



Safeguarding adult migrants

Introduction to Migration

Guidance booklet #12



Who is this guidance for?

Safeguarding adult migrants is part of the *Introduction to Migration* series from the Integration up North project. The series provides a basic guide to migration for people working in public sector organisations: local authorities (including health services), police, fire and rescue services, probation services, Jobcentre Plus, Trades Unions and others. It should also be useful for those working in the voluntary and community sector.

The guidance aims to improve the knowledge and understanding of migration among service providers, so that they can shape their service to support the integration of new arrivals to the benefit of both the newly-arrived migrants and the wider local community. Throughout the guidance there are examples from practice across the northern region, and experiences of new arrivals in these areas. While the focus is migration to the north of England, it should be useable in other areas.

This is intended to be an easy-to-use reference document. It does not provide legal advice or a detailed guide to immigration law and policy. In such a fast-changing context, information can quickly become out of date. All information should be checked with an expert or the Home Office if in doubt. We have highlighted other sources of information and guidance where it exists, for further reading and future reference.

About the contributors

Safeguarding adult migrants was written by Ashiana Sheffield Ltd (Shabnum Amin and Samina Ramzan with support from Rachel Mullan-Feroze). Ashiana is a specialist agency which supports BME women who have experienced domestic abuse, including forced marriage, honour-based violence and female genital mutilation, or who have been trafficked into the UK for the purposes of sexual exploitation or domestic slavery.

The *Introduction to Migration* series was edited by Pip Tyler, with most Integration up North (IUN) case studies written by Nahida Khan. The project and guidance documents would not have been possible without contributions and advice from our migrant volunteers, migration champions in our partner organisations, and our training delegates who commented on the materials.

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Introduction: why *Safeguarding adult migrants*?

Key message 1: New migrants to the UK can sometimes have additional vulnerabilities to other UK residents which can be caused by lack of knowledge of the UK, possible previous trauma and if English is not their first language.

Newly-arrived migrants may be vulnerable when arriving in the UK largely due to a lack of knowledge about available services and support. Their vulnerability may be compounded by previous experience of trauma. Those with a language barrier and who are affected by abuse may be more vulnerable and more reluctant to seek support.

Recent years have seen an increase in levels of migration to the UK. There has also been an increase in migration from countries where abuse to vulnerable people is more common. Many source countries do not offer adequate support or protection to victims and corruption within agencies such as the police may also be a factor in a victim's ability and likelihood to access support.

For these reasons people that come to the UK may already have experienced abuse. They will be affected by their experiences which may also deter them from accessing support.

This guidance booklet:

- Outlines the legal framework and statutory duties associated with safeguarding
- Explores the reasons why newly-arrived migrants may be particularly vulnerable and how staff can work appropriately with clients who may experience these difficulties.
- Focuses mainly on forced marriage, honour based violence, female genital mutilation (FGM) and trafficking for sexual exploitation. It gives a definition of these abuses and how they may impact on migrant adults. It also details indicators of such abuse.
- Describes statutory safeguarding responsibilities and signposts to specialist support available for victims in the north of England and across the UK.

Case studies throughout the booklet illustrate the real stories of women's experiences, whilst key messages reinforce what we hope that readers will remember and apply to their everyday practice.

What is domestic abuse?

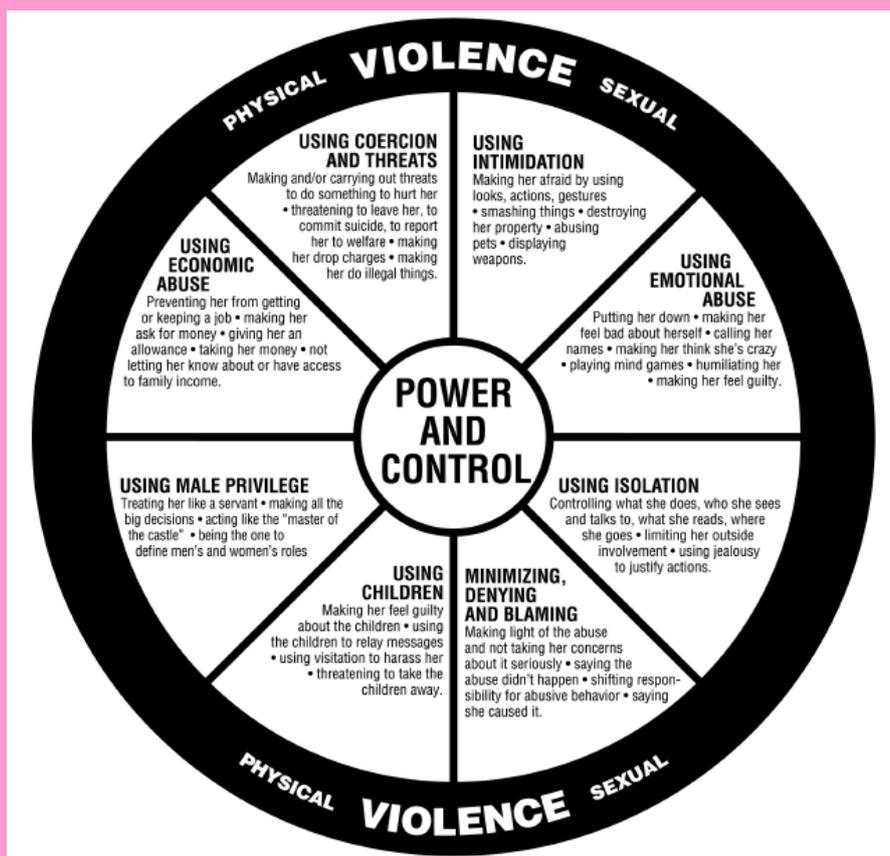
Key message 2: Domestic abuse includes incidents of controlling or threatening behaviour, violence or abuse between adults in the same household or in the same extended family.

Domestic abuse is a complex issue and rarely involves a 'one-off' incident. Abuse is not restricted to physical abuse but can take many forms. Abuse is an issue of a person (or group of people) seeking to gain power and control over another.

The Government defines domestic violence as 'Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, emotional.'¹

Figure i gives examples of how domestic abuse may manifest, suggesting some indicators of abuse that may occur for female clients.

Figure i: The power and control wheel



Source: The Duluth Model, Domestic Abuse Intervention Project²

¹ Home Office (2013) *Domestic violence and abuse*. Guidance www.gov.uk/domestic-violence-and-abuse

² *The Duluth Model*, Domestic Abuse Intervention Programs, Minnesota www.theduluthmodel.org/training/wheels.html

Working with women migrants who have suffered from abuse

Key message 3: Women migrants can have complex needs and may be particularly vulnerable to severe or enduring domestic violence if they have temporary immigration status. They may also face barriers to accessing support.

The needs of women from migrant communities can be very complex and diverse, and include types of abuse such as forced marriage, female genital mutilation (FGM), honour based violence and trafficking for sexual exploitation. The impact of the abuse can be compounded by the other forms of abuse, by institutional and societal racism, and a lack of understanding of migrant women's specialist need.

Migrant women suffering abuse may face difficulties accessing support, due to for example:

- Language barriers
- Not knowing where to get help
- Being accompanied by relatives to health care consultations
- Having different ways of expressing their suffering.

This makes the uncovering of abuse as experienced by migrant women challenging for primary care services and other professionals.

Key message 4: Abuse can be difficult to identify, may involve multiple perpetrators and may not be recognised by the victim of abuse.

