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Practitioner responses to children and young people involved in forced marriage

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Citation:

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ORIGINAL ARTICLE

Association of
Child Protection
Professionals

Practitioner responses to children and young people involved in forced marriage

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Funding information
British Association for the Study and Prevention of Child Abuse

Abstract

Forced marriage is recognised as a form of child abuse in the UK. Despite evidence that this is a growing problem, there is little current research concerning the responses of child protection practitioners. This article is based on a study that explored the views and experiences of a range of practitioners who had been involved with safeguarding children with respect to forced marriage. Ten semi-structured interviews were carried out, followed by two focus groups (n = 13); these explored the challenges and best practice related to working with children at risk of or in forced marriage situations. The findings highlighted the complex nature of the work and the particular vulnerability of children affected by forced marriage. The study found that practitioners struggled to respond effectively when guidance was unclear or when they had limited knowledge and experience of forced marriage. Effective practice was associated with a high standard of interagency work locally and with practitioners who had confidence and experience and were able to work proactively and assertively.

KEYWORDS
children and young people, forced marriage, practitioner response, safeguarding

Key Practitioner Messages

- Effective practice responses to forced marriage require clearer national and local policy and guidance.
- Knowledgeable, confident and proactive staff enable good-quality risk assessments and service responses.
- Practitioner training and development should include enhancing cultural competence and confidence when working with marginalised/BME families.
- Forced marriage is a nuanced, complex and diverse issue affected by high levels of vulnerability in children and young people.

INTRODUCTION

This article is based on a study that explored practitioners' responses to children experiencing, or at risk of, forced marriage. The methodology and key findings are discussed, and the paper concludes with recommendations for more effective practice responses. The aim of this research was to identify and explore challenges and best practice when working with children affected by forced marriage.In England and Wales, forced marriage is a form of child abuse that can involve physical, sexual and emotional abuse leading to significant harm (HM Government, 2018). Concerns about a

child at risk of forced marriage are referred to statutory Children's Services that have a duty under s.47 of the Children Act 1989 to make enquiries. Subsequent actions may involve a child being removed from home via a court order or remaining at home under a multi-agency child protection plan.

The Forced Marriage Unit is the government body that leads on forced marriage policy, outreach and casework. It offers advice and support to both victims and professionals dealing with forced marriage, and is able to support and intervene in international cases of forced marriage (Forced Marriage Unit, 2020). Guidance from the FMU (HM Government, 2014:1) defines forced marriage as being where *'one or both spouses do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure'*. The guidance states that forced marriage can never be justified on religious grounds and is condemned by every major faith.The very nature of forced marriage means that people who are in, or are at risk of, forced marriage remain largely invisible. Some may not recognise what is happening to them as 'forced' at the time of the marriage; others do not report the forced marriage to statutory agencies and find it difficult to speak out because of fear of the consequences (Chantler et al., 2009). This means accurate measures of prevalence are problematic; however, data from the FMU sheds some light on this. In 2018 the FMU gave advice or support in 1764 cases of which 574 cases involving under 18s (33%), with 312 (17.7%) being 15 or under. In terms of gender, 75 per cent of cases involved females and 17 per cent involved males. Information gathered concerning sexuality shows that 29 (2%) cases identified as LGBT+. The FMU support involved 137 (10%) cases relating to those with a learning disability (FMU, 2019).

Forced marriage is not a problem specific to one culture or country. In 2018, the FMU handled cases relating to 74 'focus' countries. The four countries with the highest number of cases were: Pakistan (44%), Bangladesh (9%), India (6%) and Somalia (3%) (FMU, 2019). The high proportion of cases from the Indian sub-continent is in part reflective of the larger population of these groups across the UK. In addition, there have been strong South Asian women's groups that have challenged gender-related violence within these communities (Siddiqui, 2002; Chantler, 2012). Research studies have also confirmed incidence across a range of countries and religious communities, including African, Middle Eastern and some orthodox religious communities (Hester et al., 2007; Brandon & Hafez, 2008).

