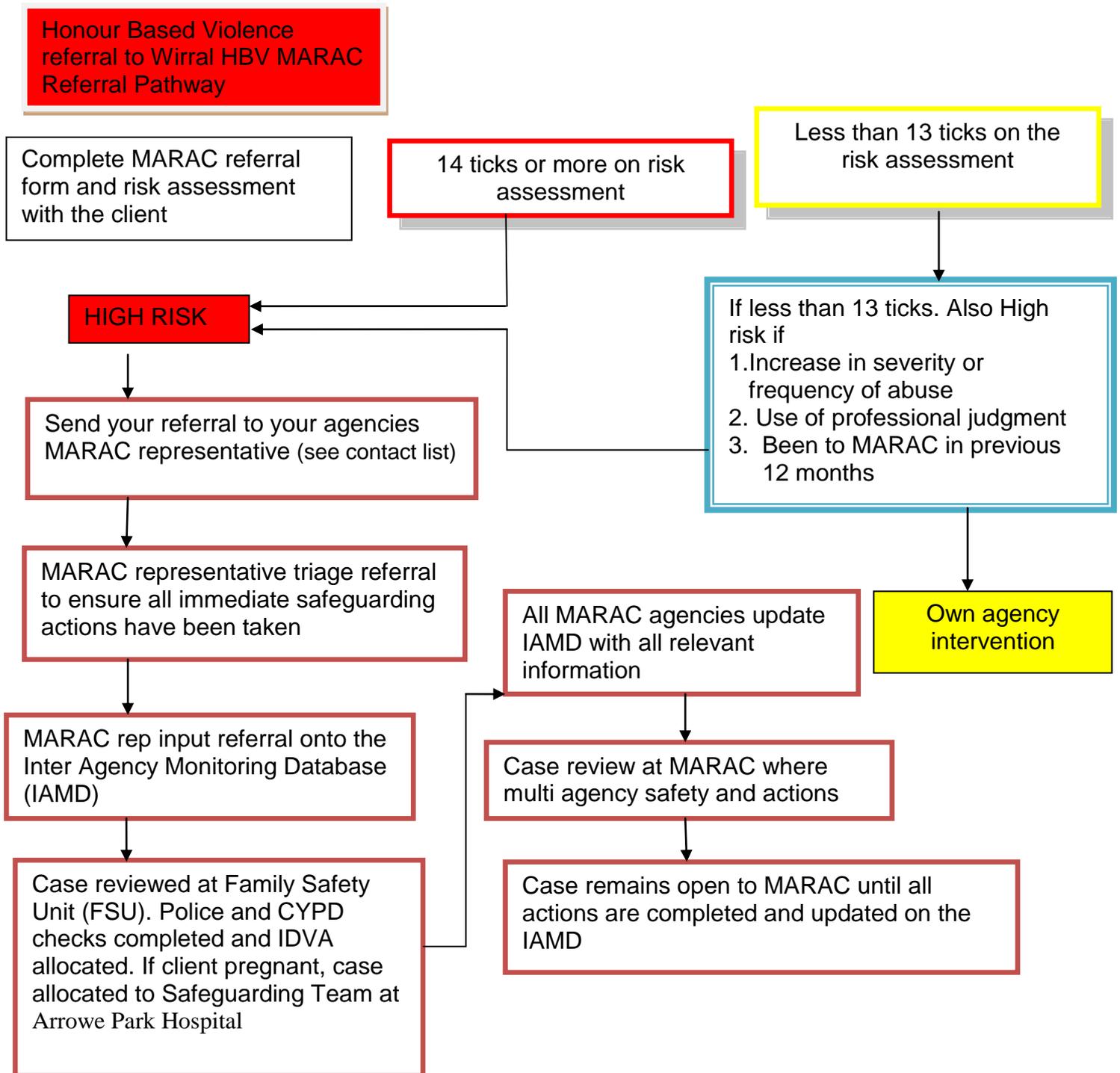
Appendix 2A: Wirral Adults flowchart for safeguarding referrals



