



Honour Based Abuse including Female Genital Mutilation Strategy

April 2022– April 2024

Statement of Intent

The Rochdale Borough Safeguarding Adults Board and Rochdale Borough Safeguarding Children Partnership are committed to playing a key role within the coalition of partners in eradicating Honour Based Abuse (HBA), an umbrella term for the practice of 'honour codes', which includes Forced Marriage (FM) and Female Genital Mutilation (FGM).

The aim is to increase the confidence of victims to ask for help and for frontline workers to engage confidently with survivors and all communities to identify, prosecute and bring offenders to justice.

We will work towards our aims by ensuring that we develop effective multi-agency systems and processes to educate our partners and communities, protect victims and take enforcement action where appropriate.

We recognise that active engagement between statutory and non-statutory agencies is crucial to the development of an effective understanding of and response to the issue.

Honour Based Abuse

There is no statutory definition of honour based abuse (HBA). There are a number of definitions that are widely used including those of the [Crown Prosecution Service](#) and [HMICFRS](#) (His Majesty's Inspectorate of Constabulary and Fire & Rescue Services), however for the purposes of this strategy we are using the definition provided by *Her Majesty's Inspectorate of Constabulary (2015)* which states that HBA is:

'a collection of practices used predominantly to control the behaviour of women and girls within families or other social groups in order to protect supposed cultural and religious beliefs, values and social norms in the name of 'honour' '

Research suggests that at least one 'honour' killing occurs in the UK every month

Source: Safelives Spotlight Report #HiddenVictims

HBA is evidenced across countries, cultures and religions. HBA can occur within any culture or community, examples include: Orthodox Jewish, Orthodox Christian, South Asian, African, Middle Eastern, South and Eastern European, and Roma travelling communities; this is not an exhaustive list.

HBA can involve a range of crimes and behaviours, including:

- forced marriage
- female genital mutilation
- virginity testing
- hymenoplasty
- sexual harassment, rape and other forms of sexual violence
- physical and emotional violence
- coercion and control
- threats to kill
- murder
- encouraging or assisting suicide;
- conspiracy to commit a variety of assaults.
- dowry related abuse
- isolation from friends and sometimes from specific family members

These crimes they are violations of human rights and there is no 'honour' in committing them.

HBA crimes are usually perpetrated by members of the victims own family and/or extended family but they can also be perpetrated by individuals or groups of individuals within their community (male and female perpetrators).

HBA offences are also increasingly being committed online e.g. through social media platforms.

While studies show the majority of victims are girls and women, men also experience honour-based abuse in a variety of complex ways and may be at heightened risk if there are factors around disability, sexuality and mental health.

HBA, where it affects children and young people, is a child protection issue. Children and young people who are either subject to honour-based abuse or who are coerced into perpetrating honour-based abuse, are at risk of significant harm.

The 'One Chance Rule'

A survey from Safelives (Spotlight Report #HiddenVictims) found that victims of honour-based abuse will experience abuse for at least five years before reporting; this is two years longer than domestic abuse victims.

All practitioners working with victims of HBA need to be aware of the 'one chance' rule.

Never turn a person away! You may only have **ONE CHANCE** to speak to a potential victim and may only have **ONE CHANCE** to save a life!

If any victim who has disclosed HBA to a practitioner, leaves without support being offered, that one chance might be wasted.

There are many similarities between HBA and domestic abuse, and this strategy should be read in conjunction with the [Rochdale Borough Domestic Abuse Strategy](#).

The rationale for HBA differs from other related crime types of domestic abuse in that:

- HBA occurs to preserve perceived social, cultural traditions or norms
- Loss of perceived honour results in shame for the patriarchy
- It is planned and premeditated
- Victims of HBA are more likely to be abused by multiple perpetrators which may include female perpetrators (HBA crimes are usually perpetrated by members of the victims own family and/or extended family but they can also be perpetrated by individuals or groups of individuals within their community).
- The act of HBA is celebrated and condoned by supporters who perpetrate 'honour codes' of practice

- Supporters of HBA are complicit through their silence and in-action
- There are potentially significant risks to people associated with the victim, for example, siblings, partners and friends as well as members of groups and organisations who seek to assist the victim

Whilst there is an overlap, domestic abuse differs from HBA in a number of ways:

- Domestic abuse is often spontaneous and results in an imbalance of power
- There is normally one perpetrator with no family or community complicity
- Domestic abuse is stigmatised in the wider community and is seen as a criminal act
- The perpetrator does not advertise their actions due to negative judgement from peers / community
- Domestic abuse is a gendered issue and the majority of perpetrators are male

Female Genital Mutilation

The World Health Organisation (WHO) states that FGM:

“Comprises of 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”.

