Honour Based Violence, Forced Marriage and Female Genital Mutilation

Standard Operating Procedure

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1. **Purpose**

1.1 The purpose of this Standard Operating Procedure (SOP) is to provide instruction and guidance on the investigation of ‘Honour Based Violence’ (HBV) including Female Genital Mutilation (FGM) and Forced Marriage (FM).

1.2 This instruction set is not exhaustive, as it cannot cover every eventuality or potential set of circumstances; however it is intended to provide guidance to staff dealing with such eventualities.

1.3 This SOP incorporates Scottish Government Forced Marriage Statutory Guidance, the Prohibition of Female Genital Mutilation (Scotland) Act 2005 and the criminal offence of forced marriage contrary to Section 122 of the Anti-social Behaviour, Crime and Policing Act 2014.

1.4 The Police Service of Scotland (hereinafter referred to as Police Scotland) is committed to providing a professional and consistent approach to victims of HBV, FM and FGM who are often isolated and vulnerable within society. In dealing with cases, all police officers and police staff will treat victims and their families in a fair, sensitive and ethical manner. To meet the individual needs of the communities served, we will recognise and take into consideration the diverse nature of our communities, including those affected by Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation.

1.5 Where children are involved a Getting It Right for Every Child (GIRFEC) approach will be essential to ensuring the needs of children and young people, affected directly or indirectly by these issues, are considered. Where a risk of significant harm identified, the National Guidance for Child Protection in Scotland and the Police Scotland Child Protection SOP must be adhered to.

2. **Priorities**

2.1 The priorities in responding to HBV, FM and FGM are as follows:

- To protect the life and well-being of every victim
- To take the needs and views of the victim into account given the sensitivity of the issues and the potential impact such serious offending can cause a victim;
- Every report of HBV / FM / FGM will receive a consistent response;
- Every reported HBV / FM / FGM incident/crime will be investigated thoroughly; and
- Every person (adult or child) who is a victim/potential victim will receive protection and safety advice and be offered referral to a relevant support service.
3. Definitions

3.1 Honour Based Violence

3.1.1 The terms ‘honour crime’ and ‘honour-based-violence’ embrace a variety of incidents or crimes of violence (mainly but not exclusively against women), including physical abuse, sexual violence, abduction, forced marriage, imprisonment and murder where the person is being punished by their family or community. They are punished for actually, or allegedly, ‘undermining’ what the family or community believes to be the correct code of behaviour.

3.1.2 In transgressing this, the person shows that they have not been properly controlled to conform by their family and this is to the ‘shame’ of the family. Actions, which are criminal, may be considered necessary by perpetrator(s) as justified to protect or restore the ‘honour’ of a family.

3.1.3 HBV may apply to any age group therefore children and young people may also be targets of HBV.

3.2 Forced Marriage

3.2.1 Cultures in which HBV exists sometimes practice forced marriage. This is defined as:

“A forced Marriage is a marriage in which one or both parties do not (or, in the case of some adults with learning or physical disabilities, cannot) consent to the marriage and duress is involved. Duress includes both physical and emotional pressure. It is very different from arranged marriage, where both parties give their full and free consent to the marriage”

(Scottish Government - 2015).

3.2.2 The Forced Marriage etc. (Protection and Jurisdiction) (Scotland) Act 2011 - Part 1, Section 1 (6), defines “force” as follows:

“(6) In this Part -

“force” includes -

(a) coerce by physical, verbal or psychological means, threatening conduct, harassment or other means,

(b) knowingly take advantage of a person’s incapacity to consent to marriage or to understand the nature of the marriage and related expressions are to be read accordingly,”

3.2.3 Similarly, ‘duress’ can include physical, psychological, financial, sexual and emotional pressure, threatening conduct, harassment, threat of blackmail, use of deception and other means. It is also force knowingly to take advantage of a person’s incapacity to consent to, or understand the nature of, the marriage. Duress may be from parents, other family members and the wider community.
3.3 Female Genital Mutilation

3.3.1 The World Health Organisation (WHO) have identified four main types of Female Genital Mutilation (FGM) and estimate that approx. 6,000 women and girls worldwide are subject to this practice every day.

3.3.2 FGM falls into four general categories, recorded as:

**Type I** also called clitoridectomy: Partial or total removal of the clitoris and/or the prepuce;

**Type II** also called excision: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora. The amount of tissue that is removed varies widely from community to community;

**Type III** also called infibulation: Narrowing of the vaginal orifice with a covering seal. The seal is formed by cutting and re-positioning the labia minora and/or the labia majora. This can take place with or without removal of the clitoris;

**Type IV** All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping or cauterization.

3.3.3 Types I and II are the most common, but there is variation among countries. Type III – infibulation – is experienced by about 10 per cent of all affected women and is most likely to occur in Somalia, northern Sudan and Djibouti.

(Source: UNFPA - United Nations Population Fund)

For further information, please refer to the Female Genital Mutilation (FGM) Fact Sheet.

4. Background Information

4.1 Honour-Based Violence

4.1.1 Women and girls of all ages are predominantly, but not exclusively, the victims of HBV, whereby the honour code means that women must follow rules that are interpreted according to what male family members consider acceptable.

4.1.2 In some communities, traditional attitudes where women are regarded as subordinate to men are still widely held. Breaking the rules is seen as destroying the good name of the family and deserving of punishment. Perpetuating the belief that women are subordinate to men can lead to some families/communities feeling justified in their actions in controlling women’s behaviour and depriving them of equal human rights and fundamental freedoms.
4.1.3 Adult males or young boys can also be victims of HBV, for example as a consequence of their involvement in what is deemed to be an inappropriate relationship, if they are gay or if they are believed to be supporting the victim.

4.1.4 HBV can be distinguished from other forms of violence, as it is often committed with some degree of approval and/or collusion from family and/or community members. Relatives, irrespective of their gender, may conspire, aid, abet or participate in HBV. Examples may include murder; unexplained death (suicide); fear of, or actual, forced marriage; controlling sexual activity; female genital mutilation; domestic abuse; child abuse; rape; abduction; false imprisonment; threats to kill; assault; harassment; and forced abortion.

4.1.5 HBV features in many cultures, nationalities and communities, transcending national and international boundaries. When dealing with HBV, officers must recognise that family members and/or individuals from the community concerned may support the primary offender(s), by seeking to mislead, obstruct or undermine the investigation.

4.1.6 Family members and/or individuals are often under threat of severe repercussions should they not fulfil their “duty” by members of the community who enforce or collude in the perpetration of HBV.