Appendix 2b: Wirral MARAC Forced Marriage & HBV Referral

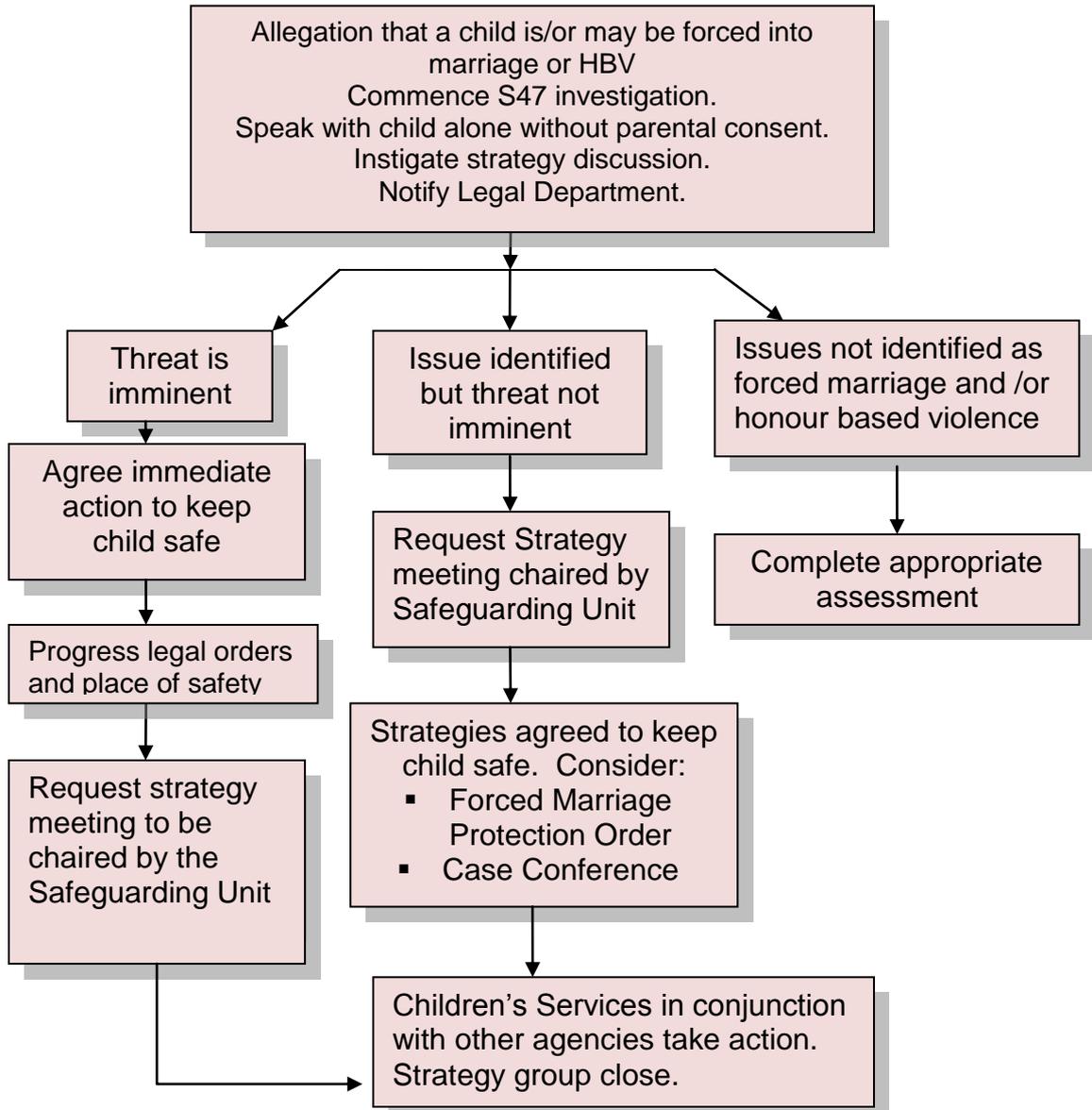


Appendix 2b: Wirral MARAC DOMESTIC ABUSE REFERRAL PROCESS

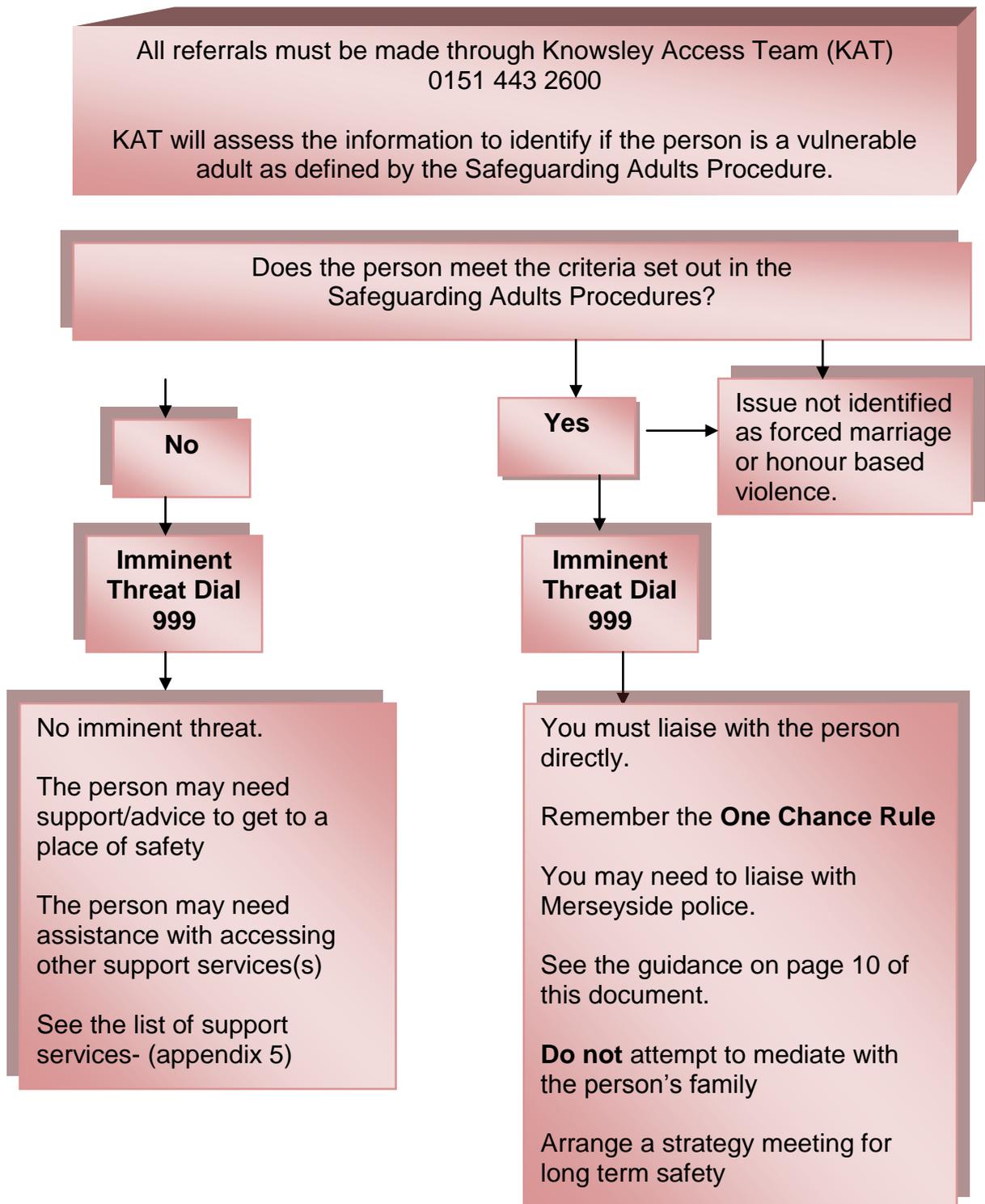


Appendix 3: Knowsley flowchart referral for children/young person

All referrals must be made through Knowsley Access Team (KAT)
0151 443 2600
KAT will assess the information to identify if the child is at risk in line with the KSCB Safeguarding Procedure.