The limited research literature concerning forced marriage highlights service responses, victim and survivor experiences of forced marriage, and reasons for/factors affecting forced marriage; of greatest relevance to this study is that pertaining to service responses.

A literature review by Chantler (2012) indicates inconsistent and inadequate recording of forced marriage cases, limited professional knowledge and anxiety about intervening, difficulties with the concept of 'forced marriage' and a need to recognise that forced marriage occurs in a variety of communities. In addition, Chantler (2012) found that the focus on identifying forced marriage hampers support offered to victims and survivors once initial action has been taken. Young people frequently experienced isolation if left unsupported and were commonly estranged from their family and community.

Kazimirski et al. (2009) identified that services framed forced marriage in three different ways: child protection framing, human rights framing and domestic abuse framing. In their study, the child protection response was found to be 'less effective, less co-ordinated, and less clearly articulated' (p. 6). Of particular concern was the reluctance of Children's Services to get involved with 16- and 17-year-olds. There was a lack of clarity regarding which agency (Children's Services or Police) should take primary responsibility, and a reluctance to use child protection procedures for this age group. The authors argued for careful risk assessments, which may not involve a legal order but might require a range of other service responses, including family work (Kazimirski et al., 2009).

Of relevance to service responses are children's experiences of forced marriage. The literature indicates children experience both physical and psychological threats and harm. Many report that feelings of guilt, shame and helplessness are worse than experiences of physical abuse (Anitha & Gill, 2009; Chantler et al., 2017; Sanghera, 2009). Family members may use physical violence and/or emotional blackmail to force the child into marriage (Brandon & Hafez, 2008). Withdrawal from school may isolate children from potential support. Experiences of repeated sexual abuse and rape (resulting in pregnancy) may make them feel unable to leave (Chantler et al., 2017). Survivors report suffering from mental health problems; Kazimirski et al. (2009) found that forced marriage is associated with eating disorders, self-harm and attempted suicide.

METHODS

Participants/sample

This was a small-scale qualitative study that was conducted in two stages. Stage one involved individual semi-structured interviews with 10 practitioners; stage two consisted of two focus groups involving 13 practitioners (see Tables 1 and 2 for participants).

T A B L E 1 Details of interview participants

Type of organisation	Job role	Code
School	Child Protection Lead	S1
School	Children's Trust Practitioner	S2
LA Children's Services	Social Worker	SW1
LA Children's Services	Senior Practitioner	SW2
Children's Services	Social Worker (specialist role with Police)	SW3
LA Children's Services	Social Worker (specialist DV worker)	SW4
LA Children's Services	Social Worker	SW5
LA Children's Services	Social Worker	SW6
Private law firm	Solicitor (specialist forced marriage)	P1
Voluntary Sector	Project Worker (specialist)	P2

T A B L E 2 Details of focus group participants

Focus group Manchester	Code	Focus group Liverpool	Code
LA Safeguarding Manager	M1	Community Health Worker and Safeguarding Nurse	L1
IRO – Independent Reviewing Officer	M2	Domestic Abuse Lead in hospital	L2
Solicitor	M3	PCT Community Development Worker	L3
Survivor and Voluntary Sector Worker	M4	Volunteer and Survivor	L4
Voluntary Sector Worker	M5	Voluntary Sector Manager	L5
		CPS Officer with equality and diversity focus	L6
		Voluntary Sector Outreach Worker	L7
		PPU (Public Protection Unit) Officer	L8

The interview participants were identified using convenience sampling. They were made up of practitioners identified from LSCB (local safeguarding children boards) who had responded to a brief survey, by the authors, asking them to identify whether they had cases of forced marriage (under 18s). The survey was sent to a sample of 60 local authorities within England. Further participants were then recruited as specialist 'contacts' arising from interviews with local authority practitioners. They had been identified as working outside the local authority but having a good level of expertise concerning forced marriage. All the participants had identified as having a 'high' level of experience of children's forced marriage.

For the second stage of the study, the 60 LSCBs were offered the opportunity of identifying participants for a focus group, these were different participants from those interviewed. Only Manchester and Liverpool responded. The participants were selected on the basis of having experience of forced marriage and were recruited via LSCB. Invitations were sent out to 12 participants for each focus group including representation from children's social services, health and education sectors, plus the voluntary sector. However, a total of 13 participants out of the possible 24 attended the focus groups.