Any type of domestic abuse can be difficult to spot, especially if the victim does not recognise the abuse. However, with the types of abuse mentioned above there are additional factors that workers need to be aware of, some of which are outlined next:

- Multiple perpetrator systems of abuse
- Immigration status
- Cultural sensitivity among staff.

This section concludes with some practice tips about working with sufferers of abuse.

Multiple perpetrator systems of abuse

Women from migrant communities may be particularly vulnerable to abuse from multiple perpetrators or to other abuses perpetrated in the name of 'honour'.

Usually with forced marriage, honour based violence and FGM it is not only one person that is the perpetrator but a number of members can be involved, often within the same family. It is important to recognise multiple perpetrators within these types of abuse in order to understand the abuse affecting the victim.

Take the case of Shafilea Ahmed, a 17 year old girl from Cheshire who was killed by her parents. The prosecution in their trial said the parents thought Shafilea had brought shame on the family because she embraced a 'westernised' lifestyle rather than that of their Pakistani heritage.³ It was also believed that members of the extended family helped aided in concealing Shafilea's body (but no evidence has been found to prove this).

With any abuse, it is the exertion of power and control on another that allows the perpetrator(s) to inflict their abuse. In such cases it is often the male who is the perpetrator and wanting to wield his power in the relationship. In some migrant communities, there will be a dominant male figure who has control over families. For example, they may decide on marriage partners, dress and education for women within those families, taking control over major aspects of their lives. The functioning of communities in such a manner has existed over centuries (for example the feudal system). This hierarchal system still exists for some communities and is seen as a normal way of functioning. In such cases, women have a greater duty to comply and please their parents and to show respect to their communities and cultures.

Women may fear losing their children. This can be especially pertinent in multi-perpetrator abuse when women are sometimes not allowed to parent their children or develop strong bonds. Children may be forced to collude with, or participate in the abuse of their mother.

Workers need to be aware of power dynamics and be proactive in addressing these through anti-discriminatory and anti-oppressive approaches. A lack of service awareness of the possibility of multiple perpetrators can severely impact upon the effectiveness of their response and the safety of the woman involved.⁴

Immigration status

Women with unsettled immigration status experience more severe and enduring domestic violence. This may be due to higher levels of control by perpetrators, as women may believe (and have been told) that they have no rights in the UK, that they will not be believed, and that they will be deported. This may have a very strong deterrent effect on their ability to leave the abusive situation as women from some countries of origin may be persecuted, ostracised, become a victim of 'honour-based' crime, or even murdered if they return as a divorced woman or single parent.

³ 'Shafilea Ahmed's parents jailed for her murder', *The Guardian*, 3 August 2012
www.theguardian.com/uk/2012/aug/03/shafilea-ahmed-parents-guilty-murder

⁴ IMKAAN / Rights of Women (2014) "This is not my destiny." *Reflecting on responses to forced marriage in England and Wales*. <http://rightsofwomen.org.uk/policy-and-research/research-and-reports/>

Cultural sensitivity among staff

Key message 5: People working with migrant communities should develop their cultural understanding of different groups to help them respond appropriately to cases of possible abuse.

'Intervention within a family on the grounds of suspected abuse should not be inhibited or delayed by cultural considerations. At the same time, knowledge of the cultural framework in which the action or inaction occurred is vital in guiding the intervention and producing a result which is beneficial to the child.'

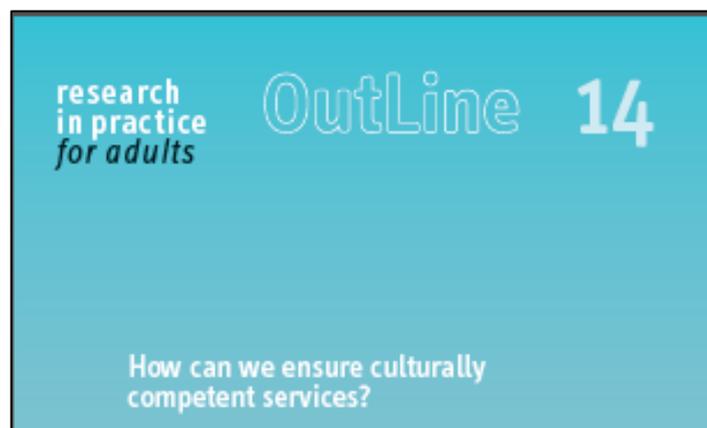
- NSW Child Protection Council (1993)⁵

Sometimes cultural issues are not recognised by some workers and this can have a negative impact on migrant women – and potentially, their relationships with their children. If the worker does not address these issues, they can find themselves (unintentionally) reinforcing oppression of such groups. When delivering training on 'Systems of Abuse' to statutory workers, Ashiana found workers commenting that there is sometimes reluctance to ask more questions and investigate further if a worker is unfamiliar with a particular culture with the fear of not wanting to offend anyone.

It is therefore important that workers develop cultural competence in order to be aware of how diverse communities function. In some areas workers can access cultural competence or diversity training that can widen their understanding of different cultures.

Three recommended resources, focused on health but relevant and applicable to other services, include:

- *How can we ensure culturally competent services?*⁶ (right)
- *Learning disabilities and ethnicity: achieving cultural competence*⁷
- *Developing the cultural competence of health professionals working with Gypsy Travellers.*⁸



⁵ NSW Child Protection Council (1993) *Child Protection in Non English Speaking Communities: Culture - No Excuse*, p5

⁶ G Mir (2008) *How can we ensure culturally competent services?* Outline 14. Research in practice for adults (ripfa). www.etn.leeds.ac.uk/document/resources/RPFA_Outline_14.pdf Includes links to other relevant resources.

⁷ J O'Hara (2008) Learning disabilities and ethnicity: achieving cultural competence. *Advances in Psychiatric Treatment* Vol.9, pp.166-174 <http://apt.rcpsych.org/content/9/3/166.full> [full text available, includes multiple choice questions at end]

⁸ G Francis (2010) *Developing the cultural competence of health professionals working with Gypsy Travellers*. Department of Health www.rcn.org.uk/membership/scholarshipsawards/?a=346046

Key message 6: When migrant women have experienced trauma and abuse, it is important that as professionals, we seek to do no further harm and to work in a safe way.

Workers need to become skilled at building relationships of trust because it is widely acknowledged that speaking of traumatic events outside a relationship of trust and safety can lead to a deterioration in mental health and an increase in trauma-related symptoms.

It is also important to:

- Recognise the impacts of abuse
- Be non-judgmental
- Ensure the client knows that her safety is our first priority
- Ensure the client knows she is believed. Some women’s experiences of abuse are horrific – but because something appears unbelievable, it does not make it untrue.

Don’t assume you know what is ‘best’ for the client. It is important that she remains in control of the situation. Abuse strips control from victims, and our role should be to empower and support recovery.

Women may require practical help with for example regularising immigration status, Islamic divorce, support to access mainstream services. These issues are linked to their experience of domestic abuse and should not be seen as ‘separate’ by workers.

Offer options, always ensuring they are realistic and achievable. Some women may want to use refuge provision, some will prefer to be made safe in their own home, or to use the legal remedies available to them (including injunctions, Occupation Orders and so on).

Some women will have access to other remedies.

Women who enter the UK on a spousal visa may be entitled to access public funding via the Destitute Domestic Violence Concession (DDVC). Other victims of abuse may be able to access support through the National Referral Mechanism for victims of trafficking which may be available to victims of forced marriage where force, coercion or deception are a feature of the abuse.