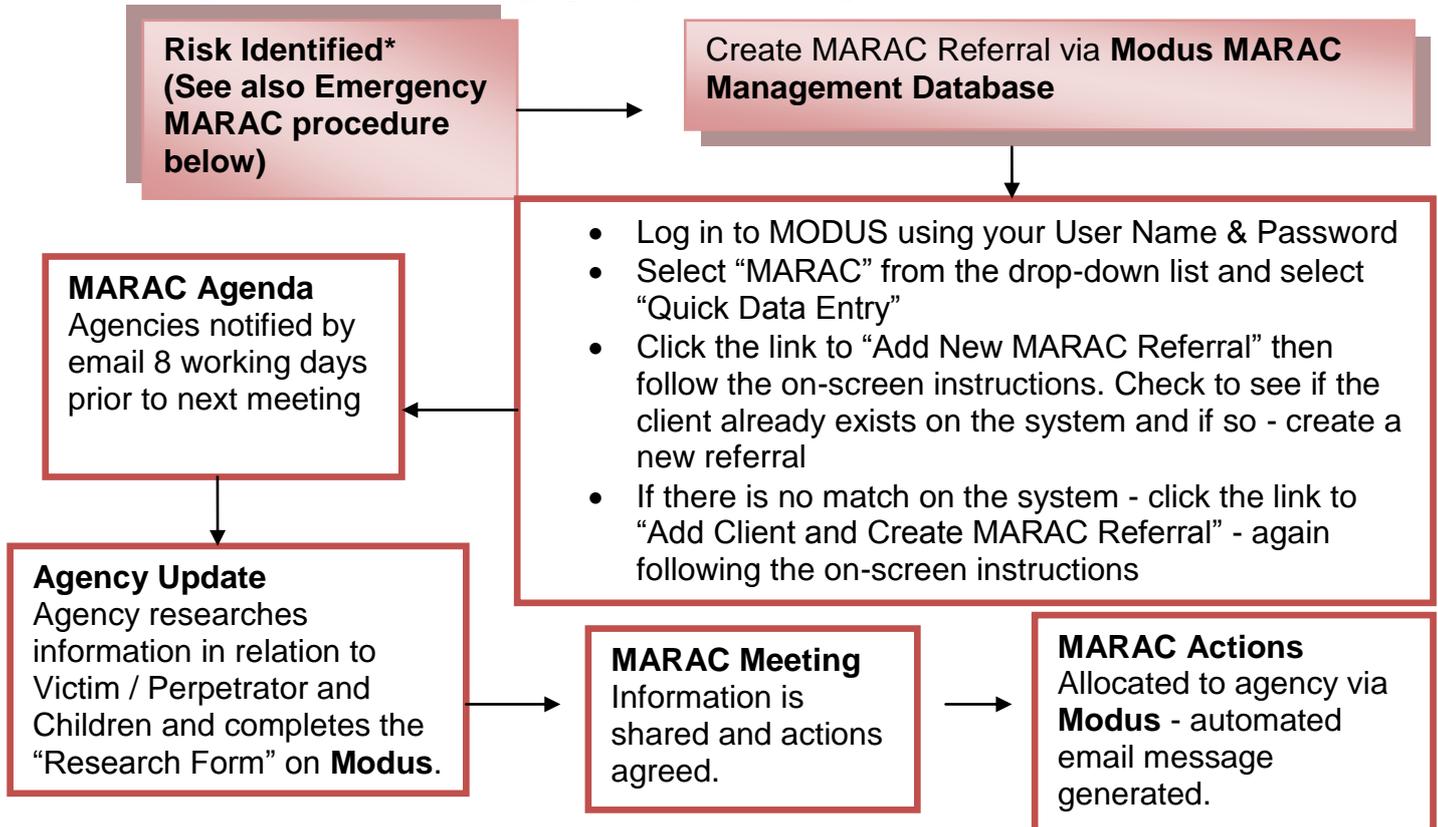
Appendix 3a: Knowsley Adult flowchart for safeguarding referrals



Appendix 3b –Knowsley MARAC & Emergency MARAC Flowchart

All agencies have an equal ability to refer cases to MARAC subject to the agency conducting the referral utilising the Merseyside Risk Identification Toolkit (MeRIT) risk assessment model or approved alternative.

As a result of contact with a victim survivor, where the risk assessment* indicates that the risk to that person is “Gold” or “High Risk” (MeRIT score of 72 or above), there is “Escalation” (frequency and severity of incidents) or it is the “Professional Judgement” of the referring agency - the following actions should be undertaken:



* Emergency MARAC Procedure:

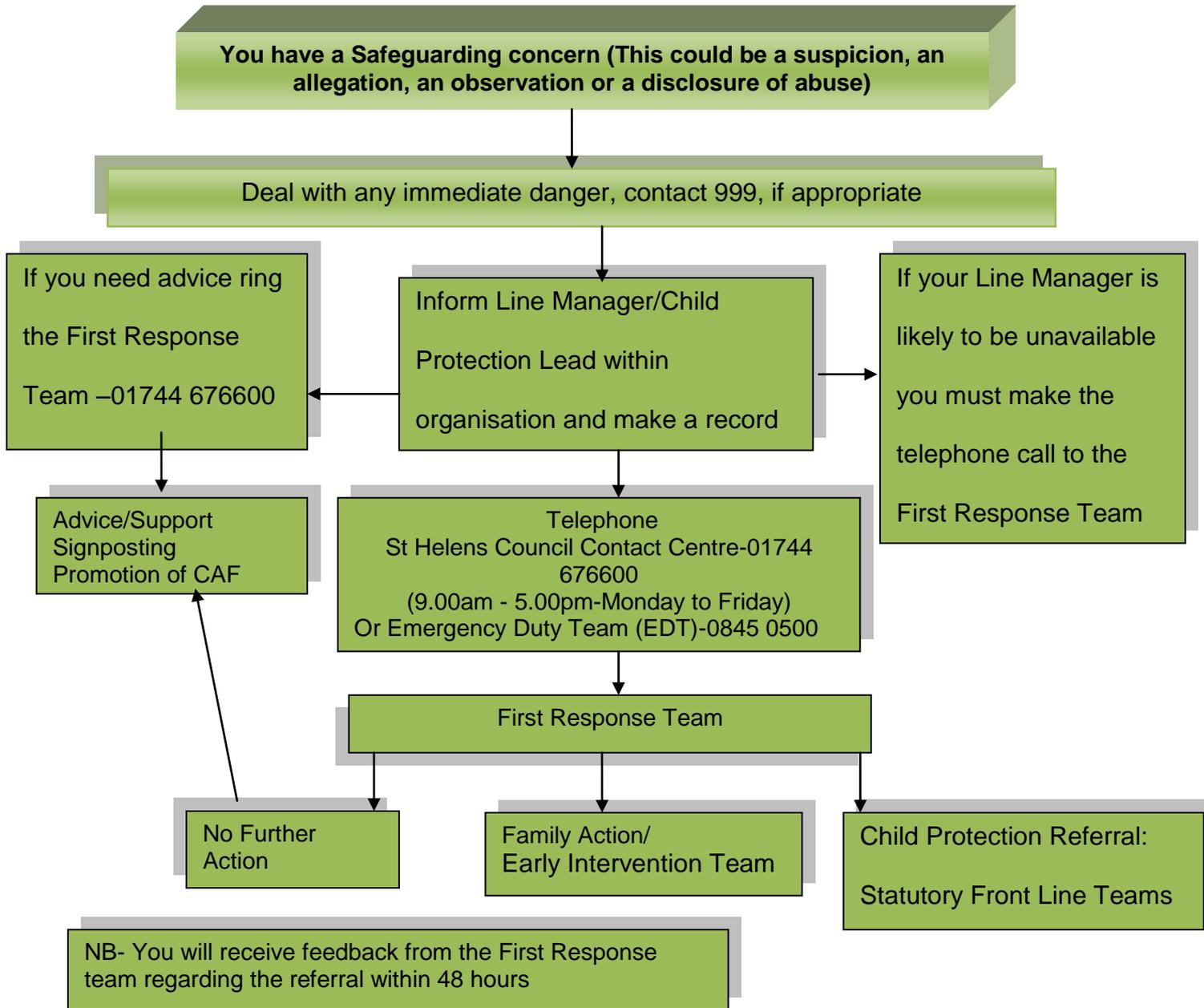
Where the Risk Assessment identifies cases of Forced Marriage (FM) / Honour Based Violence (HBV) – an “Emergency MARAC” meeting will be convened by the Victim & Witness Support Coordinator.