Data collection

Semi-structured interviews were conducted either face to face or via the telephone and were between 30 and 100 minutes long. Interviews were all audio-recorded and transcribed by the researcher. The interview schedule comprised sections on referral processes, assessment processes and implementation/service delivery. Participants were encouraged to explore some of the challenges and good practice and to share practice examples.

The focus group schedule comprised of key questions related to participants' experiences of working with cases as part of referral, assessment or service delivery. Participants were invited to explore examples of effective practice and the challenges/barriers involved. We encouraged the use of examples of cases to evidence points made.

Data analysis

Data were explored using thematic analysis (TA), this offers a tool for deriving meaning from qualitative data using a systematic and replicable process. Braun and Clarke (2006) propose its use in a wide range of qualitative data applications as a flexible tool to draw meaning from qualitative data. Data from the semi-structured interviews and focus groups already followed a clear structure set out in the interview and focus group schedules. Therefore, the sorting of data was initially carried out within these pre-constructed categories (challenges, effective practice). Qualitative data matrix tables were drawn up for the interview data and then for the focus group data to help 'see' the data, aid comparison across the data sets and enhance rigour (Silverman, 2001 in Hall & Hall, 2004). Across the pre-constructed categories initial codes were generated for example, 'knowledge base', 'multi-agency working' based on frequency and intensity. Codes were then grouped and built into larger themes (within the pre-constructed categories of 'challenges' and 'effective practice') – for example 'ineffective children's services responses', 'staff skills and knowledge'.

Coding and the development of themes were applied across the interview data set and then separately across the focus group data set, before combining common themes across both. This provided an opportunity to compare data across the different methods and confirm codes and key themes common to both, thereby enhancing the reliability of the data analysis.

Ethics

Ethical approval for this study was obtained through the lead university research ethics process. All interviews and focus groups were conducted with practitioners, whose co-operation was voluntary and who are not named/identified in any reports or publications. Consent forms were completed by all research participants, these included the right to withdraw from the research at any time.

FINDINGS

The pre-constructed categories of 'key challenges' and 'effective practice' are reported on below. Within these categories the themes are identified, expanded upon and examples taken from practitioners' responses to illustrate the theme more clearly.

Key challenges

The research data revealed some complex challenges to practitioners' effective responses to forced marriage. This section summarises four of the key themes arising: difficulties assessing risk; culture-related anxieties; ineffective children's services responses; and child's voice/vulnerability (see Table 3).

It is evident that working with FM involves risk assessment of highly precarious situations involving very vulnerable children often from minority communities. Professional challenges related heavily to assessment of risk and decisions about how and when to take action. The participants (who were experienced with cases of FM) noted levels of professional uncertainty, low confidence and insufficient knowledge base among children's services practitioners. Examples of FM cases illustrated very high levels of vulnerability and intersectionality among the children concerned. Even when intervention was successful and avoided FM, practitioners reported examples of older children being left in risky and isolated situations with little ongoing support. Culture-related anxieties were discussed less frequently and in less depth in the focus groups than in the individual interviews. The BAME workers felt more able and more confident to challenge parents/families regarding forced marriage practices and to focus clearly on child safeguarding specifics.

Effective practice

The data arose from direct questions about effective practice in both the interview and focus group elements of the study. Practitioners were able to discuss many examples of effective practice. Four key themes are reported on: relationships with child; responding in practice; professional skills/knowledge; and policy issues Table 4.

The importance of being responsive to the child's needs and understanding of the situation was mentioned frequently. For this to happen, practitioners emphasised the importance of building trust and remaining open to the child in a very practical way, such as giving the child access to private discussion opportunities and 'keeping the door open'.