4.1.7 HBV is a cultural rather than a religious issue and is condemned by all religions.

4.1.8 The links between the investigation of another offence or incident and HBV may not always be apparent. HBV should be borne in mind by officers and police staff taking reports of, or investigating a number of other offences and incidents.

4.2 Forced Marriage

4.2.1 Forced marriages must not be confused with arranged marriages. In an arranged marriage, while families take a lead role in choosing the marriage partner, the marriage takes place with the consent of both parties. In forced marriages one or both spouses do not consent to the marriage, or consent is extracted under duress. Again age can be a factor and some forced marriages involve children and young people.

4.2.2 Forced marriage cannot be justified on religious grounds. Every major faith condemns it, and freely given consent is a prerequisite of Christian, Jewish, Hindu, Muslim and Sikh marriages.

4.2.3 Forced marriage is a culturally specific form of abuse and while police need to be sensitive to cultural and racial differences, they also have an overriding duty to identify individuals who need protection and to invoke necessary child protection/adult protection procedures and legal interventions.
4.2.4 Forced marriages may involve many different forms of abuse including psychological, physical, sexual, financial and emotional. Family members or spouses may perpetrate abuse, either by forcing the victim into marriage or by abusing them after marriage. The abuse may be committed by any family member (male or female) and may, or may not, include the other party to the forced marriage.

4.2.5 In the period leading up to a forced marriage young victims are often withdrawn from school and can be imprisoned.

4.2.6 This isolation from the outside world may be enforced by physical violence and/or emotional abuse and can lead to mental illness, self-harm and suicide. Although it is less likely, males can be victims of such abuse, and this often relates to their sexuality, or non-acceptance of community/family behaviour codes.

4.2.7 Parents who force their children to marry may justify their behaviour as protecting their children, building stronger families and preserving cultural or religious traditions. They may not see their actions as wrong. Family members or individuals from within the community concerned may support the perpetrators by seeking to mislead, obstruct or undermine a police investigation. Where a victim has fled, family members may make false allegations of crime against them, or report them as missing, in an attempt to enlist the help of the police in tracking them down.

4.2.8 Some forced marriages take place in the United Kingdom (UK) with no overseas element, while others involve a partner coming from overseas or a British Citizen being sent abroad. In some cases people may be taken abroad without knowing that they are to be married, perhaps being tricked or blackmailed into travel e.g. on the premise of visiting a dying relative or attending a family event. When they arrive in the country their passports may be taken by their family to try and stop them returning home.

4.2.9 There is a need to consider early intervention and prevention and contact with any agency should trigger some consideration of the consequences that might not be immediately apparent.

4.2.10 In addition, on all occasions where children are involved at the point of crisis, local child protection procedures and National Child Protection Guidance must be adhered to and close liaison maintained with Social Work departments and the Children’s Reporter in terms of protective statutory interventions. Refer to the Child Protection SOP for further instruction / guidance.

4.2.11 Sections 60 & 61 of the Children's Hearings (Scotland) Act 2011 impose a statutory obligation to refer children who are in need of protection, guidance, treatment or control and, where it may be necessary to make a compulsory supervision order, to the Children’s Reporter. Further protection may be available through civil legislation. From the age of 12, a child can instruct a lawyer and can apply for legal aid.
4.2.12 In Scotland the Forced Marriage etc. (Protection and Jurisdiction) (Scotland) Act 2011 came into force on 28 November 2011. The Act makes provision for protecting persons from being forced into marriage without their free and full consent and for protecting persons who have been forced into marriage without such consent.

4.2.13 Under the Forced Marriage Legislation Scotland’s Sheriffs may issue a civil Forced Marriage Protection Order (FMPO) on an application being made by:
- The protected person;
- A relevant third party i.e. Local Authority; the Lord Advocate and any other person specified by Scottish Ministers,
- Any other person only with the leave of the court e.g. Police Scotland (Section 3 (2) of the Act makes specific mention of this).

4.2.14 Forced Marriage Protection Orders are issued to protect people from being forced into marriage without their full and free consent and to protect persons who have been forced to enter into marriage without such consent. When divisional Public Protection / Domestic Abuse Units receive referrals or child/vulnerable adult concerns about Forced Marriage, which initiates an Inter-Agency Referral Discussion (IRD), any applications for a FMPO may be made by a local authority via its legal department, in close liaison with the relevant frontline practitioner. If, at the conclusion of an IRD the local authority is not in favour of pursuing a FMPO, the police can, upon obtaining leave of the court, apply for a FMPO via the Force Solicitor. This course of action is unprecedented. The expectation is that the local authority will take the lead and make an application in any joint investigation.

4.2.15 When Public Protection or Domestic Abuse Investigation Units are aware of Forced Marriage Protection Orders being sought as a result of joint Child or Adult Protection investigations details of the FMPO application or a copy of the interim FMPO/FMPO should be forwarded to the Secretariat of the Honour Based Violence Working Group who is responsible for maintaining a central register for Police Scotland.

4.2.16 A FMPO may require the protected person being taken to a place of safety or submitting their passport to the court, among other things. Section 9 creates a criminal offence to knowingly and without reasonable excuse ‘breach a FMPO’ and officers may arrest without warrant any person they reasonably believe is committing or has committed an offence. Refer to the Scottish Government Forced Marriage Statutory Guidance, and Responding to Forced Marriage Multi-Agency Practice Guidelines for additional guidance.
4.2.17 Section 122 of the Anti-social Behaviour, Crime and Policing Act 2014 came into force on 30 September 2014 and creates a **criminal** offence of forced marriage under the law of Scotland:

Section 122 provides that:

“A person commits an offence under the law of Scotland if he or she:

(a) uses violence, threats, or any other form of coercion for the purpose of causing another person to enter into a marriage; and

(b) believes, or ought reasonably to believe, that the conduct may cause the other person to enter into the marriage without full and free consent.”

4.2.18 Specific provision is made where the victim lacks the capacity to consent by reason of a mental disorder, in these circumstances; the offence is capable of being committed by any conduct carried out for the purpose of causing the victim to marry, whether or not it amounts to violence, threats or any other form of coercion.

4.2.19 In addition Section 122 (3) creates an additional offence of practising deception with the intention of causing another person to leave the UK to travel to another country with the intention that the other person is subjected to conduct that is an offence of forced marriage, or would be an offence if the victim were in Scotland. There may be occasions when the civil and criminal Forced Marriage legislation can be used in tandem.


4.2.21 Perpetrators, usually parents or family members, could also be prosecuted for common law offences including threats, theft (e.g. theft of passport), abduction, false imprisonment, assault, murder and sexual crimes. Officers must also consider statutory offences such as Section 12, Children and Young Persons (Scotland) Act 1937, sexual offences under the Sexual Offences (Scotland) Act 2009; offences under the Child Abduction Act 1984 and the Prohibition of Female Genital Mutilation (Scotland) Act 2005.