It is recognised that domestic abuse cases involving FM / HBV can contain risks that are very different from other forms of domestic abuse. For this reason, such cases will be dealt with at an Emergency MARAC meeting.

The attendance at such a MARAC will be at the MARAC Chair’s discretion and will be limited to those agencies required based on the risks and needs of the individuals in each case.

If in any doubt about making a referral - consult the Victim & Witness Support Coordinator (VWSC) - telephone 0151 443 2820

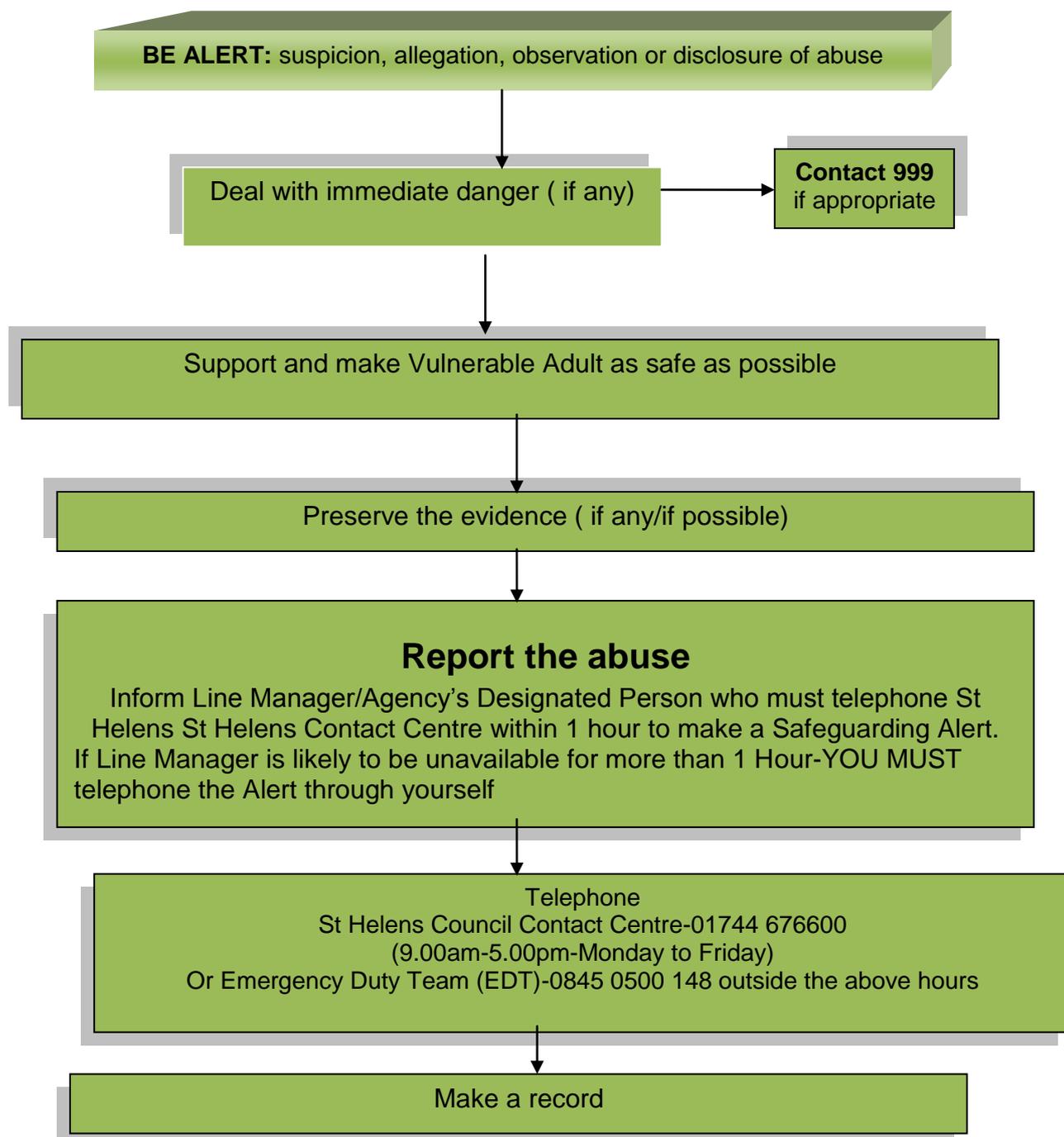
Appendix 4: St. Helens flowchart referral for children/young person
Process for reporting concerns about children (under18)



Appendix 4a: St. Helens Adult flowchart for safeguarding referrals

How to make a Safeguarding Alert in St Helens

This applies to all residents of St Helens regardless of setting, i.e. community, hospital or care establishment



Appendix 4b–St. Helens MARAC Flowchart

St. Helens: Disclosure, indicator and/or suspicion of domestic violence/abuse, for referral to MARAC.

Practitioner should ask when alone if the client wishes to discuss DV. If they do, arrange private interview.

If client does not want to discuss this with you, please speak to your line manager for advice and record/log your concerns.

Document all injuries/record history in a secure/confidential record.

Respect confidentiality-recognising limits.