TABLE 3 Summary of challenges to effective practice

Theme	Expanding on theme	Example of theme
Difficulties assessing risk	Practitioners were unsure about whether and when to intervene. They commented on discrepancy between involving families and minimising risks to the child. Identified difficulties for the child to accurately assess risk.	*'And when they make that disclosure a lot of agencies think "I've got to act now". And it's that assessment of risks; how long can we work with this young person on their terms and at their pace? And what is the risk to having to work urgently? So complicated is not it, for a young person and all the agencies working with them'.* (L1)
Culture-related anxieties	Some practitioners felt some reluctance to intervene due to fear of offending families or being seen as racist or insensitive. Lack of confidence in challenging practices – BAME worker felt differently.	*'Being non-white might help. They (white workers) do not want to be offensive, so they do not push the boundaries'.* (S1) *'Schools are nervous about upsetting parents and breaking the relationship - being too aligned to Children's Services. School and social workers worry about being seen as racist'.* (SW1)
Ineffective children's services (CS) responses	Practitioners reported that CS responses were slow and often inappropriate. Lack of trust and confidence in their approach. There was a reluctance from CS to get involved particularly in the 15–18 age range.	*'I feel like I'm being really negative about social care, but I have to be honest it's my major barrier – I hate involving them. I mean the social workers that have come along and have dealt with them, have not ever dealt with anything like it before. … we are not going to get very far'.* (S2) *'I think it's great when we rescue these young people, I think we have got everything in place up till then. But you know 15, 16, 17-year-olds where do they go after that? And that's where there still is a huge gap. There are very limited support services out there for them, like you said they leave everything'.* (M4)
Child's voice/vulnerability	Practitioners identified the intersecting vulnerabilities of these children. This made it challenging to build trusting relationships and to prioritise above the parents' voices.	*'This is a 16-year-old with undiagnosed learning difficulties. There is a violent father who did not approve of her boyfriend so arranged a marriage, she fled. The father is very violent - she is very scared of him. Social Services were involved but they wanted the father to be able to communicate with her! But the order was NO communication. She's now pregnant to a much older man, as a result of grooming'.* (P1) *'What worries me is that the young people in that situation do not know where to go with it, or actually do not know that this is going to happen – so it is the unknown for them'.* (M1)

School practitioners, in particular, identified and used this method with success. However, this was not necessarily sufficient – consistent and well-managed systems of intervention were reported to be vital, as were high levels of understanding of the complexity and sensitivity of this work. Examples of rigorous planning and co-ordination were described and found to be effective.

Many participants identified the importance of national and local policy and guidance in supporting effective working, particularly around the issue of involving the family or not and how to integrate FM into current systems and processes. For example, working in schools to integrate FM into Personal, Social and Healthcare Education and other aspects of the curriculum, but also identifying FM within Safer Schools Partnership arrangements and wider domestic violence/abuse systems. Having a good level of engagement with local communities where FM was a risk was identified as helpful and some voluntary sector organisation participants were developing these relationships. However, no examples of work specifically related to FM (under 18s) within community settings was provided.

ANALYSIS

As part of the analysis, the relationship between the themes requires exploration, including overlap and any logical hierarchy within them. In qualitative analysis it is common to regroup and continuously review themes in an iterative process in order to make the most sense and clarity from them in terms of the research aims (Srivastava & Hopwood, 2009). Table 5 below highlights the themes for both 'challenges' and 'effective practice' as described above.