4.2.22 Dowry or “Dahej” is the payment in cash and/or in kind by a bride’s family to the groom’s family, along with the giving away of the bride. The custom originates from India and is called Kanyadaan. This is an important part of Hindu marital rites where “Kanya” means virgin and “daan” means gift. The dowry was later given to help with marriage expenses and became a form of insurance in the case that the bride’s in-laws mistreated her.

4.2.23 Although the dowry was legally prohibited in India over 40 years ago, it continues to be highly institutionalised. The groom often demands a dowry consisting of a large sum of money, farm animals and electronics.
4.2.24 When the dowry amount is not considered sufficient or is not forthcoming, the bride is often harassed, abused and her life made miserable.

4.2.25 This abuse can escalate to the point where the husband will actually ritualistically burn the bride, often by pouring kerosene (paraffin) on her and lighting it, usually killing her.

4.2.26 Evidence from India indicates that dowry murders are on the increase and official figures of over 4,500 deaths a year are viewed as extremely conservative.

4.2.27 In the UK, dowry abuse is believed to be a real threat for Indian women. Officers that respond to Domestic Abuse incidents involving such women should consider this threat when seeking to establish what has provoked the abuse.

4.2.28 Victims may be advised to consider seeking protection from civil legislation. In addition to bail offences, the following current legislation is relevant:

- The Matrimonial Homes (Family Protection) (Scotland) Act 1981
- The Protection from Harassment Act 1997
- The Protection from Abuse (Scotland) Act 2001
- The Family Law (Scotland) Act 2006
- The Criminal Justice and Licensing (Scotland) Act 2010.

4.2.29 Reference should be made to:

- The Scottish Government Forced Marriage Statutory Guidance;
- The Scottish Government Responding to Forced Marriage: Multi-Agency Practice Guidelines;
- Scottish Government Responding to Forced Marriage Multi-Agency Practice Guidelines – A Summary;

4.3 Female Genital Mutilation

4.3.1 FGM is extremely painful and can have serious consequences for physical health and impact on mental health. It is usually carried out by women and can result in death.

4.3.2 FGM has been documented mainly in Africa (28 countries), and in a few countries in the Middle East (e.g. Yemen, Kurdish communities, Saudi Arabia), Asia and among certain ethnic groups in central and South America. Anecdotal evidence and case studies show that FGM is now being encountered in various European countries as a result of migration. More
evidence supporting the increase of FGM as a result of population migration can be found on the World Health Organisation website.

4.3.3 The largest communities potentially affected by FGM living in Scotland are Nigerians, followed by people born in Somalia, Egypt, Kenya, Sudan and Eritrea. There are potentially affected communities living in every local authority area in Scotland, with the largest in Glasgow, Aberdeen, Edinburgh and Dundee respectively.


4.3.4 UK Women’s Groups state there is evidence that it is being practiced on women in the UK on a substantial scale. It is typically performed on girls aged between 4 and 13, but can be performed on new-born infants or on young women prior to marriage or pregnancy. FGM is practiced for a number of reasons for example to control female sexuality and behaviour, to maintain virginity until marriage, for reasons of perceived hygiene and cleanliness or cultural identity. It is not a religious practice and leaders of all major religions have condemned the practice as unnecessary and harmful.

4.3.5 The Prohibition of Female Genital Mutilation (Scotland) Act (2005) makes it unlawful to carry out any of the procedures detailed above on a girl or a woman. It is also an offence under the Act to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is not banned by law.

4.3.6 The Act includes a defence whereby no offence is committed if an approved person carries out a surgical operation on another person, which is necessary for that other person’s physical or mental health, or who is in any stage of labour or has just given birth, for purposes connected with the labour or birth. An approved person is a registered medical practitioner, a registered midwife or a person undergoing a course of training with a view to becoming such a practitioner or midwife.

4.3.7 In some instances police may receive information in circumstances where there are opportunities to intervene to prevent FGM occurring. In such cases, the primary objective is protection of the individual involved and the prevention of any future risk of harm to the intended victim. Where this involves a child or young person, it may be necessary to invoke Inter Agency Child Protection Procedures in order to protect them. Further guidance can be found in Section 8 of this document entitled Child Protection.

For further information, please refer to the Female Genital Mutilation (FGM) Fact Sheet.
5. **Associated Crimes and Incidents**

5.1 The links between HBV, FM, FGM and other crimes and offences are not always immediately apparent, however will often be revealed during an investigation.

5.2 Officers should be alert to the potential for other crimes and offences perpetrated during the commission of HBV, FM or FGM. The following examples provided are not exhaustive:

5.3 **Domestic Abuse**

5.3.1 The risk of Domestic Abuse may increase for victims of HBV or FM and officers should be aware of this when dealing with incidents. Historically, even within the UK, domestic abuse of women was seen as acceptable and for members of some communities that have immigrated into the UK, domestic abuse may have been socially acceptable, or not legislated against, under the laws of their country of origin. Some may also believe that religious and/or cultural belief systems permit such acts of abuse.

5.3.2 Officers must always be alert to the potential for HBV, FM or FGM within calls that they attend, and record these concerns on the interim Vulnerable Person Database (iVPD) whether a feature of domestic abuse or other family conflict. Refer to the Domestic Abuse SOP for further instruction / guidance.

5.3.3 When domestic abuse is identified as occurring within the context of HBV or FM, officers should follow guidance contained within the Domestic Abuse SOP and Toolkit. The nationally agreed definition of Domestic Abuse does not include inter-generational abuse (e.g. father and son) or other familial violence (e.g. uncle and niece) therefore many cases of HBV will fall outwith this definition. If the incident involves inter-generational or familial abuse then it should be dealt with as HBV only.

5.3.4 Although many aspects of abusive and controlling behaviour are common within Domestic Abuse and HBV, the issue of honour and its preservation, is directly related to HBV.

5.3.5 Where children and young people are affected by abuse in a domestic setting, the full facts and circumstances will be subject of referral in line with existing procedures, refer to the Child Protection SOP.

5.3.6 Officers must ensure that the interim Vulnerable Persons Database (iVPD) is populated with all information obtained during the investigation, including details of all parties involved and details of children, both present and not present, but residing within the household and potentially exposed to Domestic Abuse.
5.4 **Sexual Offences**

5.4.1 When dealing with reports of rape or other sexual offences from members of communities which may be affected by HBV or FM, officers should always bear in mind that the offence may have occurred within this context.