Yes

Is the client in immediate danger? Call 999

No

Listen, don't judge, provide information about support/options.

Are there implications under safeguarding children or vulnerable adults procedures?

Yes

Develop a safety plan / discuss support services.

No

Refer to appropriate Safeguarding procedures

Complete safety plan /CAF and MERIT checklist.

Inform line manager.

Inform manager of the outcome of CAF to see if FAM procedures need

Advise of support.

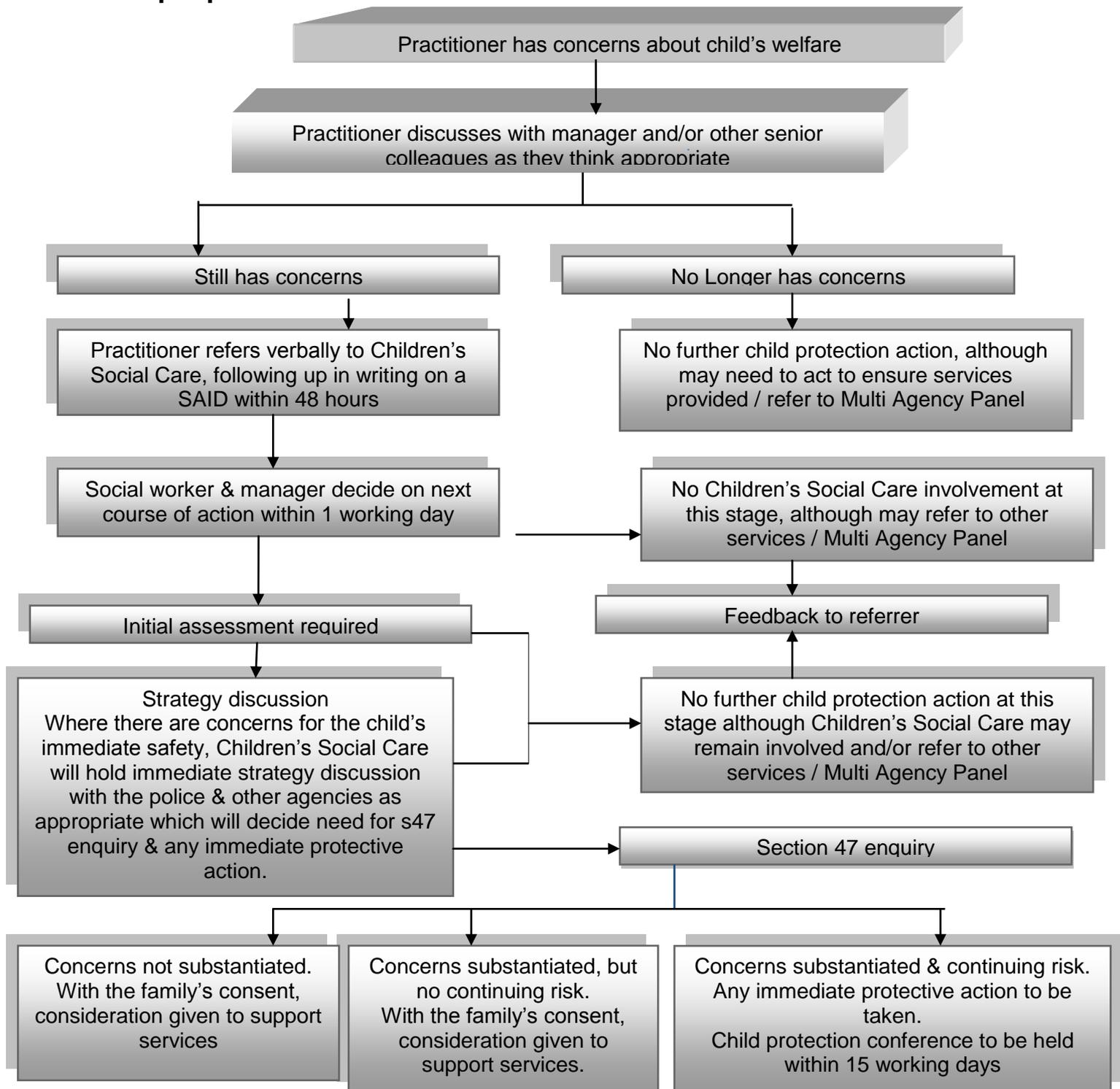
If MERIT checklist scores Gold or you feel it requires referring on professional judgement refer for consideration at MARAC via FAX 0151 777 1588 or ring 01744 677454.

ruthvanzalinge@sthelens.gov.uk.cjism.net
wendywright@sthelens.gov.uk.cjism.net

Telephone numbers: Helena Extra (24hr) 01925-220541
Police Domestic violence unit 0151-777-1590
Independent Domestic Violence Advocate 01744 743200
Children's Services First Response Team 01744 676993/676537

Always seek support/advice from line manager if you feel a personal impact when discussing subject.
To report safeguarding issues re children or adults in St Helens: call: 01744 676600 (between 9.00am and 5.00pm Monday to Friday). Outside of these hours, call: 0345 0500 148 or 0845 0500 148.
HBV, Forced Marriage and FGM cases will be heard in accordance with closed/Emergency MARAC procedures, for further details, please see St Helens MARAC Protocol or contact 01744 677454