There are a range of resources available to organisations working with women in this situation, including:

- *Trafficking and the National Referral Mechanism*
- *Domestic Violence, immigration law and ‘no recourse to public funds’⁹ (above)*

Seeking Refuge?
Domestic violence, immigration law and "no recourse to public funds"

Introduction
It is estimated that domestic violence affects one in four women. If you are experiencing, or have experienced, domestic violence there are a number of ways that the law can help you. Women who have come to the UK from abroad and who are experiencing domestic violence may want to end the relationship they have with the person who is violent towards them; they may also want to remain in the UK.
This legal guide explains the immigration laws and public funding available to women from abroad who are experiencing domestic violence. It also explains some of the financial and other support options that may be available. This legal guide is not legal advice: if you are experiencing domestic violence it is very important that you get legal advice.
If you are supporting a woman experiencing violence it is vital that you assist her to get legal advice: you should not give her immigration advice if you are not allowed to do so. It is a criminal offence under the Immigration and Asylum Act 1999 for anyone to give immigration advice or services in the UK unless they are regulated by the Office of the Immigration Services Commissioner (OISC), a regulated solicitor, barrister or legal executive (or European equivalent) or exempted by the National Centre.

You can contact one of our legal advice lines for free, confidential legal advice. Details of our advice lines and their opening times are given at the end of this legal guide.
You can also contact a solicitor or immigration adviser in your area for advice.
Depending on your financial circumstances and the details of your case, you may be entitled to public funding (also known as legal aid).
Public funding enables some people who cannot afford to pay for legal advice to get legal advice and representation free of charge. However, not all legal representatives do publicly funded work and there are limits on the work that a publicly funded legal representative can do on a case.
You may only receive public funding if your case relates to asylum, trafficking or specific applications based on domestic violence. For further information about victims of trafficking see our legal guide *Trafficking, sexual exploitation and the law*, available on our website www.rightsofwomen.org.uk. For further information about public funding and getting legal advice contact Civil Legal Advice on 0845 345 4 345 or search for a legal aid provider at www.gov.uk/civil-legal-advice.
If you are not entitled to legal aid you may still be able to get free face to face legal advice by visiting a Law Centre or Citizens Advice Bureau (CAB). To find contact details of law centres see www.lawcentres.org.uk and for contact details of CAB see www.citizensadvice.org.uk.

You should always make sure that the person you see to get immigration law advice is professionally qualified and allowed to help you. You can get immigration advice from a solicitor or from an immigration adviser.
A solicitor is a qualified lawyer who is responsible for dealing with the preparation of cases. Some solicitors may also represent their clients in courts or tribunals. Solicitors are represented by the Law Society www.lawsociety.org.uk and are regulated by the Solicitors Regulation Authority www.sra.org.uk.
An immigration adviser is someone who is not a lawyer but who has the knowledge and skills necessary to give advice on immigration law. For information about immigration advisers contact the Office of the Immigration Services Commissioner www.oisc.gov.uk.

⁹ Rights of Women (2014) *Seeking Refuge? Trafficking and the National Referral Mechanism* <http://rightsofwomen.org.uk/get-information/immigration-and-asylum-law/trafficking-national-referral-mechanism/> and *Seeking Refuge? Domestic Violence, immigration law and ‘no recourse to public funds’* <http://rightsofwomen.org.uk/get-information/immigration-and-asylum-law/domestic-violence-immigration-law-recourse-public-funds/>

Abusive practices that may affect women from migrant communities

The practices outlined in this section include issues of concern to migrant and BAMER (Black, Asian, minority ethnic and refugee) communities such as 'honour based violence', female genital mutilation (FGM), forced marriage and trafficking for sexual exploitation.

Forced marriage

Key message 7: A forced marriage is where one or both people do not (or in cases of people with learning or physical disability, cannot) consent to a marriage and pressure or abuse is used. Forced marriage should not be confused with arranged marriage.

What is forced marriage?

'Marriage' generally means any religious or civil ceremony of marriage (whether or not legally binding). A forced marriage occurs where one or both people do not (or in cases of people with learning or physical disability, cannot) consent to a marriage and pressure or abuse is used.¹⁰ Historically, forced marriage was common among all communities. Although the expression 'shotgun wedding' is nowadays used jokingly among white British people, it testifies to the use of force in marriage in the past.

Forced marriage should not be confused with arranged marriage. An arranged marriage is where both parties give informed consent to the marriage. Arranged marriage has existed in many cultures and communities throughout history. Families or other third parties of both individuals take a lead role in choosing a suitable spouse. The individuals concerned have the right to agree or refuse the arrangement.

Causes and consequences of forced marriage

Some of the reasons why young people in particular may be forced into a marriage include:

- **Financial security** - a promise for financial security mainly if the marriage is abroad.
- **Property / land** - to ensure that property and land abroad stays within the family or to fulfil a promise of land in return for marriage
- **Parental concern** - often it can be a response if parents feel children are turning away from their culture and becoming 'westernised'.
- **Honour/shame** - if parents feel that children are bringing shame on the family by behaving in manner that does not follow family tradition.
- **Need to control young people's behaviour** - if a child is behaving in a rebellious manner and/or getting into trouble.
- **Need to control young people's sexuality** - to prevent sexual relationships outside of marriage.
- **Peer group/family pressures** - pressure from extended family for the marriage to take place either in the UK or abroad.
- **Strengthening family links** - to maintain family relations.
- **Interpretation of religious position** - often people believe it is a religious requirement
- **Issues relating to immigration** - to fulfil promises of residency for family members abroad.

¹⁰ *Forced Marriage, Guidance* www.gov.uk/forced-marriage

The statutory response to forced marriage in the UK

Forced Marriage is a civil offence in the UK. Individuals affected by forced marriage can obtain a Forced Marriage Protection Order. Since June 2014 it has also become a criminal offence. The law is covered by the Anti-social Behaviour, Crime and Policing Act 2014 for England and Wales.¹² The new legislation is summarised in *Figure iii*.

Figure iii: The criminalisation of forced marriage

Forced marriage is both a civil and criminal offence in the UK. Prior to the change in law in 2014, victims or those at risk of a forced marriage could only apply for a Forced Marriage Protection Order. This order intends to prevent or pre-empt a forced marriage from occurring and to protect those that have already been forced into marriage. The order can include restrictions or requirements to protect a victim from a spouse, family members or anyone involved. The order also relates to conduct outside the UK that could relate to a forced marriage. Disobeying a Forced Marriage Protection Order can result in a sentence of up to 5 years in prison.

Under the Anti-social Behaviour, Crime and Policing Act 2014 the following become a criminal act:

- A person uses violence, threats or any other form of coercion for the purpose of causing another person to enter into a marriage.
- Any action carried out by the perpetrator that may cause the other person to enter into the marriage without free and full consent.
- Where perpetrator practises deception with the intention of another person leaving the UK.
- Intending to force a UK citizen to marry outside the UK.

People covered by the law are:

- The victim or those at risk of forced marriage - this person can either be in the UK, normally resident or a UK national.
- The person(s) committing the offence - this person can either be in UK, normally resident or a UK national.

Forcing someone to marry can result in a sentence of up to 7 years in prison.

There is a range of resources available concerning forced marriage:

- Forced Marriage Unit (FMU) guidelines for frontline professionals to help them work more closely to better identify and protect those at risk of forced marriage.¹³
- Resources including elearning training for professionals and guidance for MPs, guidance for registrars from the government *Forced Marriage* sites.¹⁴
- More locally, some police forces have a range of information on their websites, such as a downloadable poster and booklet¹⁵ provided by West Yorkshire police.