5.4.2 Some societies punish the victims of rape as well as the perpetrators. They may hold the cultural belief that being raped has damaged the woman’s reputation, which will lead to bringing dishonour to the family and in some cases, to the community.

5.4.3 This can lead to the victim being ex-communicated or forced to marry the perpetrator to restore the reputation/honour of the woman and sometimes to punish the perpetrator. In addition, severe consequences can also include murder or attempted/completed suicide due to perceived shame brought on the family.

5.4.4 For a victim reporting sexual offences where the perpetrator is a family member, she / he may be placing her/himself at further risk, as they may be perceived as having brought shame on the family.

5.4.5 There may be situations where rape is deliberately used as a form of retribution; this can be directed to other female relatives of the individual targeted for retaliation.

5.4.6 When dealing with sexual offences, officers should refer to the Sexual Crime Investigation SOP and the Scottish Investigators Guide to Serious Sexual Offences.

5.4.7 An iVPD incident should be raised on all occasions.

5.5 **Missing Persons**

5.5.1 Robust risk management is essential when dealing with victims fleeing HBV. Officers should be alert to the fact that where the Missing Person is a potential victim of HBV, routine enquiries may inadvertently place the victim at greater risk of harm.

5.5.2 Officers should bear in mind the unique risks associated with the investigation of Missing Persons where HBV, FM or FGM is suspected. These risks must be considered prior to disclosure of any information on whereabouts to any individual and officers should seek advice and guidance from supervisors and specialist staff where necessary. Reference should also be made to the Missing Person Investigation SOP.
5.6 Abduction

5.6.1 Abduction is the common law crime of carrying off, or confining any person, forcibly, and without lawful authority. In order to establish the case, it is only necessary to prove that unlawful removal and illegal detention took place. Reference should be made to the Child Abduction SOP, the Human Trafficking SOP and the Child Rescue Alert Practitioners Manual of Guidance.

5.6.2 HBV, FM and FGM can involve the abduction of victims and children from the UK. Typically, in such cases, the victim, who may be a child or young person, is induced or forced by immediate family members to travel abroad for a holiday or to visit relatives. The victim may later return to the UK having been subjected to violence, whether through HBV, FM or FGM; however in other instances they may just disappear.

5.6.3 In all cases the primary objective is prevention and reference should be made to Inter Agency Child Protection Procedures, further details are contained within Section 8 of this document entitled Child Protection.

5.6.4 In all cases, the Forced Marriage Unit at the Foreign and Commonwealth Office (FCO) should be consulted. If a victim is taken abroad, the FCO may assist in repatriating them to the UK. In these circumstances, the FCO will take primacy for such operations.

5.6.5 In cases of abduction, officers should immediately notify the on call Senior Detective Officer who will implement procedures, notify the on call Detective Superintendent and refer to the Child Abduction SOP, Kidnap and Extortion SOP, the NPIA Kidnap and Extortion Manual (copy on CD held by Kidnap Champions in Divisions) and the Child Rescue Alert Practitioners Manual of Guidance.

5.7 Murder

5.7.1 “Murders, in the name of so-called honour, are murders in which predominantly women are killed for actual or perceived immoral behaviour, which is deemed to have breached the honour code of a family or community, causing shame”. (ACPO 2006 – Honour Based Violence and Murders in the Name of So-called Honour).

5.7.2 Evidence shows that where such murders occur, wives are most often killed by their husbands, and daughters by their fathers. Relatives including females may conspire, aid, abet or participate in the killing, or be pressured or threatened into doing so. Younger relatives may be selected to undertake the killing, to avoid senior family members being arrested. Sometimes contract killers are employed.
5.7.3 HBV should not be underestimated. Some perpetrators of HBV will kill their closest relatives and/or others for what might appear to be a trivial transgression. The mere perception or rumour of immoral behaviour may be considered sufficient justification to kill. Examples may include:

- Inappropriate make-up or dress;
- The existence of a boyfriend/girlfriend;
- Rejecting a forced marriage;
- Rejecting a chosen wife/husband;
- Pregnancy outside of a marriage;
- Interfaith relationships;
- Leaving a spouse or seeking divorce;
- Kissing or intimacy in a public place;
- Sexual orientation (including being gay, lesbian or bisexual);
- Gender identity (transgender).

5.7.4 Such murders are often planned and are sometimes made to look like suicide or an accident. A decision to kill may be preceded by a family council. There often tends to be a degree of premeditation, family conspiracy and a belief that the victim deserves to die.

5.7.5 Investigating officers should refer to the Crime Investigation SOP.

5.8 Self-Harm / Suicide

5.8.1 Studies in the UK have shown that the prevalence of self-harm is disproportionately high among young Asian women. Reasons behind this stem from a lack of support and the clash that can occur when an individual is expected to conform to differing cultural ideals, some of which are directly associated with HBV.

5.8.2 HBV, FM, FGM and the associated emotional and physical abuse can play an important role in the circumstances leading to suicide. Forced suicide should also be considered.

5.8.3 If a Child Protection concern is identified as a result of such behaviour (self-harm / suicide), or if an individual meets the criteria of an Adult at Risk, then the full facts and circumstances should be the subject of a referral in line with existing procedures.
6. Police Responses to Incidents of Honour Based Violence, Forced Marriage or Female Genital Mutilation

6.1 Primary Objective

6.1.1 The primary objective of the police is to protect the individual involved and prevent any future risk of harm to the intended victim.

6.1.2 The immediate response to a report of HBV, FM or FGM is key to protecting victims and children. All police officers and police staff should realise that such incidents may come to the attention of the police in a variety of manners and guises, including referrals from partners; i.e. Health, Education, Local Authorities and Third Sector organisations, and should make themselves familiar with the information contained in this document in relation to potential linked enquiries.

6.1.3 Police must not attempt to mediate or reconcile in such situations as they may unwittingly increase an individual’s vulnerability and place them in danger.

6.1.4 Police should not approach community or religious leaders or the potential victim’s family for assistance.

6.1.5 The attending officer should update their Supervisory Officer / HBV Single Point of Contact (SPOC) with full details as soon as possible.

6.2 Initial Action – Initial Call Takers Procedures

6.2.1 Where an incident of HBV, FM or FGM is identified by any member of police staff in receipt of a call, immediate notification should be made to the Duty Officer, who will be responsible for monitoring the incident in its initial stages.

6.2.2 Given the high-risk and unpredictable nature of HBV/FM/FGM, incidents should be treated as high priority to ensure that, as far as possible, any reported incident receives an immediate police response.

6.2.3 In some cases, in order to minimise risk to the victim, consideration should be given to requiring plain clothed officers to attend.