Appendix 5: Sefton Referral Flowchart for Children and young people



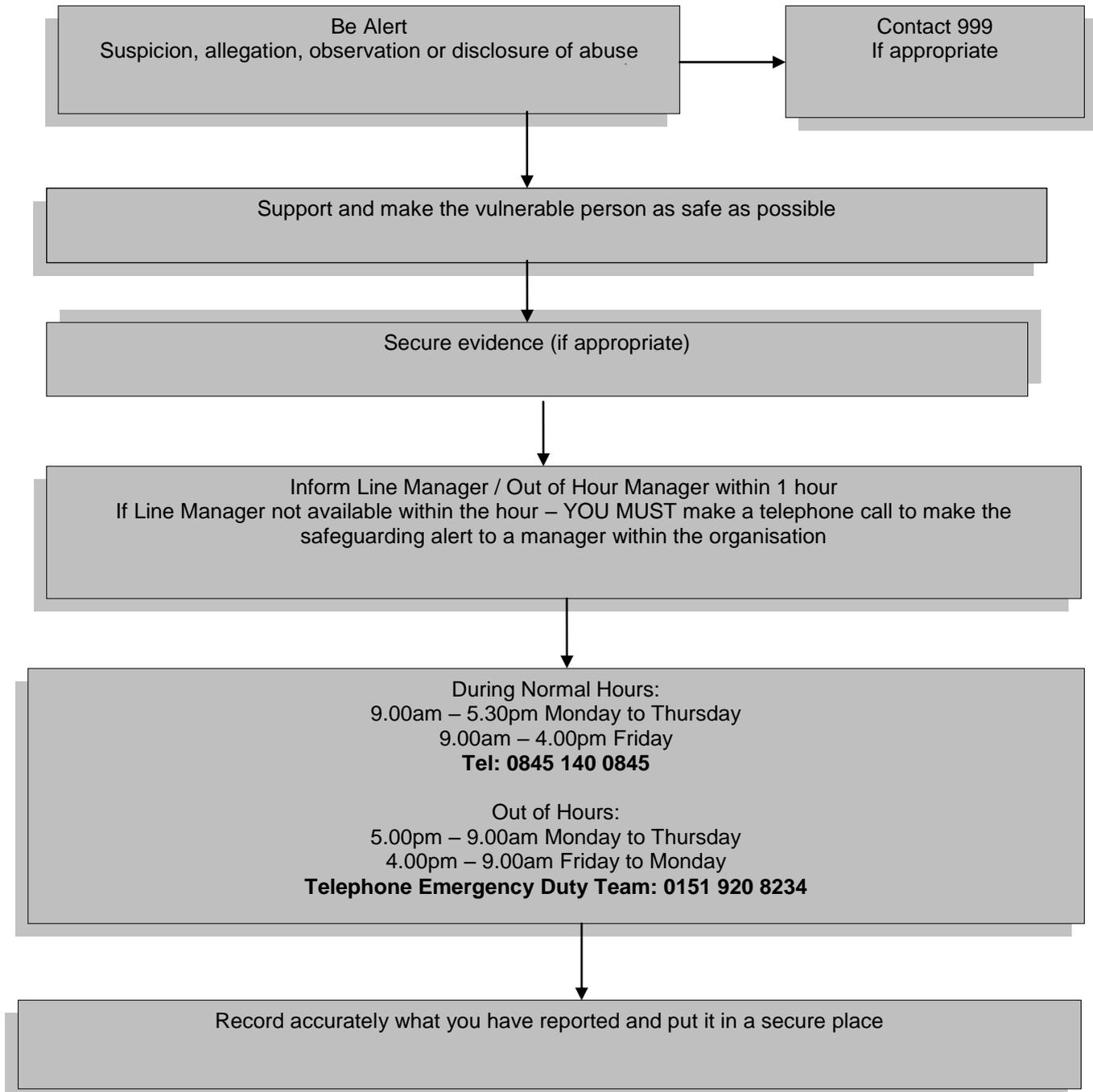
CHILDRENS SERVICES CONTACT NUMBERS

Social Care Customer Access Team: Tel: 0151 934 373

Social Care Emergency Duty Team: Tel: 0151 920 8234

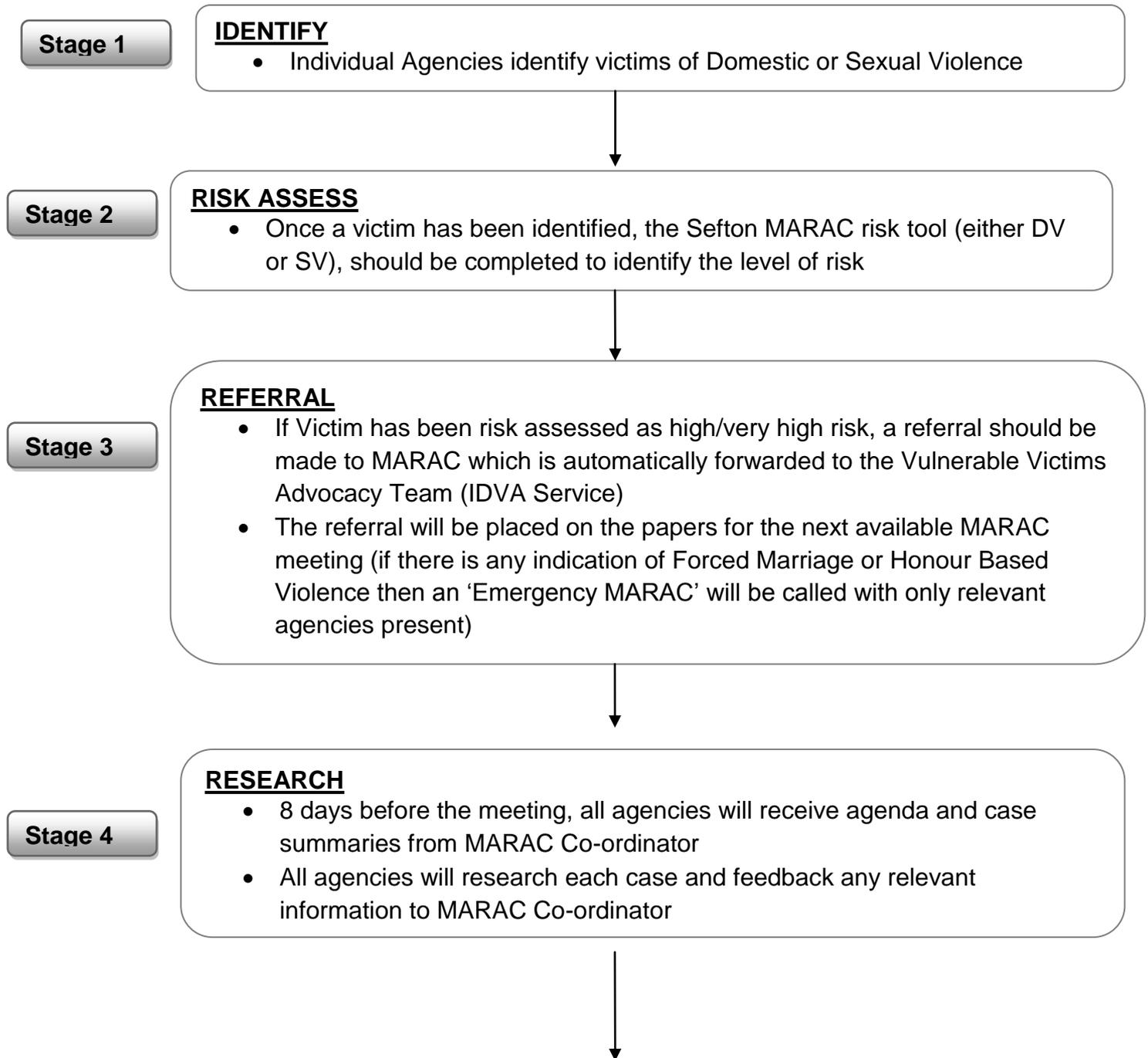
Appendix 5a: Sefton Adult flowchart for safeguarding referrals

This procedure applies to all residents of Sefton regardless of setting
i.e. Community, Hospital or Care Establishment.