¹² *Anti-social Behaviour, Crime and Policing Act 2014* www.legislation.gov.uk/ukpga/2014/12/contents/enacted

¹³ Forced Marriage Unit (2014) *Multi-agency practice guidelines: Handling Cases of Forced Marriage*. www.gov.uk/forced-marriage

Forced Marriage Unit (2014) *The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage*. www.gov.uk/government/uploads/system/uploads/attachment_data/file/322310/HMG_Statutory_Guidance_publication_180614_Final.pdf

¹⁴ *Forced Marriage, Guidance* www.gov.uk/forced-marriage – gives range of information and resources. See also: *Forced Marriage* www.fco.gov.uk/forcedmarriage

¹⁵ For example, West Yorkshire Police, *Forced Marriage – You have the right to choose* www.westyorkshire.police.uk/forcedmarriage and Humberside Police, *What is forced marriage?* www.humberside.police.uk/abuse/what-forced-marriage

Honour based violence (HBV)

Key message 8: An 'honour crime' or 'honour related crime' is one that is carried out in the name of so-called honour within an extended family or family group. It involves practices to control behaviour and violence if the 'rules' are broken.

What is honour?

There is no universally agreed definition of honour crime, but the following are accepted by professionals working in this area:

- Honour based violence (HBV) is a fundamental abuse of human rights
- HBV is a collection of practices, which are used to control behaviour within families to protect perceived cultural and religious beliefs and/or honour.
- HBV is violence which can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their 'honour' code.

The term 'honour' or being 'honourable' can mean different things for different people. For most of us it can mean acting in a way that is seen as respectful or behaving according to a set of ideal principles. In modern day society it can be seen as a matter of choice as to whether we want to be seen as honourable or not.

Within some migrant communities, honour and upholding honour is central to the functioning of families and communities. Upholding the position or status is often mainly placed on females and is seen as mandatory. If a woman's behaviour is seen to go against the honour of the family then she is punished, which can result in violence and death. Examples of such behaviours can include the way she dresses, choice of husband, seeking divorce, education and choosing with whom to socialise.

In this guidance booklet we refer to this abuse as 'so-called honour based violence' as we consider that there is no honour in the abuse of people in order to uphold the status of others.

Where HBV can occur

'Honour based' violence is most likely to occur in communities where the concepts of honour and shame are bound up with the expected behaviour of families or individuals, especially women. Honour based violence can exist in any culture or community where males are in position to establish and enforce women's conduct. Examples include the following cultures: Turkish; Kurdish; Afghani; South Asian; African; Middle Eastern; South and Eastern European; Gypsy and the travelling community (although this is not an exhaustive list).

HBV in practice

Honour killings represent the extreme end, but there is a spectrum of other forms of violence associated with 'honour'. A wide range of behaviours may elicit abuse in the name of honour including: reporting of forced marriage, being lesbian, gay, bisexual or

transgender, and pregnancy outside marriage. *Figure iv* gives one example of honour based violence that took place in the UK.

Figure iv: Case study of honour based violence – Nosheen’s story

‘Nosheen Amjad [not her real name] is a young, Pakistani woman who [was] found set alight in the garden of her matrimonial home following a troubled marriage in which she experienced honour based violence. As a result of the tragic incident, she suffered extensive burns and was in intensive care in hospital but she was recovering. However, immediately following a visit from her husband and in-laws, she suffered a catastrophic brain injury.

She is currently severely disabled and dependent on 24 hour care at a nursing home. She has minimal response to her environment, has no voluntary movement and is cortically blind. Her condition is lifelong.

The police investigations into how she sustained her injuries in 2006 were stalled after her brain injury. There has been no state inquiry into the fire incident or into the ‘accident’ in hospital. SBS [Southall Black Sisters] is currently assisting Nosheen’s father to obtain justice.’

Source: Opendemocracy (2012)¹⁶

Males can also be victims of HBV. This may be for example a consequence of a relationship which is deemed to be inappropriate, if they are gay, have a disability or if they have assisted a victim. HBV is not only perpetrated by men; sometimes female relatives will support, incite or assist. It is also not unusual for younger relatives to be selected to undertake the abuse as a way to protect senior members of the family.

Some indicators of honour based violence (and forced marriage) include the following:¹⁷

- Restricted freedom that involves being monitored by siblings, cousins, family and others - ask the victim
- Hiding mobile phone or unreasonable restrictions
- Running away from home, truanting
- Absence and persistent absence
- Request for extended leave and failure to return from visits to country of origin
- No aspirations post 16
- Threats to kill, emotional blackmail, presenting perceived risk including holidays abroad.

There is no criminal charge for so-called honour based violence in itself. However, relevant offences that may be relevant in HBV cases include physical and sexual abuse, kidnapping and rape.

¹⁶ P Patel (2012) The use and abuse of honour based violence in the UK. *OpenDemocracy.net*, 6 June 2012

www.opendemocracy.net/5050/pragna-patel/use-and-abuse-of-honour-based-violence-in-uk

¹⁷ Reproduced from Karma Nirvana presentation ‘Roadshows in partnership: Government Forced Marriage Unit 2014: Forced Marriage Criminal Law.’

Female genital mutilation (FGM)

Key message 9: Female genital mutilation (FGM) includes all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs.

What is FGM?

The term female genital mutilation (FGM) covers ‘*all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons*’.¹⁸ It is also known as female circumcision, ‘cutting’ or ‘being cut’.

The origins of FGM are not well known but it is widely believed to have been started by men as a means of controlling women’s sexuality. FGM has been traced to ancient Egyptian aristocracy, pre-Islamic Arabs, Tsarist Russia and African tribes. FGM predates all religions (including Islam and Christianity).

There are four recognised types of FGM:

- Type 1: *Sunna* - the removal of the hood of the clitoris
- Type 2: *Excision* - removal of the clitoris with partial or total excision of the labia minora
- Type 3: *Infibulation* - the removal of the clitoris, labia minora with narrowing/stitching of the vaginal opening
- Type 4: *All other types* including piercing the genital area with materials such as needles and inserting substances such as herbs.

Who is at risk of FGM?

The age range of girls varies depending on country and tribe. There have been reported cases in the UK of babies having the procedure done to them. The average age is usually before puberty from 7 to 13. Due to the age of the children, it is important to address the issue of informed consent. A child of that age cannot give consent to such an issue and therefore it is seen as a violation of human rights. There are young women of adult age who have given their consent for FGM. This is understood to as a gesture to be accepted by communities and be given status.

FGM is predominately practiced in:

- Around 28 African countries (particularly in NE, E and W Africa) – see *Figure v*.
- Some Yemeni and Iraqi communities
- Some Asian Muslim communities.