6.2.4 Where a victim is reporting an incident that is not ongoing and it is apparent he/she is in a safe location, an immediate response may not be necessary.

6.2.5 Once the initial circumstances are established, the relevant Supervisory Officer or on-call SPOC (where available) (refer to Section 14 for SPOC roles and responsibilities) should be notified to ensure that a risk assessment is undertaken and an appropriate initial response co-ordinated.

6.2.6 Information has been removed due to its content being exempt in terms of the Freedom of Information (Scotland) Act 2002, Section 35 Law Enforcement.
6.2.7 Call takers should carry out the following actions with a view to ensuring the safety of the reporter and the attending officers:

- Prioritise the safety of the victim and attending officers. Keep the caller fully informed of the deployment of officers;
- If the suspect or suspects are still present at the scene, keep the caller on the line, if it is appropriate to do so. Any background noise or signs of distress may later be used as evidence either from recordings or from the call taker’s statement; and
- If the suspect or suspects have left the scene, advise the caller to lock and secure the premises and return to the telephone. Take a full description of the suspect/s and any associated vehicle and circulate details.

6.2.8 Call takers will endeavour to record and disseminate the following information:

- Location and identity of the caller and victim;
- Location of the incident;
- Location of the suspect/s if known;
- Whether any parties are injured, the nature and severity of any injury and if medical assistance is required;
- Whether any children or vulnerable adults are present, their location and if they are safe;
- Whether any weapons have been used or if weapons are available to the suspect/s;
- Description of the suspect/s;
- Description of any vehicle the suspect may be using since leaving the scene;
- Whether any party appears drunk or has taken drugs;
- Whether there is any history of HBV or domestic abuse;
- Location of any witnesses;
- Whether any Court Orders apply;
- Whether there are any relevant occurrence markers;
- Note the first account of what the caller says has occurred (as far as possible, this should be recorded verbatim);
- The demeanour of the person from whom the information is collected;
- Details of the demeanour of the victim, suspect/s and others present and background noise (including shouting, words spoken);
- Confirm the language spoken by the family;
- Whether there are any special needs regarding disability, language etc.
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- Whether there is a Firearms or Shotgun Certificate holder connected to the incident.

6.2.9 Controllers will endeavour to ensure that all available Police Information Systems are interrogated prior to officers attending any incidents, including:

- Criminal History System (CHS);
- Police National Computer (PNC);
- Police National Database (PND);
- Scottish Intelligence Database (SID);
- Interim Vulnerable Person Database (iVPD).

6.2.10 If appropriate, a request should be made of the local on-call Social Work Department to check its databases for information.

6.2.11 Locate / Info markers can be found on PNC in relation to victims of Forced Marriage Protection Orders and on CHS in relation to civil interdicts and this information should be passed to attending officers. A general search should also be considered in order to access information and identify cases of repeat victimisation; this can include the following applications:

- Crime Recording Systems
- Custody Records
- Command and Control / STORM
- Warrants
- Firearms
- Missing Person Records.

6.2.12 The Duty Officer will ensure that any HBV, FM or FGM incidents are marked Restricted and will ensure the appropriate coding is appended.

6.2.13 Where a report is made to an officer or member of police staff outwith this setting, they will ensure that the procedure detailed within this section is utilised.

6.3 Police Response

6.3.1 On every occasion the initial priority of police will be the safety and well-being of the victim, their family and any other person present. Officers must conduct appropriate checks and searches to ensure the welfare of any person, and must be mindful of the statutory duty to protect life. They should also consider that any member of the family might be involved.
6.3.2 Regardless of the victims’ age, an HBV and FM Risk Assessment and Protection Plan Form (PSoS Form 078-001) must be completed at the earliest opportunity and an iVPD incident submitted and restricted without delay.

6.3.3 The victim and suspect/s should be separated and the victim spoken to where the suspect/s cannot overhear or visually interfere. In all cases, officers should endeavour to speak to the victim alone, as they may be placed under duress by other family members or members of the community.

6.3.4 If the victim is willing, they should be taken to a neutral place to be interviewed. Officers must not attempt to mediate between, or reconcile, the parties.

6.3.5 In terms of Section 8 of the Victims and Witnesses (Scotland) Act 2014 a person who is, or appears to be, the victim of (offences listed below) must be afforded the opportunity to specify the gender of the interviewing officer (deemed to be the officer noting a full statement).

- an offence listed in any of paragraphs 36 to 59 ZL of Schedule 3 to the Sexual Offences Act 2003;
- an offence under section 22 of the Criminal Justice (Scotland) Act 2003 (traffic in prostitution etc.);
- an offence under section 4 of the Asylum and Immigration Act (Treatment of Claimants, etc.) Act 2004 (trafficking people for exploitation);
- an offence, the commission of which involves Domestic Abuse;
- stalking;
- Honour Based Violence, Female Genital Mutilation and Forced Marriage.

6.3.6 The victim’s response will be recorded in the officer’s police issue notebook. In all cases, an incident must be submitted through iVPD and restricted.

6.3.7 It is the responsibility of supervisory officers to monitor any decisions in relation to the use of the statutory exemptions (where compliance with the request would be likely to prejudice a criminal investigation, or it would not be reasonably practicable to do so) and satisfy themselves that in all cases it was appropriate. (Further information and guidance can be found on the Police Scotland Intranet Guidance Flowchart).

6.3.8 In the event of language or communication difficulties, other persons in the household, especially children, should not be used to translate. In the initial stages of the investigation, in order to ascertain what has taken place, consideration should be given to the use of an interpreter, including whether the use of an interpreter from the local area may jeopardise the victim’s safety and should take cognisance of any concerns raised by the victim. In such cases, officers should request a translator from outwith the local area.
6.3.9 Good practice dictates that the officer should ascertain if the victim has knowledge of the interpreter and if they pose a risk to them. If necessary, the victim should be taken to a safe location and medical attention arranged.

6.3.10 For further guidance refer to the Interpreting and Translating Services SOP.

6.3.11 Officers must ensure that an effective and pro-active investigation is completed to allow the criminal justice process to hold the offender(s) to account. A thorough investigation must be carried out and all lines of enquiry rigorously pursued. Each individual situation should be assessed and dealt with on a case-by-case basis due to the complex nature of HBV. It is not possible to give definitive instructions to cover all circumstances however; guidance should be sought from supervisors and/or specialist Domestic Abuse Investigation Unit / Public Protection Unit (DAIU / PPU) staff as appropriate.