Appendix 5b – Sefton MARAC Flowchart

MARAC Co-ordinator: Louise O'Rourke, Vulnerable Advocacy Team
Email: Louise.O'Rourke@sefton.gov.uk
(Secure Email: Louise.O'rourke@sefton.gcsx.gov.uk
Tel: 0151 288 6117**Fax:** 0151 934 5034



Sefton MARAC Process Flowchart continue:

Stage 5

MEETING AND INFORMATION SHARING

- If an agency has been a referral being discussed at the meeting, a representative must be present to present the case and the reasons for referral to MARAC
- MARAC representatives from each agency present any relevant information for each MARAC case discussed
- The risks in relation to the victim, children, perpetrator and agency staff are identified



Stage 6

ACTION PLANNING

- MARAC representatives will volunteer to complete actions on behalf of their agency and offer advice on what their agency can do to increase the level of safety
- MARAC Chair may also ask MARAC representatives to complete particular actions if it is felt necessary
- MARAC will look for opportunities to co-ordinate actions between partner agencies



Stage 7

FOLLOW UP

- After the meeting, MARAC representative will feedback to their individual agency any actions which they have agreed to complete
- MARAC representative will ensure that actions are completed within the agreed timescale
- MARAC representative will feedback to MARAC Co-ordinator when actions are completed

Appendix 6: Merseyside Risk Identification Toolkit (MeRIT)

ALL QUESTIONS MUST BE TICKED (where Yes is ticked, expand in text boxes)		Y	N		
1	Are there issues around separation/divorce, regardless of timescale?				
2	Is the victim pregnant / new birth (child under 1 year)?				
3	Are there any child contact issues?				
4	Is the victim socially isolated? (Consider any possible Honour Based Violence issues)				
5	Is there emotional abuse present? (Consider any possible HBV issues)				
6	Is there financial abuse present?				
7	Is there extreme jealousy present?				
8	Have threats been made to the victim? (Consider any possible HBV issues)				
9	Has the victim been harassed/stalked? (By the perpetrator or a 3rd party related to the perpetrator)				
10	Is the victim a repeat victim? (on police system)				
11	UNREPORTED previous incidents? (If so, how many?)				
12	Does the victim have mental health issues?				
13	Does the perpetrator have mental health issues?				
14	Have the incidents escalated in terms of severity and/or frequency?				
15	Is the victim unemployed?				
16	Is the perpetrator unemployed?				
17	Does the perpetrator have a recorded history of violence?				
18	Has the perpetrator ever been violent to the children? (or made threats of violence to children)				
19	Has the perpetrator ever been violent to pets? (or made threats of violence to pets)				
20	Has the perpetrator ever self harmed/threatened to self harm/threatened suicide?				
21	Has the perpetrator ever sexually abused the victim or been sexually inappropriate? (including threats)				
BACKGROUND TO THE RELATIONSHIP					
Describe the victim's injuries					
Photo: Y / N					
Level of assault	None	S.39	S.47	S.20	S.18

Describe the perpetrator's injuries Photo: Y / N			
	ALL QUESTIONS MUST BE TICKED (where Yes is ticked, expand in text boxes)		
22	Alcohol present (perpetrator only)		
23	Alcohol present (victim only)		
24	Alcohol present (both)		
25	Drugs present (perpetrator only)		
26	Drugs present (victim only)		
27	Drugs present (both)		
28	Is the victim un-cooperative?		
29	Does the victim appear afraid? (Please note demeanour)		
30	Does the victim feel s/he is at risk? (If yes, give details)		
31	Does the victim deny an assault has taken place (when there are signs of an assault)?		
32	Were children present? (If so, where?)		
33	Did children witness the incident?		
34	Was there damage to any property/belongings?		
35	Was there physical violence?		
36	Were the victim and perpetrator violent to each other?		
37	Was violence used in self-defence?		
38	Did the perpetrator strangle/attempt to strangle or place his/her hands around the victim's throat?		
39	Was a pre-meditated weapon present?		
40	Was an opportunity weapon present?		
WHAT HAPPENED LEADING UP TO AND DURING THE INCIDENT			
Describe the victim's demeanour			

Please place a cross in each box that correspond to the question number, were an answer of 'yes' was provided.

SIGNIFICANT FACTORS	BREAKDOWN	VIOLENT
	1.	
2.		
	3.	
		4.
		5.
		6.
		7.
	8.	
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	33.	
		34.
		35.
36.		
37.		
		38.
		39.
		40.

Add the total number of ticks for each column and place in the corresponding box below. Then multiply the total number of ticks in each box (e.g. 12 x 3 x 6 = 216)

SIGNIFICANT FACTORS	BREAKDOWN	VIOLENT	TOTAL
x	x		=

Completed by Date

Agency

Level of Risk	Guidance on interventions (this is not an exhaustive list)
HIGH = 72+	Referral to MARAC Referral to IDVA to be considered Multi-agency work, information sharing and action/safety planning Sanctuary/target hardening (where it is safe to do so) – security measures, mobile phone etc Police intervention – arrest and investigate Legal protection – Specialist Domestic Violence Court (SDVC), family courts. Refuge, emergency accommodation Safeguarding interventions – children and adults Drug and alcohol services, mental health issues Additional barriers – forced marriage, street sex workers, immigration status.
MEDIUM = 16 - 71	Multi-agency work – information shared Information about services and options Support – safety planning Specialist support services from within domestic violence (abuse) sector Sign posting to specialist support services Sanctuary – if there is a risk of homelessness Target hardening
STANDARD = 1-15	Individual agencies responsive to the client's needs – housing, children's services, health, education. Universal services. Consider Sanctuary – if there is a risk of homelessness Leaflets/awareness raising

Appendix 6A: CAADA DASH: Risk identification Checklist (RIC) for agencies

Aim of the form:

- To help front line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.
- To decide which cases should be referred to MARAC and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the MARAC¹¹ process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment.