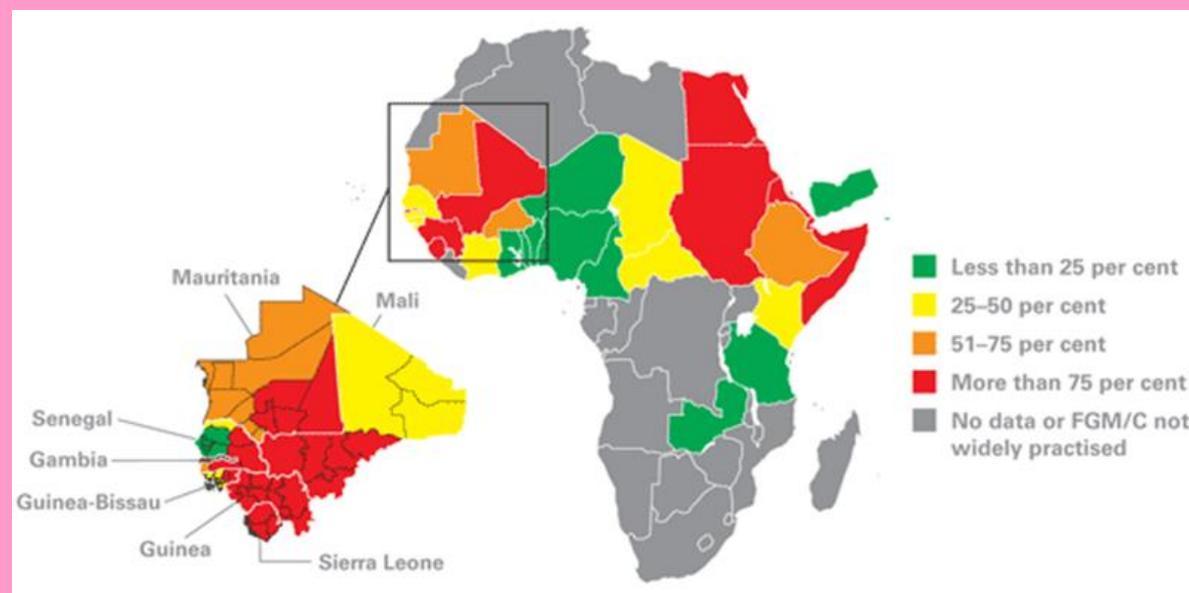
An estimated 125 million women and girls have undergone FGM in Africa and the Middle East, and three million in Africa are at risk annually.¹⁹ FGM is also practiced amongst migrant communities in Europe, North and South America, Canada, Australia and New Zealand. Over half a million girls and women in the EU are affected or threatened by FGM, with 140 000 in

¹⁸ World Health Organisation (WHO) (2014) *Female genital mutilation*. Fact sheet No.241, updated February 2014. www.who.int/mediacentre/factsheets/fs241/en/

¹⁹ WHO (2014) *Female genital mutilation*. Reference as per previous footnote.

the UK;²⁰ the Home Affairs Committee gives a higher estimate of 170 000 women and girls living with FGM in the UK and a further 65 000 girls under the age of 13 in the UK at risk.²¹

Figure v: The prevalence of FGM in Africa and the Middle East among women aged 15-49



Source: UNICEF (2007)²²

Causes and consequences of FGM

FGM is sometimes excused or justified by those who force girls and young women to undergo this procedure on the following grounds:

- It fulfils a religious requirement
- It cleanses and purifies the girl
- It preserves a girl's virginity and chastity
- It is a rite of passage to being a woman
- It upholds the family honour
- It gives social acceptance, status and respect to the girl and her family
- It will secure a marriage partner for the girl
- It reduces the sexual desire of girls and women and maintains fidelity in married women
- It gives sexual pleasure to husbands
- It makes childbirth safer for the baby
- It maintains power and control in the hands of religious and community elders.

²⁰ *What is FGM?* Desert Flower Foundation www.desertflowerfoundation.org/en/what-is-fgm

²¹ Home Affairs Committee (2015) *Female genital mutilation: follow-up*. 16th report. HC961. www.parliament.uk/business/committees/committees-a-z/commons-select/home-affairs-committee/inquiries/parliament-2010/female-genital-mutilation-follow-up/

²² UNICEF (2007) *Percentage of girls and women aged 15-49 who have experienced FGM/C[utting]*, in 27 countries of Africa and the Middle East (1997-2006) www.unicef.org/progressforchildren/2007n6/index_41847.htm

Parents and/or communities may believe it is in the best interests of their daughters, will keep them 'pure' and secure their futures. Most communities cite religion as the main reason, even though no holy texts in any religion advocate FGM.

There are physical, psychological and emotional consequences from FGM. The medical consequences include: extreme pain, shock, infection, haemorrhage, infertility, incontinence, HIV and death.

FGM in the UK

UK law protects women and girls resident in the UK from FGM whether it takes place in the UK or they are taken overseas for the purpose of FGM. The *Female Genital Mutilation (FGM) Act 2003* means that:

- It is illegal to circumcise a woman or child on cultural / non-medical grounds
- It is an offence to take a UK national or resident overseas for the purpose of, to aid and abet, procure, or carry out FGM.
- FGM carries a maximum penalty of 14 years in prison (more than 200 cases have been investigated in the last five years with the first prosecution in 2014 but thus far, there have been no convictions²³).

FGM is seen as a crime on the UK and anybody at risk will be protected by the law regardless of immigration status. For many women who are seeking asylum, it is one of the reasons they do not wish to return to their country of origin, as they fear FGM for themselves and their young daughters. *Figure vi* tells Amy's story, a client at Ashiana in South Yorkshire who had been subject to FGM and fled to the UK to avoid the same fate for her daughter.

In addition to the 2003 legislation, there is increasing government attention to the problem of FGM. Recent initiatives include:

- Government ministers signed a declaration to stop FGM
- All NHS acute hospitals now provide data on patients who have undergone FGM.²⁴ In January 2015 there were 2741 cases recorded nationally (the North of England commissioning region covering Y&H, NW and NE had a total of 223).²⁵ Incidence reporting will be extended to GPs and mental health trusts by October 2015.²⁶
- A 'health passport' - a Home Office written statement designed for individuals potentially at risk to take when they go abroad. It explains FGM is a criminal offence in the UK (if the perpetrator is a UK national or permanent resident, if they assist or get another individual to commit the act), and is available in several languages.²⁷

²³ Home Affairs Committee (2014) *Female genital mutilation: the case for a national action plan*.

www.publications.parliament.uk/pa/cm201415/cmselect/cmhaff/201/20102.htm

²⁴ 'New government measures to end FGM'. *Home Office News story*, 6 February 2014

www.gov.uk/government/news/new-government-measures-to-end-fgm

²⁵ Health & Social Care Information Centre (hscic) (2015) *Female Genital Mutilation (FGM): January 2015, experimental statistics*. www.hscic.gov.uk/catalogue/PUB17021

²⁶ Dept Health, Home Office and Dept for Education (2015) 'New measures to end FGM on International Day of Zero Tolerance,' News story 06.02.15 www.gov.uk/government/news/new-measures-to-end-fgm-on-international-day-of-zero-tolerance

²⁷ HM Government (2014) *A Statement Opposing Female Genital Mutilation*, February 2014

www.gov.uk/government/publications/statement-opposing-female-genital-mutilation

Figure vi: Case study of FGM – Amy’s story

Amy (not her real name) was born in a small town in Nigeria. Amy’s father died when she was very young and she was brought up by her mother. Amy says she was nine when female genital mutilation was performed on her in preparation for her marriage.

At age 11 Amy was forced to marry a much older man in his fifties. Her mother informed her only the week before the wedding and she was powerless to stop it. Amy explained to me that her mother had ‘no money no power to raise me.’

Amy believes that before her dad died he had made an agreement with her future husband who may have lent him some money in return for this obligation from her family. Amy was not happy about this but felt she had ‘no choice.’

Amy had to live with her husband’s family. There were ten other wives and she was the youngest. This was a very difficult time for her and she was regularly mistreated by the wives and her husband.

Amy had two children from this marriage. The oldest son was born in 1999 and remains in Nigeria. The second son was born in 2001 but died when he was four years old after contracting an illness.