T A B L E 4 Summary of effective practice

Theme	Expanding on theme	Example of theme
Relationships with the child	Practitioners emphasised the importance of initiating, developing and sustaining a trusting relationship including: Being proactive and available. Understand their world. Keep them informed and talking through the options with them. Use of role models.	'Focus on the child's own understanding of life and the relationships they are in'. (SW1) 'Being proactive not expecting young people to come and talk to you'. (S1) 'Always leave the door open; always provide a service even if it is just information and sign-posting'. (SW2) 'Need to include the child's wishes and tell them what you are doing step-by- step'. (SW4)
Responding in Practice	Practitioners gave practical examples of helpful practice responses including: Responsive 'systems' within and across agencies. Good teamwork with the police. Proactive work in schools with children. Ongoing emotional and practical support for young person once 'rescued' from the forced marriage.	'Systems that are tight e.g. if a young person does not come back on first day after holiday we knock on their door'. (S2) 'Close involvement of police in the safety plan; passport number logged; code word decided etc'. (SW2) 'We need to reach out to the small community groups to talk about this issue'. (L4)
Professional Skills and Knowledge	Practitioners identified how workers' skills and knowledge were important including: Having specialist knowledge and experience. Wider awareness training to make forced marriage 'everybody's business'. Confident and determined practitioners.	'All managers and practitioners should attend mandatory training and have a champion in the LA for advice/support'. (SW1) 'Need training and support at local community level, and opportunities to make disclosure in the community'. (S1) 'I do a lot of work in XXX and there's an academy where they are really leading the way as well. It really makes a difference if you have got somebody who's prepared to stick their neck out'. (M3)
Policy Issues	What needs to happen related to legislation, policy and guidance, including: Clarity regarding local and national policy. Guidance e.g. involving family or not. Standardisation of training for all stakeholders. Engagement with communities to build relationships and raise awareness.	'...I think teachers, mentors, school-based staff can play really important roles … raising the profile within schools in PSHE or whichever lesson it might be'. (L6) 'Have regular SAP meetings (Safer Academy Partnership) to discuss those at risk or on FMO, multi-agency support and we invite social care'. (S2) 'Importance of having a national standard for training around forced marriage – Guidance states do not mediate with the family'. (M3) 'We need to make sure we continue to build links and build trust in communities particularly the marginalised ones'. (L6)

T A B L E 5 Themes from challenges and effective practice

Challenges	Effective practice
Difficulties assessing risk	Policy issues
Culture-related anxieties	Responding in practice
Ineffective children's services responses	Professional skills and knowledge
Child's voice/vulnerability	Relationships with the child

It is evident that within the eight themes, some are mirrored or closely related across categories – for example 'child's voice/vulnerability' and 'relationships with the child' might be collectively termed 'child focus'. 'Difficulties assessing risk' is a theme within Challenges that might usefully be considered within the broader theme 'responding in practice'; this covers a wide range of behaviours that could also include 'ineffective CS responses'. 'Culture-related anxieties' could also be included in this group; however, due to its significance in the data, it is considered a separate theme with some overlap to 'ineffective service responses', and more proactively titled 'engagement with communities' in Figure 1 below.

From the eight themes identified (Table 5), two stand out as logical foundations on which to build the remainder. 'Professional skills and knowledge' encapsulate the subthemes and 'policy issues' (national and local mandates) underpin all. For example, without local and national clarity regarding risk assessment policy in cases of FM, we cannot uniformly improve practice. Change to practice is unlikely without supporting guidance. In the model below (Figure 1), policy and professional skills/knowledge are suggested as foundations upon which to build effective practice.
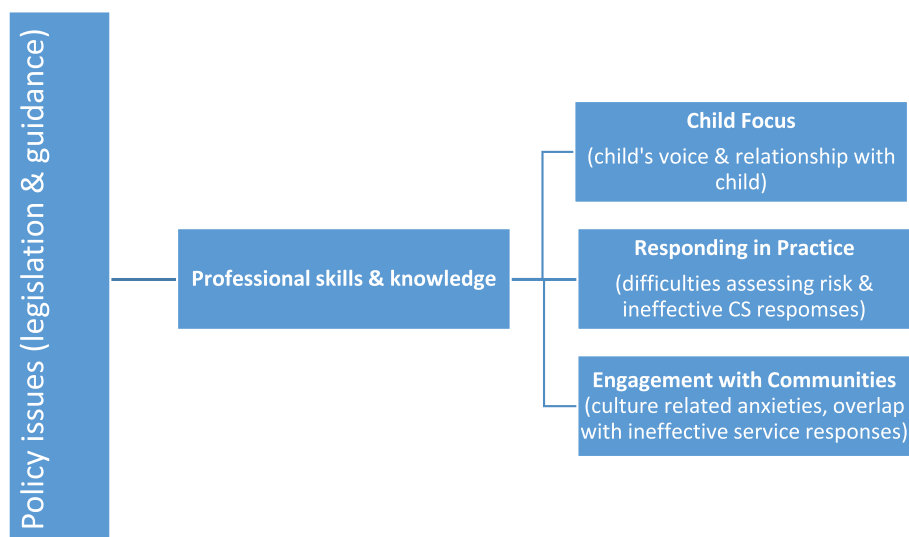
FIGURE 1 Model to show logical hierarchy summarising merged themes from challenges and effective practice categories

DISCUSSION

The thematic module (Figure 1) has been used to structure the discussion below and identify key practice recommendations.