How to use the form:

Before completing the form for the first time we recommend that you read the full practice guidance and Frequently Asked Questions and Answers¹². These can be downloaded from http://www.caada.org.uk/marac/RIC_for_MARAC.html. Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

Recommended Referral Criteria to MARAC

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. ***This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.*** This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below.
2. **'Visible High Risk':** the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the MARAC referral criteria.

3. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at MARAC. It is common practice to start with 3 or more police callouts in a 12 month period but this will need to be reviewed depending on your local volume and your level of police reporting.

Please pay particular attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a MARAC or in another way.

The responsibility for identifying your local referral threshold rests with your local MARAC.

What this form is not:

This form will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and step children are particularly at risk. If risk towards children is highlighted you should consider what referral you need to make to obtain a full assessment of the children's situation.

For further enquires about the (CAADA DASH: Risk identification Checklist (RIC) form below, please contact your local area (see Appendix 5) or email training@caada.org.uk or call 01173178750/website: www.caada.org.uk

CAADA-DASH Risk Identification checklist for use by IDVA and other non-police agencies for identification of risk when domestic abuse, 'honour'-based violence and/or stalking are disclosed

<p>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present <input checked="" type="checkbox"/>. Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is <u>not the case</u> please indicate in the right hand column</p>	Yes (tick)	No	Don't know	State source of info if not the victim e.g. police officer
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you very frightened? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)...) might do and to whom, including children). Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you feel isolated from family/friends i.e. does (name of abuser(s)) try to stop you from seeing friends/family/doctor or others? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you separated or tried to separate from (name of abuser(s)...) within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there conflict over child contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does (.....) constantly text, call, contact, follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Does (.....) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider 'honour'-based violence and specify behaviour.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Tick box if factor is present. Please use the comment box at the end of the form to expand on any answer	Yes (tick)	No	Don't know	State source of info if not the victim
13. Has (.....) ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Has (.....) ever threatened to kill you or someone else and you believed them? (If yes, tick who.) You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has (.....) ever attempted to strangle/choke/suffocate/drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Does (.....) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? (If someone else, specify who.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is there any other person who has threatened you or who you are afraid of? (If yes, please specify whom and why. Consider extended family if HBV.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you know if (.....) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.) Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has (.....) ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known.) Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Has (.....) ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Has (.....) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? (You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.) Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child Contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>			
Total 'yes' responses			

For consideration by professional: Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural/language barriers, 'honour'- based systems, geographic isolation and minimisation. Are they willing to engage with your service? Describe:

Consider abuser's occupation/interests - could this give them unique access to weapons? Describe:

What are the victim's greatest priorities to address their safety?

Do you believe that there are reasonable grounds for referring this case to MARAC? Yes / No
 If yes, have you made a referral? Yes/No
Signed: _____ **Date:** _____

Do you believe that there are risks facing the children in the family? Yes / No
 If yes, please confirm if you have made a referral to safeguard the children: Yes / No
 Date referral made

Signed: Name:	Date:
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Practitioner's Notes

Appendix 7 - Useful contacts

National Contacts:

Forced Marriage Unit	0207 008 0151
Child Line	0800 1111
Honour Network (Karma Nirvana)	0800 5999 247
National Domestic Violence Helpline	0808 2000 247
Iranian & Kurdish Women's Organisation	0207 920 6460
Safety & Domestic Abuse (National DV 24-hour free helpline)	0808 200 024
UK Border Agency (helpline for Immigration enquiries)	0870 606 7766

Local Contacts:

Liverpool:

Careline/children	0151 233 3700
Careline/Adult	0151 233 3800
Savera (work across Merseyside) (DV support for BAMER communities)	07716266484/ saveraliverpool@hotmail.co.uk
Women's Health Information and Support Centre	0151 707 1826
Amadudu (BME women refugees)	0151 734 0083
ABC Domestic Violence Project	0151 484 2484
South Liverpool Domestic Abuse Service	0151 494 2222
Liverpool Domestic Abuse Service	0151 263 7474

Wirral:

Wirral Family Safety Unit	0151 606 5442
Wirral Family Crime Investigation Unit	0151 777 2289
Children's Social Care	0151 606 2006
Adults Social Care	0151 606 2006
The Zero Centre	0151 670 1528
Wirral Women's and Children's Aid	0151 643 9766
Savera (work across Merseyside) (DV support for BAMER communities)	07716266484/ saveraliverpool@hotmail.co.uk

Knowsley:

Knowsley Access Team (KAT)	0151 443 2600.
Knowsley Access Team	0151 443 2600
Knowsley Domestic Violence Support Services	0151 548 3333
Knowsley Victim & Witness Support Co-ordinator	0151 443 2820
Savera (work across Merseyside) DV support for BAMER communities)	07716266484/ saveraliverpool@hotmail.co.uk

St.Helens:

Independent Domestic Violence Advocate	01744 743200
Police Domestic Violence Unit	0151 777 1590
Children's services First Respond Team	01744 676993/6537
Any safeguarding advice for Children or adult	During working hours 01744 676600 Outside hours 0345 0500 148/0845 0500 148
Savera (work across Merseyside, DV support for BAMER communities)	07716266484 Email: saveraliverpool@hotmail.co.uk
Chrysalis Centre for Change	01744 451309
Helena Extra DV services/Refuge	01925 220541

Sefton:

Sefton MBC Customer Access Team (Adult/Children Safeguarding referral)	0151 9343737
Vulnerable Victim Advocacy Team (VVAT)	0151 934 5142
Sefton Women's & Children's Aid (SWACA)	0151 922 8606
Rape & Sexual Abuse (RASA)	0151 922 9385
Savera (work across Merseyside DV support for BAMER communities)	07716266484/ saveraliverpool@hotmail.co.uk

Glossary

ACPO	Association of Chief Police Officers
CPS	Crown Prosecution Service
DNA	Deoxyribonucleic acid
FCIU	Family Crime Investigation Unit
FM	Forced Marriage
FMU	Forced Marriage Unit
HBV	Honour Based Violence
KSCB	Knowsley Safeguarding Children Board
LSAB	Local Safeguarding Adult Board
LSCB	Local Safeguarding Children Board
MARAC	Multi Agency Risk Assessment Conference
MeRIT	Merseyside Risk Identification Toolkit
MPT	Merseyside Probation Trust
RIC	(CAADA DASH) Risk Identification Checklist

Notes:

Merseyside Forced Marriage



& Honour Based Violence
Steering Group