6.3.12 Victims should be made aware of the availability of the support provided by Domestic Abuse Investigators and the services offered by support groups such as Amina MWRC, Shakti and Hemat Gryffe Women’s Aid, Roshni, Beyond the Veil and Karma Nirvana (see Appendix ‘E’ for full details).

6.3.13 Where identified as an HBV incident, occurring in the context of domestic abuse or child protection, officers should refer to the relevant procedures in relation to these subjects.

6.3.14 In the initial stages, Section 1 of the HBV and FM Risk Assessment and Protection Plan form (PSoS Form 078-001) will be completed.

6.3.15 A copy of the completed Risk Assessment and Protection Plan must be forwarded electronically to the divisional DAIU / PPU where the information will be centrally collated.

6.3.16 Officers should ensure the following information is gathered on every occasion:

- Personal description of the victim - details of any distinguishing features;
- Photograph of the victim (there is no legal basis to obtain a photograph; this should be obtained on a voluntary basis, either provided by the victim or taken by an officer with a locally accessible camera). This should be taken with the victim’s consent and inserted into the HBV Risk Assessment and Protection Plan Form. Refer to the guidance document: Obtaining Samples from Victims / Potential Victims of Honour Based Violence or Forced Marriage;
- If the victim is a child or young person, details of school attended;
- Details of immigration status (if applicable);
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- Passport number and a copy of the passport – note that some nationalities may have two passports and officers should encourage the victim to travel only on their British passport;
- National Insurance Number;
- Driver’s Licence details;
- List of all vehicles used by the victim, family and suspects;
- Full details of extended family – including addresses;
- Details of any proposed forced marriage including name of the spouse, date and location;
- Details of any travel itinerary including return date;
- Information in relation to risk identification;
- Where consent is given, elimination fingerprints and a DNA reference swab from the victim, should be considered (this enables evidence of identification should the victim be the subject of a missing person enquiry or other investigation e.g. Abduction overseas). Refer to the guidance document: Obtaining Samples from Victims / Potential Victims of Honour Based Violence or Forced Marriage;
- If Fingerprint, DNA and Photograph samples are obtained, this should be recorded on the iVPD.
- Consider safekeeping of passport as additional safety measure (with victims consent).

6.3.17 The attending officer must fully brief their Supervisory Officer / HBV SPOC including all information obtained, who will then determine the initial response and ownership of the incident / enquiry. They will also provide guidance in relation to the lodging of samples.

6.3.18 Other considerations:

- Criminal allegations against the victim – where a victim has fled a forced marriage or other honour-based violence situation, their family may attempt to report them missing or make an allegation of crime against them in order to gain the police’s assistance to trace them. Officers should remain alert to such issues and on all occasions ensure the victim is afforded confidentiality;
- Ensure that no disclosure of the individual’s whereabouts or information regarding the investigation is provided to Community or Religious Leaders or other family members, without the explicit consent of the victim;
- When dealing with cases involving British Citizens being sent abroad officers should, at an early stage, consult with the Foreign and Commonwealth Office (FCO) Forced Marriage Unit. (see Appendix ‘E’ – Useful Contacts);
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- Do not speak with police abroad or the British High Commission Embassy without first speaking to the FCO;
- Where immigration status is an issue, investigation of the crime should take priority over the individual's immigration status. However, the United Kingdom Border Agency should be contacted at an early stage.

6.3.19 On all occasions, the protection and well-being of any children associated with the victim/incident must be considered, in addition to the safety of the victim.

6.3.20 Where an assessment of risk indicates a child is, or may be, at significant risk of harm, existing Child Protection Procedures should be instigated.

6.3.21 Where an assessment of risk does not indicate exposure to significant risk of harm, consideration must be given to any wellbeing needs of the child. Further guidance is available from A Guide to Getting it Right for Every Child (GIRFEC).

6.3.22 Similar consideration should be given to any adult associated with the incident who may be considered to meet the criteria for an Adult at Risk, or may otherwise be vulnerable and require additional support.

6.3.23 Where any immediate protection concern exists, the immediate supervisor and Divisional Public Protection/Domestic Abuse Unit or in their absence, Duty Detective Inspector must be consulted.

6.3.24 In all such circumstances, whether amounting to a protection issue or wellbeing concern, an iVPD incident must be submitted and restricted (after any immediate protection requirements have been addressed).

6.3.25 Refer to the Adult Support and Protection SOP and Child Protection SOP for further guidance.

6.4 Supervisory Responsibilities

6.4.1 The Supervisory Officer or HBV SPOC (where available) will be responsible for ensuring that a risk assessment is completed and will co-ordinate the initial response. Thereafter, they will ensure the incident is appropriately allocated for further enquiry and follow up support to the victim.

6.4.2 The supervisor or SPOC will liaise with the senior detective officer on duty and depending on the nature of the enquiry; allocation will be to a detective officer in the Domestic Abuse or Public Protection Unit.

6.4.3 The Enquiry Officer will be responsible for follow up contact and support of the victim, including implementation of any agreed safety plan. The Enquiry Officer will ensure all their actions and contact with the victim are recorded appropriately.
7. Risk Factors

7.1 Risk Assessment

7.1.1 Research has identified that there are a number of risk factors, which are predictive of a likelihood of increased future harm, including homicide.

7.1.2 All officers, as a matter of routine, should complete the Domestic Abuse Questions (DAQ) checklist (found within the HBV and FM Risk Assessment and Protection Plan Form (PSoS Form 078-001) and consider the existence of the following 15 high risk factors when dealing with potential incidents to inform their judgement and form an accurate risk assessment:

- **Victim’s perception of risk of harm**: victims of domestic abuse often tend to underestimate their risk of harm from perpetrators of domestic violence. However, if they say they fear further harm to themselves, their child(ren) or someone else this should be taken seriously when assessing future risk of harm.

- **Separation (child contact)**: victims who attempt to end a violent relationship are strongly linked to intimate partner homicide. Many incidents happen as a result of child contact or disputes over custody.

- **Pregnancy / New Birth (Under 18 months old)**: domestic abuse can start or get worse in pregnancy. Victims who are assaulted whilst pregnant, when they have recently given birth or who have young children should be considered as high risk. This is in terms of future harm to them and to the unborn/young child.

- **Escalation**: repeat victimisation and escalation must be identified. DA victims are more likely to become repeat victims than any other type of crime; as violence is repeated it gets more serious.

- **Community Issues / Isolation**: needs may differ amongst ethnic minority victims, newly arrived communities, asylum seekers, older people, people with disabilities, as well as travelling or gay, lesbian, bisexual or transgender people. This might be in terms of perceived racism, language, culture, insecure immigration status and/or accessing relevant support services. Be aware of forced marriage and honour based violence whereby family/community try to restore their mistaken sense of honour and respect. Victims may be particularly isolated and/or vulnerable. Take their concerns seriously.