The focus of this study was to examine both challenges and effective practice among practitioners working with children involved in FM. This contrasts with the previous literature where the focus has rarely been on service responses to under 18s with the exception of Kazimirski et al. (2009), a research report by the National Centre for Social Research. Khanum (2008) examined service responses to FM involving *both* adults and children. Other empirical studies concerning FM had some degree of relevance but had a broader focus (Gangoli et al., 2006; Hester et al., 2007; Brandon & Hafez, 2008; Chantler et al., 2009; Clawson & Kitson, 2010). Chantler (2012) provides a literature review of this limited field.

Policy issues

This study and Kazimirski et al. (2009) both identify practitioner difficulties interpreting competing local and national guidance. Our study identified a level of confusion among practitioners and a need for clarity concerning differing guidance, particularly related to local and national policy and the level of consistency of reporting and responding to FM. Clear and consistent integrated national guidance is required to enable practitioners to effect positive change.

Professional skills and knowledge (including responding in practice, engagement in communities, child focus)

We found several issues related to professional skills and knowledge in common with previous literature. More specifically, these were awareness and understanding of forced marriage (as opposed to arranged marriage) (Khanum, 2008), Forced Marriage Protection Orders and confusion about local arrangements for responding (Gangoli et al., 2006; Kazimirski et al., 2009; Chantler, 2012). Khanum (2008) identified the importance of ongoing FM training and recommended that FM become integral to mainstream professional training. Our study would certainly advocate this.

Our study identified that practitioners are sometimes wary and reluctant of responding to FM due to cultural/ BAME-related anxieties. This was articulated as a fear of upsetting communities or being seen as racist for questioning a 'cultural practice" – a theme also found by Gangoli et al. (2006), Clawson and Kitson (2010), Khanum (2008) and Kazimirski et al. (2009). Kazimirski et al. (2009) found that local voluntary sector organisations (predominantly within BAME communities) were less likely than statutory bodies to identify this as an issue. This echoes our finding that BAME workers reflected that it might be easier for them to question and intervene, suggesting some very specific staff development needs around working with diversity.

It is clear that current forms of risk assessment in child protection and/or domestic abuse processes are insufficient for the task of responding effectively to FM. Risk assessment brought up a number of issues in our study. Practitioners from both child protection and domestic abuse arenas often struggled with knowing when to intervene to remove the child or negotiate with the family and gauging how to pitch their response, an issue also identified in Kazimirski et al. (2009). Within the child protection arena, FM is not high on the agenda, and within the DV arena, the machinations are focused on the bigger picture of domestic abuse; additionally, there is a risk of cases falling through the gaps (Clawson, 2016). Interestingly, Gangoli et al. (2006) do not find any clear association or causal link between FM and DV in families but clearly acknowledge that FM is a form of DV; this will require further unpicking and suggests a research remit. Khanum (2008) argues for specific FM focus within DV fora, which may prove a way forward.

We were told that having effective systems and processes enables a clearer, tighter response to risks. This message concurs with Khanum (2008), who identifies the importance of strong multi-agency partnerships in mounting effective responses. Because of the complex nature of FM cases and the low level of prevalence (although this is likely to be an underestimate) compared with other forms of child abuse, specialists or experts who can champion good practice are likely to be necessary; Khanum (2008) supports this suggestion. Who these champions might be, to ensure effectiveness, now needs to be addressed.