When her husband died it was decided by his family that Amy should remarry one of his sons. She was strongly opposed to this particularly as she really disliked him. She was forced to marry him and he was physically and sexually violent and abusive to her.

Amy had a daughter from this marriage and was pregnant with her son when she left Nigeria. When her daughter was aged two, one of the wives came to tell her that the family were planning to carry out FGM on her daughter. This was being planned for her at age four, then for her then to be married when she was eight. After her own experience Amy didn’t want the same thing to happen to her daughter.

Amy had also found out she was pregnant around this time and was desperate to leave to safeguard her daughter. She was approached by a man at the local market who was aware of her circumstances and offered to help her and her daughter to safety. Amy sold everything she had and left with the man who brought her to England. On arrival in England with her daughter, Amy came to understand the gravity of her situation. She had been trafficked and was forced to work as a prostitute to pay back her ‘travel costs.’

After a terrifying ordeal for her and her daughter being held captive for two months, Amy managed to escape. She was referred into Ashiana in October 2013 and was supported to claim asylum. She is currently rebuilding a life for her and her children. Amy receives counselling to deal with her experiences, attends English classes regularly and has moved on from our refuge to live independently. Her daughter attends school and is a very keen and happy pupil. Their confidence and abilities continue to improve in the eight months we have known them.

Source: Ashiana (2014)

Amy was nine when FGM was performed on her in preparation for her marriage.

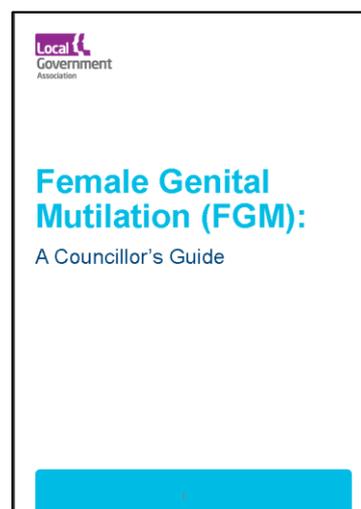
The family were planning to carry out FGM on her daughter at age four, then for her then to be married when she was eight.

After her own experience Amy didn’t want the same thing to happen to her daughter.’

Support for practitioners

The NSPCC operates an anonymous FGM helpline²⁸, and the police should be contacted if there are concerns about immediate danger of someone being subjected to FGM. Other resources include:

- **Statutory multi-agency guidance** for practitioners is expected towards the end of 2015 following a consultation during the summer.²⁹
- **A free elearning package** is available to NHS staff.³⁰
- The LGA has resources on FGM³¹ aimed at local councils, offering a **guide for elected members**³² (*right*) (which looks at the role of different partnership agencies in relation to FGM, and provides example questions to ask within your local authority and to partner agencies), **practice case studies from five local authorities** (including Greater Manchester) and **presentations from different agencies** (police, health, government and the third sector) about the role of councils in preventing FGM.
- A **government webpage**³³ provides links to various support organisations nationally, with a searchable function by postcode. Local safeguarding boards are an important local structure.
- **A new prevention hub** created by Barnardo's and the Local Government Association (LGA) will develop a skilled social work team, share advice, guidance and emerging practice, and establish community outreach teams in ten areas.³⁴



Trafficking for sexual exploitation³⁵

What is trafficking?

The essence of trafficking in persons is the control of a person in order to exploit them. The key aspect of this crime is the use of coercive techniques to control victims so that they may be exploited for financial or other gain. The victim's choice is removed and the exploiter controls the victim's activities and movements.

²⁸ NSPCC, *Female genital mutilation (FGM): at a glance* www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm/

²⁹ Home Office (2015) *Consultation on the draft statutory multi-agency practice guidance on Female Genital Mutilation (FGM)* www.gov.uk/government/consultations/consultation-on-the-draft-statutory-multi-agency-practice-guidance-on-female-genital-mutilation-fgm

³⁰ A free elearning introductory course is available to anyone at www.e-lfh.org.uk/programmes/female-genital-mutilation/open-access-session/ (*E-learning to improve awareness and understanding of FGM: Open access session*)

³¹ LGA: *Female Genital Mutilation (FGM) resource* www.local.gov.uk/web/guest/community-safety/-/journal_content/56/10180/6510834/

³² LGA (Feb 2015) *FGM: A councillor's guide* www.local.gov.uk/web/guest/publications/-/journal_content/56/10180/6601295/PUBLICATION

³³ *Female Genital Mutilation (FGM)* www.gov.uk/female-genital-mutilation

³⁴ Dept Health, Home Office and Dept for Education (Feb 2015) '*New measures to end FGM on International Day of Zero Tolerance*,' News story 06.02.15 www.gov.uk/government/news/new-measures-to-end-fgm-on-international-day-of-zero-tolerance

³⁵ Parts of this section have been extracted from: Integration up North (2015) *Trafficking for labour exploitation*. Introduction to Migration series, Guidance booklet #9 www.migrationyorkshire.org.uk/introductiontomigration-iun

The definition of trafficking is commonly broken down into three elements:

- ACT: recruitment; transportation; transfer; harbour; receipt.
- MEANS: threat; force; coercion; abduction; fraud; deception; abuse of power; giving or receiving payments or benefits.
- PURPOSE: exploitation.

Trafficking for sexual exploitation is a crime in the UK. The crime of trafficking in persons occurs when an act is undertaken through the use of one of the means listed, in order to achieve an exploitative purpose. Trafficking is typically for the purposes of sexual exploitation (through prostitution), forced labour, domestic servitude, slavery or the removal of organs.

The Modern Slavery Act 2015 consolidates and simplifies existing offences into one Act, as outlined in *Figure vii*.

Figure vii: Key offences and terms under the Modern Slavery Act 2015

Human trafficking (Part 1 para.2)

- (1) *A person commits an offence if the person arranges or facilitates the travel of another person (“V”) with a view to V being exploited.*
- (2) *It is irrelevant whether V consents to the travel (whether V is an adult or a child).*

Meaning of exploitation (Part 1 para.3)

- *Slavery, servitude and forced or compulsory labour*
- *Sexual exploitation*
- *Removal of organs etc*
- *Securing services etc by force, threats or deception*
- *Securing services etc from children and vulnerable persons*

The National Referral Mechanism (NRM) is the formal means through which trafficking victims are identified and assisted. It provides a way for agencies that may detect trafficking cases to cooperate, share information and facilitate access to support. The NRM grants a minimum 45-day ‘reflection and recovery period’ for victims. To be formally identified as a trafficking victim, potential victims must be referred by a designated ‘first responder’.³⁶ Local authorities and police forces are both first responders (other organisations should contact a First Responder if they have identified a potential victim of trafficking). A Home Office review of the NRM³⁷ in November 2014 is likely to lead to changes in the NRM process. At present, to make a referral the first responder completes a referral form³⁸ and sends it to the UK Human Trafficking Centre (UKHTC) at the National Crime Agency (NCA).

³⁶ The list of First Responders may change over time. Check the current list at: *National Referral Mechanism* www.nationalcrimeagency.gov.uk/about-us/what-we-do/specialist-capabilities/uk-human-trafficking-centre/national-referral-mechanism

³⁷ Home Office (2014) *Review of the National Referral Mechanism for victims of human trafficking*. www.gov.uk/government/publications/interim-review-of-the-national-referral-mechanism-for-victims-of-human-trafficking

³⁸ Current forms are available at: *Human trafficking victims referral and assessment forms* www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms

Key message 10: Public authorities are required under the Modern Slavery Act to notify the National Crime Agency of a potential case of trafficking. This duty is expected to be implemented later in 2015. Adult victims may remain anonymous and may decline to be referred for assistance under the National Referral Mechanism.