- **Stalking**: Persistent and consistent calling, texting, sending letters, following. DA stalkers are the most dangerous. Stalking and physical assault, are significantly associated with murder and attempted murder. This is not just about physical violence but coercive control and jealous surveillance. Consider the perpetrator’s behaviour and whether victim believes it is being done to deliberately intimidate.

- **Sexual Assault**: those who are sexually assaulted are subjected to more serious injury. Those who report a domestic sexual assault tend to have a history of domestic abuse whether or not it has been reported.
previously. Many domestic sexual offenders are high risk and potentially dangerous offenders. Be aware of the link between domestic and stranger rape.

- **Strangulation (choking/suffocation/drowning):** Escalating violence, including the use of weapons and attempts at strangulation must be recorded when identifying and assessing risk. This includes all attempts at blocking someone’s airway.

- **Credible Threats to Kill:** A credible threat of violent death can very effectively control people and some may carry out this threat.

- **Use of Weapons:** Abusers who have used a weapon, or have threatened to use a weapon, are at increased risk of violent recidivism.

- **Controlling and / or Excessive Jealous Behaviour:** Complete control of the victim’s activities and extreme jealousy are associated with serious violence and homicide. Consider honour based violence – the victim may not have the freedom of choice. Examples may include fear of or actual forced marriage, controlling sexual activity, DA, child abuse, rape, kidnapping, false imprisonment, threats to kill, assault, harassment, forced abortion. The perpetrator may well try and control professionals as well.

- **Child Abuse:** Evidence shows that both DA and child abuse can occur in the same family. Child abuse can act as an indicator of DA in the family and vice versa - please note if the child(ren) witness or hear the abuse.

- **Animal / Pets Abuse:** there is a link between cruelty to animals, child abuse and DA. The use or threat of abuse against pets is often used to control others in the family. Abuse of animals may also indicate a risk of future harm.

- **Alcohol / Drugs / Mental Health:** the abuser’s use of drugs and alcohol are not the cause of the abuse, as with all violent crime they might be a risk of further harm. Physical and mental ill health does appear to increase the risk of DA.

- **Suicide-Homicide:** Threats from an offender to commit suicide have been highlighted as a factor in domestic homicide. A person who is suicidal should also be considered homicidal.

7.1.3 The HBV and FM Risk Assessment and Protection Plan Form should become Restricted once populated with role-based access. It should also be password protected.

7.1.4 For further guidance refer to the Domestic Abuse Questions (DAQ) Risk Model.
7.2 Other Factors

7.2.1 A number of other factors as listed below should also be considered when carrying out a risk assessment:

- **Truanting** - this is a risk factor, particularly amongst teenage girls. Girls living in a controlled environment may use truanting as their only opportunity for independence and socialising.

- **Self-harm** - research has identified a high prevalence of self-harm in young Asian women. Reasons behind this stem from a lack of support and the clash that can occur when an individual has to conform to differing cultural ideals, some of which are directly associated with HBV.

- **House-arrest** - this may include not being allowed out, being supervised by family members and / or escorted to places outside the home address, restricting access to telephone, internet, finances, passport and friends.

- **Fear of being forced into an engagement/marriage** - this may be reported to officials or to friends. The risk tends to elevate if the victim is non-compliant with the families wishes. This is heightened further if they have a partner that the family do not approve of. The victim may fear they will be taken overseas against their will.

- **Pressure to go abroad to visit family** - persons may be pressurised to go abroad to visit a sick or dying relative, and when abroad forced to marry. If a person is being held against their will abroad they will face a number of difficulties if they want to return to the UK. They may find it impossible to communicate by telephone, letter and e-mail. They may not have access to their passport and money, or may not be allowed to leave the house unescorted. They may not be able to speak the local language or may be isolated in a remote area. Furthermore, they may not receive support from the local police, neighbours, family or friends.

- **Threats to kill** - these should be taken seriously. Do not underestimate that some perpetrators of HBV really do kill their closest relatives.

- **Existence of boyfriend/girlfriend** - in many cases of honour-killings, violence has been triggered by relationships that transgress caste or religious boundaries in a way that was seen as shameful for the individual's family. Officers should also consider the risk to the boyfriend/girlfriend.

8. Child Protection

8.1 In responding to any incident where the victim is or may be a child, the primary objective is the protection of the child from child abuse or neglect. **On all occasions**, local child protection procedures or guidelines should be adhered to and close liaison maintained with Social Work departments and the Children’s Reporter in terms of protective statutory interventions.
8.2 Where it is identified that abuse or neglect has taken place, or a risk assessment identifies there is a likelihood or risk of significant harm from abuse or neglect, Child Protection procedures must be followed. Refer to the Child Protection SOP and Scottish Government Child Protection Guidance 2014 for further instruction / guidance.

8.3 Where it is considered necessary to remove a child from harm or risk of harm consideration should be given to invoking statutory powers under the Children’s Hearing (Scotland) Act 2011, to apply for a Child Protection Order or, in an emergency situation, to remove a child to a place of safety. Exclusion orders set in place by the Children (Scotland) Act 1995 have not been repealed and replaced by the Children’s Hearing (Scotland) Act 2011. An exclusion order has the effect of removing an abuser from the family home and may be used as an alternative to a Child Protection Order (CPO), which removes the child. Refer to the Child Protection SOP.

8.4 In a case of suspected international child abduction, immediate action should be taken. Refer to the Child Abduction SOP for further instruction / guidance.

8.5 In circumstances where a child is believed to have been taken by an estranged parent who may be intent on taking the child abroad, consideration should be given to the need for an urgent ‘All Ports’ warning (24 - 48 hours prior to departure date/time, where known) and to the instigation of the National Child Rescue Alert System. Refer to the Kidnap and Extortion SOP, the Child Abduction SOP and the Child Rescue Alert Practitioners Manual of Guidance for further instruction / guidance.

8.6 When flight manifest checks are required officers should contact Border Policing Command - Investigations department at the respective airport.

8.7 Officers should bear in mind that notification of cases where children have been removed from education or taken overseas, do not always warrant an emergency enquiry e.g. where parental rights are being exercised or where authorised leave from education has been sought. However, child protection procedures involving the relevant agencies should always be considered.