FGM is also known as Female Circumcision and Female Genital Cutting. The reason for these alternative definitions is that it is better received in the communities that practice it, who do not see themselves as engaging in mutilation. ([GM safeguarding procedures](#)).

FGM is practised around the world in various forms across all major faiths. Today it has been estimated that currently, about three million girls, most of them under 15 years of age, undergo the procedure every year. The majority of FGM takes place in 30 African countries and includes other parts of the world; Middle East, Asia, and in industrialised nations through migration which includes: Europe, North America, Australia and New Zealand. Globally the WHO estimates that 200 million girls and women worldwide have been subjected to Female Genital Mutilation.

Greater Manchester is one of the main areas for FGM in the UK (GM safeguarding procedures). It is important to recognise that the migrant populations may not practice FGM to the same level as their country of origin; a migrant's reason for being in the UK may well be avoidance of FGM and second and third generation migrant populations may have very different attitudes towards FGM than their parents. However, that same second or third generation may often be the children or adults at greatest risk of having the procedure carried out.

FGM is illegal in England and Wales under the Female Genital Mutilation Act 2003 and amendments added in the Serious Crime Act 2015. There now exist **mandatory reporting duties**, an offence of failing to protect a girl at risk of FGM, FGM Protection Orders and extra-territorial jurisdiction for offences taking place abroad for UK nationals. Any person found guilty of performing or assisting FGM, at home or abroad, is subject to a maximum penalty of 14 years' imprisonment or a fine (or both).

FGM is an abuse of human rights and a form of violence against women and girls. Cases should be dealt with as part of existing structures, policies and procedures on child protection and adult safeguarding and with reference to the **GM FGM Multi-agency protocol** and the **Rochdale FGM local pathway**.

Core Principles

- The safety of survivors is paramount.
- The voice of survivors needs to be listened to and inform practice.
- Getting the right information to frontline practitioners is essential to ensure that they are able to identify and protect victims
- All practitioners working with victims of 'honour' based abuse which includes FM and FGM need to be aware of the 'one chance' rule.
- Addressing the needs of the individual is key, as victims of honour based abuse will require a tailored response
- Involving families in cases of honour based abuse is dangerous

Our three key strategic priorities for 2022-2024:

- 1. Prevention and Protection**
- 2. Prosecution**
- 3. Partnership**

Implementation

The HBA including FGM working group oversees a work plan for the strategy and reports to the RBSCP /RBSAB via the Complex Safeguarding Sub Group. Clear links will be maintained with other strategic groups and related issues such as domestic abuse to ensure that needs are met in a coordinated way.

1. Prevention and Protection		
What are we going to do?		How are we going to do it?
1.1	<i>Delivery of a co-ordinated partnership response to Honour Based Abuse which includes FM and FGM</i>	<ul style="list-style-type: none"> • Develop, maintain and evaluate a HBA including FGM strategy and ensure working group has effective representation from key individuals and agencies working on the HBA which includes FM and FGM agenda within the borough.
1.2	<i>Continue to raise awareness of Honour Based Abuse which includes FM and FGM across the partnership and ensure a coherent and consistent approach to the early identification of risks and planning to support long-term prevention</i>	<ul style="list-style-type: none"> • Review and update HBA, FM and FGM multi-agency policies and procedures, guidance, pathways, resources and training to keep practitioners informed and to enable them to effectively deal with HBA which includes FM and FGM cases / issues and be aware of available points of contact for support. • Ensure that the voice/experience of victims informs practice.
1.3	<i>Provide individuals and local communities with information, resources and the law relating to HBA which includes FM and FGM and a clear process to follow when they have concerns</i>	<ul style="list-style-type: none"> • Raise awareness and share any new or emerging good practice of HBA through an awareness raising campaign, partnership events, conferences and other engagement activities with all ages (including children), genders and reflect the demographics of local communities. • Work with schools to further develop and strengthen response to prevention and develop resources for young people including children with additional needs. • Annual reminder to schools in the summer term to highlight heightened FGM risk time of summer holidays.
1.4	<i>Ensure that individuals who have experienced HBA including girls and women who have undergone FGM can access appropriate services for information, advice, support and necessary health care</i>	<ul style="list-style-type: none"> • Map and review existing provision and pathways. • Seek feedback from service users and survivors of HBA which includes FM and FGM, through community based activities e.g. conversational audit and specific community engagement with targeted groups. • Strengthen links/meetings with specialist agencies.