The new Act includes a new legal duty on specified public authorities - including local authorities - to report potential victims of trafficking (Part 5 Section 52). They will have to notify the NCA where they suspect a person may be a victim of human trafficking, but the information must not identify the individual without consent. This duty is in addition to the NRM for children and consenting adults to have their cases assessed. The duty has not yet been implemented. It will take time for all the measures under the Act and the Modern Slavery Strategy³⁹ to be implemented and an assessment made of their effectiveness.

Identifying possible victims of trafficking for sexual exploitation

Key message 11: All staff in public services could come into contact with trafficking victims through their work, and should be aware of the signs and alert to the possibility of exploitation.

Identification of victims is the first essential step in assisting them to recover and to assert their rights as victims of crime and of human rights violations. Identifying trafficking can be extremely difficult. While exploited women can be found in various locations (massage parlours, saunas, brothels, escort services, private flats, hotels, and increasingly, residential homes to avoid detection) most public services will only have contact with victims of exploitation in contexts where their exploitation is not apparent. Sets of indicators can help practitioners be alert for or identify potential trafficking; those listed in the NRM referral form are reproduced in *Figure viii*.

Figure viii: Indicators of sexual exploitation (from the NRM adult referral form)

1. Advertises for sexual services offering women from particular ethnic or national groups
2. Sleeping on work premises
3. Movement of women between brothels or working in alternate locations
4. Women with limited amounts of clothing or a large proportion of their clothing is 'sexual'
5. Only being able to speak sexual words in local language or language of client group
6. Having tattoos or other marks indicating 'ownership' by their exploiters
7. Person forced, intimidated or coerced into providing services of a sexual nature
8. Person subjected to crimes such as abduction, assault or rape
9. Someone other than the potential victim receives the money from clients
10. Health symptoms (including sexual health issues)
11. Signs of ritual abuse and witchcraft (juju)
12. Substance misuse.

Source: UK Visas and Immigration⁴⁰

³⁹ Home Office (2014) *Modern Slavery Strategy* www.gov.uk/government/publications/modern-slavery-strategy

⁴⁰ UK Visas and Immigration, *Human trafficking victims referral and assessment forms*

www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms

Supporting victims of sexual exploitation

Survivors of sexual exploitation may need practical support across a range of issues, from submitting a trafficking report, support with asylum claims and into interim / asylum accommodation, access to sexual and physical health services, emotional support and access to counselling, access to education and training, and resettlement support.

Women victims will have many issues to come to terms with. These may range from relationships (with both the perpetrator and their families), identity, dangerous experiences (travel and multiple trafficking), physical violence and intimidation, dealing with freedom and isolation, health impacts endured and exacerbated by lack of access to health care (forced abortions, rape and sexual assault, drug and alcohol abuse) and fear (of punishment, deportation or retribution, authorities or the trafficker, and for their family's safety).

Victims of trafficking require consistent and specialist support to address their complex circumstances. The Salvation Army holds a government contract for supporting victims of trafficking, although other agencies are subcontracted to provide locally-based support (such as Ashiana in Yorkshire and Humber which supports women who have been trafficked for sexual exploitation).

It is very important that we become more familiar with how to recognise and respond to victims of trafficking, even if we are not specialist agencies, since failure to identify and respond appropriately can cause secondary victimisation and compound trauma. *Figure ix* provides some pointers which may help to begin to understand the perspective of victims of trafficking for sexual exploitation.

Figure ix: Understanding the mindset of trafficked persons

Women frequently:

- Do not speak English and are unfamiliar with UK culture.
- Are confined to room or small space to work, eat, sleep.
- Fear and distrust police, government and health care providers.
- Are not aware that they are a victim of crime.
- Do not consider themselves victims.
- Blame themselves for their situations.
- May develop loyalties, positive feelings toward trafficker as coping mechanism
- May try to protect trafficker from authorities.
- Do not know where they are, because traffickers move them frequently to escape detection.
- Fear for safety of family in home country.

For more detailed information about trafficking, see *Trafficking for labour exploitation*⁴¹; while this focuses on non-sexual forms of trafficking, it contains more detail about definitions, the law and the NRM process which equally applies to victims of trafficking for sexual exploitation. For practical advice, contact a specialist agency such as those listed in the next section.

⁴¹ Integration up North (2015) *Trafficking for labour exploitation*. Introduction to Migration series, Guidance booklet #9 www.migrationyorkshire.org.uk/introductiontomigration-iun

Specialist support organisations

In most areas there will be non-governmental organisations who specialise in the support of people from migrant communities including asylum seekers and refugees, as well as for people affected by abuse including FGM, HBV, FM and trafficking. Some key specialist agencies are given in *Figure x*.

Figure x: Specialist NGO support

In the North of England

Ashiana Sheffield: 0114 2555740 www.ashianasheffield.org

Works with BAMER new arrivals and communities who have suffered different types of abuse including trafficking for sexual exploitation, forced marriage and HBV.

Apna Haq Rotherham: 01709 519211/2 www.apna-haq.co.uk

Provides support to Asian women and their children who have experienced domestic violence, including those with no recourse to public funds.

Roshni Sheffield: 0114 250 8898 www.roshnisheffield.co.uk

Promotes the welfare and education of South Asian women in Sheffield.

Anah Project Bradford: 0845 9 60 60 11

Provides accommodation for single BAMER women fleeing domestic abuse in Bradford. Also provides a 24 hour phonenumber for anyone needing advice.

UK-wide

Imkaan: 020 7842 8525 <http://imkaan.org.uk>

National human rights organisation working on violence against BME women and girls, providing strategic advocacy, information and peer support, research, training, and consultancy.

Rights of Women: <http://rightsofwomen.org.uk/>

A women's voluntary organisation focused on legal rights. Operates a free confidential legal advice line for women (includes immigration law in relation to domestic violence, trafficking and no recourse to public funds), online resources (including a Domestic Violence DIY Injunction Handbook) and provides training on women's rights.

Karma Nivarna: 0800 599 9247 www.karmanirvana.org.uk

UK charity that supports victims of honour crime and forced marriage, including an 'Honour Network Helpline' for both victims and professionals in need of guidance.

Salvation Army: Human trafficking confidential referral helpline 0300 3038151

www.salvationarmy.org.uk/human-trafficking

Since 2011 holds a Home Office contract to provide support and accommodation services to victims of human trafficking.

Women's Aid 0808 2000 247 www.womensaid.org.uk

National charity providing specialist domestic violence services. Operates a freephone 24 hour helpline. Website has a domestic abuse directory which is searchable by individual local authority: www.womensaid.org.uk/azrefuges.asp?section=00010001000800060002&itemTitle=A-Z+of+services

Protecting migrants who are affected by abuse

Key message 12: All statutory agencies have a duty of care towards adults who arrive in the UK experiencing, or who are vulnerable to, abuse, including: forced marriage, female genital mutilation (FGM), 'honour-based' violence and trafficking for sexual exploitation.

Migrants that are affected by the forms of abuse mentioned in this booklet will be protected under adult safeguarding procedures. Workers that support potential victims will have a duty of care to protect the victim and seek further help in doing so. This support may involve finding refuge accommodation or advocacy support to help the victim access further services such as seeking a divorce or child protection issues.