In our study, practitioners emphasised the importance of responding effectively to children in FM situations, offering numerous and practical ways of maintaining a child focus. Uncertainty, secrecy and vulnerability made this particularly challenging. Kazimirski et al. (2009) identifies the importance of empowering young people and raising awareness of FM in schools and communities on a more strategic level. Khanum (2008) emphasised the importance of a victim-led approach in all FM situations (both adult and children) and the importance of training staff to respond effectively to children affected. It is key that we work on both personal and structural empowerment of children affected by FM to enable effective practice.

PRACTICE IMPLICATIONS

The development of further statutory guidance and a clear framework to enable consistency across FMU and Child Safeguarding legislation is required from government, informed by research and current best practice. This would need to encourage engagement with nuanced and diverse scenarios and encompass risk assessment processes for work with under 18s affected by FM. Risk assessment needs to be balanced alongside needs assessment; our study practitioners' feedback suggests children's needs (and their wishes and feelings) need to be carefully heard and considered. While clearer and nuanced risk assessment processes and policy are likely to support a more sophisticated engagement with FM scenarios, it is important to understand that risk assessment is most effective when partnered by a holistic needs assessment. For example, Munro (2004) concludes that practice can be enhanced using good tools and processes, but these need to be complementary to professional judgement and understanding.

There is a clear need for further statutory guidance that incorporates an individualised and contextualised analysis of responses to safeguarding and promoting the welfare of children affected by forced marriage. Currently, a number of local authorities have policy and procedures concerning FM, for example, Liverpool (Liverpool Community Safety Partnership, 2019). Some local authorities do not have specific local procedures (e.g. Lincolnshire), suggesting a variability of practice in the field. Standardised training is required to ensure all practitioners have a foundation level of knowledge and understanding of FM, including how this affects under 18s. It would be useful to explore who would be best placed to design and deliver this training.

A widening of training for child welfare professionals and more specialist training to ensure expertise permeates is recommended. More focused training concerning the child's perspective and enabling child-centred working would be required too. This is a priority for children's services staff in particular, in order to develop confidence and competence working directly with children and young people.

In addition, opportunities for developing critically reflective cultural competence and confidence when working with marginalised/BME families is urgently required. To ensure implementation, this should be through both training initiatives and professional supervision. There is an argument for additional in-depth specialist training to enable the development of experts locally. In addition, workers within and across agencies need the opportunity to discuss power dynamics, cultural and ethical issues that arise in working with children affected by forced marriage.

LIMITATIONS OF THE STUDY

Both researchers were married women, one white British and one British Asian; neither had any history of experiencing forced marriage. One researcher is a qualified social worker and the other is a child psychologist. This may have led to

some collusion with other similar professions or ethnicities within the study. However, we anticipate that our differences allowed a balanced approach. The authors acknowledge the small-scale nature of this qualitative study prevents wide-ranging generalisation; it is a snapshot of experiences both personal and political. The methodological approach has allowed for a rich exploration of hitherto unreported practitioners' responses to FM, a group that has been hard to identify, a practitioner that is hard to reach due to the hidden and often unreported nature of FM. This has created challenges to the recruitment of sufficient participants across locations and may affect the robustness of the findings to some extent. We did not collect data on the ethnicity and religious background of the participants; although anecdotally there was a mix, we are unable to report on this sufficiently in terms of experiences and opinions of different sub-sections of participants. The focus of the study concerns practitioners and thus consequently fails to take into consideration the voice of the service users and wider affected community. Despite these limitations, this article reports on a greatly under-researched area of child abuse, and we anticipate that this research can trumpet the way for further, wider research and, more importantly, for change in our practice.

CONCLUSION

This small-scale qualitative study concerned the experiences of practitioners working with under 18s affected by forced marriage. It is clear that safeguarding children from forced marriage is a highly complex task. The study explored the challenges to effective practice and what effective practice looked like. Key themes were identified: policy issues; staff skills and knowledge; child focus; responding in practice; and engagement with communities. Recommendations for practice have been provided in line with these themes. Finally, the paucity of relevant research suggests that further research is urgently needed and should include studies ascertaining the views of survivors of forced marriage and family members to better understand the dynamics of forced marriage and impact of professional interventions. This may then widen opportunities and discussion regarding more community and family-focused interventions and approaches.

RESEARCH FUNDING

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