2. Prosecution		
What are we going to do?		How are we going to do it?
2.1	<i>Work to prosecute and bring more offenders to justice</i>	<ul style="list-style-type: none"> • Improve the collection and handling of data and intelligence on risks to victims / record and flag incidents and crimes accurately. • Collect and understand the data relating to FGM Protection Orders (FGMPO) in Rochdale. • Continue to develop trusting relationships within communities in order to increase the intelligence the police receive, and to promote public confidence that services are learning from past HBA which includes FM and FGM cases.
2.2	<i>Understand and learn from local and national developments that will help inform the partnerships approach to bringing offenders to justice</i>	<ul style="list-style-type: none"> • Work with the GM and other steering groups to share local, regional and national learning.
3. Partnership		
What are we going to do?		How are we going to do it?
3.1	<i>Collaborate and work in and with an effective coalition of partners to identify and address HBA which includes FM and FGM across the Rochdale borough</i>	<ul style="list-style-type: none"> • Complete a mapping exercise of support services available. • Effective partnership working.
3.2	<i>Actions from DHR are incorporated into the HBA training</i>	<ul style="list-style-type: none"> • Establish appropriate link to Domestic Homicide Review Lead and agree process and timescale for sharing outcomes.
3.3	<i>Use RBSAB/RBSCP Quality Assurance Framework Tools to test multi-agency HBA and FGM protection arrangements</i>	<ul style="list-style-type: none"> • Multi-agency audit of HBA and FGM cases helps to shape the response to HBA which includes FM and FGM and supports continual improvement.

Measuring Impact of the Strategy

If successful we would expect to see the following:

- Positive, ongoing multi-agency engagement with the HBA including FGM working group
- An increase in identification of risk factors by professionals
- Local pathways are clearly defined and are in accordance with current legislation and associated statutory guidance
- HBA Campaigns/awareness raising. Regular, targeted campaigns provide information, resources and raise awareness of the law relating to FGM along with a clear process to follow when there are FGM risks/concerns for a woman or child
- Professionals accessing training and reporting increased awareness/confidence in their role
- Key professionals with specialist knowledge support awareness raising within their own organisations and on a multi- agency basis
- Knowledge of HBA which includes FM and FGM and roles and responsibilities across all agencies
- Referrals to police and social care of individuals identified as at risk
- Positive practice identified through case file audit
- Information on the risks of HBA which includes FM and FGM accessible to communities
- Support groups/health/mental health provision for victims. Girls and women who are the victim of FGM can access appropriate services for information, advice, support and necessary health care
- Working with communities/ensuring that voices are heard/involved in finding effective approaches and solutions

References

- GM Multi-Agency Practice Guidelines Honour Based Abuse (January 2022)*
- GM Multi-Agency Practice Guidelines Forced Marriage (January 2022)*
- HM Multi-agency statutory guidance on female genital mutilation (2016)*
- Greater Manchester Victim's Services*
- Saferlives Care Act briefing*
- Protocol on the handling of 'so-called' Honour Based Violence/Abuse and Forced Marriage Offences CPS Guidance*
- Safelives Spotlight Report #HiddenVictims - Your Choice: 'honour'-based violence, forced marriage and domestic abuse*
- WHO- Eliminating Female genital mutilation: An interagency statement*
- Children Acts 1989 & 2004 (Child Protection Plan, Emergency Protection Order, Police Powers of Protection)*
- FGM Act 2003 (mandatory Reporting Duty from October 2015 for regulated professionals)*
- Serious Crime Act 2015 (FGM Protection Orders)*
- HM Inspectorate of Constabulary (2015): The depths of dishonour: Hidden voices and shameful crimes*
- National FGM Centre <http://nationalfgmcentre.org.uk/fgm/>*
- Respect: What is Honour Based Abuse and how does it affect men?*
- Females perpetrating honour-based abuse: controllers, collaborators or coerced? Bates, L. (2018).*
- Honour-Based Abuse in England and Wales: Who Does What to Whom? Bates,L (2020)*
- Policy Responses to Honor-Based Violence: A Cultural or National Problem?, Journal of Aggression, Maltreatment & Trauma, 23:4,369-382, DOI: 10.1080/10926771.2014.892048 Cyril Eshareturi, Christine Lyle & Angela Morgan (2014)*