There are statutory adult safeguarding procedures in place that ensure that vulnerable adults (including those affected by abuse) are protected and also that agencies involved are aware of the procedures in place that they need to follow.

Overview of adult safeguarding

'Safeguarding' is a term that covers the responsibilities of services towards vulnerable people. A person is considered to be a vulnerable adult if she or he is aged 18 or over, may need services because of a disability, age or illness, and who is or may be unable to take care of themselves or protect themselves against significant harm or exploitation.⁴²

All individuals regardless of role, place of work, volunteer or staff member providing any service to an adult have a responsibility to protect them from abuse. This duty of care places a lot of responsibility on practitioners.

Safeguarding encompasses six key concepts: empowerment, protection, prevention, proportionate responses, partnership and accountability. These are explained in *Figure xi*.

Figure xi: Key principles in adult safeguarding

Empowerment *Presumption of person led decisions and informed consent.*

Prevention *It is better to take action before harm occurs.*

Proportionality *Proportionate and least intrusive response appropriate to the risk presented.*

Protection *Support and representation for those in greatest need.*

Partnership *Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.*

Accountability *Accountability and transparency in delivering safeguarding.*

Source: Department of Health (2013)⁴³

⁴² Department of Health (2000) *No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse*. www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care See pp.8-9 for definitions.

⁴³ Department of Health (2013) *Statement of Government Policy on Adult Safeguarding*. 10 May 2013. See p.6 www.gov.uk/government/publications/adult-safeguarding-statement-of-government-policy-10-may-2013

Safeguarding at a local level

Key message 13: Within each local area will be a Safeguarding Adult Board (SAB). All agencies should know the procedures developed by the local SAB and policies in place within their place of work.

All local authorities have multi-agency Safeguarding Adult Boards (SABs) including representatives from the police, health and local authorities. The role of the SAB is to protect vulnerable adults within its area by:

- Ensuring the effectiveness of meeting safeguarding guidelines for each of its members
- Undertaking what is deemed necessary to ensure the protection of vulnerable adults.

The SABs are strategic and have Safeguards teams that workers can contact with any safeguarding issues. Many SABs have easily accessible websites.⁴⁴ Some local authorities may combine together to form a SAB. For example, Sheffield, Rotherham, Barnsley and Doncaster are part of the South Yorkshire Safeguarding Adults Board.

Sharing information regarding a person affected by abuse

Key message 14: Government expects organisations to be carefully sharing information about individuals who may be at risk from abuse.⁴⁵ It is important to identify an abusive situation as early as possible so that the individual can be protected. Withholding information may lead to abuse not being dealt with early enough. Confidentiality must never be confused with secrecy.

Supporting a person affected by abuse can be a daunting process for a worker especially if there are additional barriers such as language. If a worker has any concerns they need to speak to their manager or supervisor to know what processes are in place.

Figure xii: Key safeguarding responsibilities for all agencies

- To identify the type of abuse affecting the vulnerable adult
- To understand procedures in place within your own agency as well as your local area
- To know how raise concerns regarding safeguarding
- To know the services in your local area that offer support to vulnerable adults.

⁴⁴ See for example: Hull <http://safeguardingadultshull.com> Leeds www.leedssafeguardingadults.org.uk and Manchester www.manchester.gov.uk/info/100010/social_care_and_support/4093/manchester_safeguarding_adults_board

⁴⁵ Department of Health (2000) *No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.* www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care

During this process it will be necessary to share vital information with a number of services such as the police or social services. It is important for workers to know what information to share and with whom. Information is only shared where the following may occur:

- A crime has been committed
- A vulnerable adult is at risk from significant harm
- To prevent a crime being committed
- Early intervention and identification of abuse.

Information is only shared where vulnerable adults meet the criteria for any intervention for Safeguarding Adults where the well-being of someone is at risk of abuse or neglect.

Informed Consent

This is where information is shared freely with the individuals' agreement. This consent can be taken either verbally or in writing. Practitioners gathering information have the responsibility to ensure that the individual fully understands what will be recorded and how it be used and to whom the information will be shared with. If this is not made clear that information sharing is not valid.

If an adult is unable to make their own decisions, professionals do have the powers to share information if it is deemed in their 'best interest'. If an individual does not want to and refuses to share information or give consent, then their view is respected. However, if it is seen that they are in a situation of abuse, or an abuser, the duty of care will override the wishes of the individual. This decision is made by the organisation and not only the worker.

Conclusion

This booklet has given a brief insight into the nature of some of the types of abuse that affect migrants coming to the UK. These include domestic abuse, forced marriage, honour based violence, female genital mutilation and trafficking for sexual exploitation. These abuses can be difficult to identify and address. By having a brief insight into some of the issues and knowing how to support, could help prevent its occurrence or minimise the harm inflicted on an individual.

Not everyone woman entering the UK will be a victim of abuse and we should not make such an assumption. However practice experience suggests in the context of increased migration there can be an increase in abuse cases, which underlines the need for workers to be aware of the issues migrants could face.

Some workers may be understandably concerned about offending or upsetting clients and communities by raising safeguarding concerns. By being better informed of the types of abuse particularly affecting migrants, workers are better placed to make appropriate judgments and act on their safeguarding duties towards vulnerable clients.



Safeguarding adult migrants

Summary of key messages

- 1. New migrants to the UK can sometimes have additional vulnerabilities to other UK residents which can be caused by lack of knowledge of the UK, possible previous trauma and if English is not their first language.**
- 2. Domestic abuse includes incidents of controlling or threatening behaviour, violence or abuse between adults in the same household or in the same extended family.**
- 3. Women migrants can have complex needs and may be particularly vulnerable to severe or enduring domestic violence if they have temporary immigration status. They may also face barriers to accessing support.**
- 4. Abuse can be difficult to identify, may involve multiple perpetrators and may not be recognised by the victim of abuse.**
- 5. People working with migrant communities should develop their cultural understanding of different groups to help them respond appropriately to cases of possible abuse.**
- 6. When migrant women have experienced trauma and abuse, it is important that as professionals, we seek to do no further harm and to work in a safe way.**
- 7. A forced marriage is where one or both people do not (or in cases of people with learning or physical disability, cannot) consent to a marriage and pressure or abuse is used. Forced marriage should not be confused with arranged marriage.**
- 8. An 'honour crime' or 'honour related crime' is one that is carried out in the name of so-called honour within an extended family or family group. It involves practices to control behaviour and violence if the 'rules' are broken.**
- 9. Female genital mutilation (FGM) includes all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs.**
- 10. Public authorities are required under the Modern Slavery Act to notify the National Crime Agency of a potential case of trafficking. This duty is expected to be implemented later in 2015. Adult victims may remain anonymous and may decline to be referred for assistance under the National Referral Mechanism.**
- 11. All staff in public services could come into contact with trafficking victims through their work, and should be aware of the signs and alert to the possibility of exploitation.**
- 12. All statutory agencies have a duty of care towards adults who arrive in the UK experiencing, or who are vulnerable to, abuse, including: forced marriage, female genital mutilation (FGM), 'honour-based' violence and trafficking for sexual exploitation.**
- 13. Within each local area will be a Safeguarding Adult Board (SAB). All agencies should know the procedures developed by the local SAB and policies in place within their place of work.**
- 14. Government expects organisations to be carefully sharing information about individuals who may be at risk from abuse. It is important to identify an abusive situation as early as possible so that the individual can be protected. Withholding information may lead to abuse not being dealt with early enough. Confidentiality must never be confused with secrecy.**