8.8 The GIRFEC approach demands that services consider the appropriate, proportionate and timely intervention needed to avoid crisis intervention. This means agencies should be aware of, considering and identifying the needs of the child or young person as concerns begin to emerge.
9. **Specialist Support**

9.1 **The Foreign and Commonwealth Office Forced Marriage Unit**

9.1.1 The Forced Marriage Unit (FMU) is a joint-initiative between the Foreign and Commonwealth Office and the Home Office. Trained professionals offer confidential advice and assistance to:

- Those who have been forced into marriage;
- Those at risk of being forced into marriage;
- People worried about friends or relatives; and
- Professionals working with actual or potential victims of forced marriage.

9.1.2 Abroad, the FMU works with embassy staff to rescue victims who may have been held captive, raped, forced into a marriage or into having an abortion.

9.1.3 In the UK the FMU assists actual and potential victims of forced marriage, as well as professionals working in the social, educational and health sectors.

9.1.4 For contact details refer to Appendix ‘E’.

9.2 **The UK Human Trafficking Centre**

9.2.1 The UK Human Trafficking Centre (UKHTC) is a multi-agency organisation led by the National Crime Agency. Its role is to provide a central point of expertise and coordination in relation to the UK’s response to the trafficking of human beings (THB). Contact details can be found at Appendix ‘E’.

9.2.2 The Centre seeks to facilitate a coordinated, cooperative and collaborative way of working within the UK and internationally. The UKHTC’s partners include police forces, the UK Border Agency, HM Revenue and Customs, the Crown Prosecution Service, the Gang Masters Licensing Authority, Non-Governmental Organisations (NGOs) and many charitable and voluntary expert groups.

9.3 **United Kingdom Borders Agency (UKBA)**

9.3.1 In Scotland, the UKBA have a presence at all international airports and major commercial seaports with passenger and freight terminals, in order to police the movement of freight, goods and passengers and to tackle border tax fraud, smuggling and immigration crime.

9.3.2 The UKBA Office in Glasgow processes asylum claims and other applications to stay or settle in the UK.
9.3.3 Enforcement teams in Scotland target illegal working, the removal of illegal immigrants who do not have the right to be in the country, and the detection of organised and international immigration crime and human trafficking.

9.3.4 For contact details refer to Appendix ‘E’.

10. Follow-Up Support for Victim and Implementation of Safety Plan

10.1 Consideration should be given to the development and implementation of a long-term safety plan, taking into cognisance each case.

10.2 The investigating officer will conduct the risk assessment and an intervention plan will be devised and implemented to manage the risks.

10.3 The intervention plan must be discussed with the Detective Chief Inspector/ Detective Inspector in charge of the enquiry and where possible should be agreed with the victim and recorded and access restricted appropriately.

10.4 The taking of fingerprint, DNA and photograph samples is a key protective measure when dealing with victims/potential victims of HBV and FM. It is a two-fold measure, aimed at addressing identification issues in potential investigations and to protect potential victims from serious acts of violence, abduction and murder. Refer to the Obtaining Samples from Victims/Potential Victims of HBV and Forced Marriage for further guidance.

11. Recording Procedures

11.1 It is essential that all incidents of Honour-Based Violence (HBV), Forced Marriage (FM) and Female Genital Mutilation (FGM) be appropriately recorded and restricted, including circumstances where no crime has occurred or where there has been insufficient evidence to substantiate a crime.

11.2 This can assist in the identification of repeat victims, support the development of effective intervention strategies and allow a better understanding of the context of each incident.

11.3 It is important that individual staff members, who are engaged in collecting and recording data at any stage in the process, appreciate the critical importance of ensuring that the information recorded is accurate, adequate, and relevant and is input timeously. The following actions should be taken in all circumstances:

- Storm incidents must be created for all reports of HBV and marked as restricted incidents. These must be closed using the Honour Based Violence or Forced Marriage qualifier disposal / aggravator codes, where utilised.
Crime Recording - in accordance with the Scottish Crime Recording Standard, an incident will be recorded as a crime in all cases where the circumstances amount to a crime as defined by Scots Law, and there is no credible evidence to the contrary. In all cases where a crime report relates to an Honour-Based Violence incident, ‘Honour Crime’ must be used as an aggravator/keyword. The crime report should be restricted where possible.

Officers must also ensure that relevant information relating to previous victims and the relationship between the victim and the accused is included in the crime report.

Where an assault takes place, a full description of the injuries sustained and disposal must be contained within the report.

Scottish Intelligence Database (SID) – in line with established procedures, officers must also submit an intelligence report on SID. In respect of suspects and accused persons, this should be carried out as soon as such information becomes available. Any reference to victim on SID needs to be restricted.

To assist in highlighting HBV, FM and FGM incidents, specific headings and sub-headings are available and must be utilised when raising an intelligence record. Where intelligence is available in relation to FM, the ‘Public Protection’ heading should be used in conjunction with the ‘Forced Marriage’ sub-heading. Where intelligence is available in relation to HBV or FGM, the ‘Violence’ heading should be used in conjunction with ‘Honour Based’ or ‘Female Genital Mutilation’ sub-headings, as appropriate.

Early recording greatly assists in the sharing of intelligence within Police Scotland and with other forces, and ensures the availability of disclosure information in relation to employment vetting, with regard to children and vulnerable adults.

Child Concern / Adult Concern – referrals must be restricted and submitted through iVPD to the relevant Public Protection Unit through a supervisory officer and must be submitted prior to the termination of duty.

This will occur in all cases where children form part of the household, whether or not they were present at the time of the incident. This will include circumstances where children are not permanent members of the household. In circumstances where either party is identified as pregnant, an unborn baby referral must be submitted. Referrals must be of a similar quality to, and reflect the depth of, any report submitted to the Procurator Fiscal.

Vulnerable Persons – officers attending incidents of HBV must be aware of the vulnerability of both victims and perpetrators and in cases where vulnerable persons are identified, consideration must be given to both Adults Support and Protection and Child Protection guidelines. An iVPD incident must be submitted prior to the termination of duty. HBV / FM / FGM entries on iVPD should be marked Restricted and copied to the on-
call DCI/DI of the PPU. There is a HBV Indicator Marker on the Overview page under VP Type, where the section ‘Markers’ has the option of HBV, FM and FGM. Refer to the Vulnerable Person Database Training Reference Documents on the Intranet for additional information.

- The divisional Domestic Abuse Units are responsible for maintaining a HBV Excel spreadsheet to collate HBV, FM and FGM incidents and offences. The HBV Excel spreadsheet needs to be manually populated for the foreseeable future as the iVPD is currently unable to extract HBV, FM and FGM incidents. As a force we need to continue to collate this information for any FOI requests or Parliamentary Questions.

- Non-recent (Historical) Disclosures - At any point during an enquiry, a disclosure of non-recent violence or sexual offences might be made. These details should be recorded in accordance with the Scottish Crime Recording Standard and brought to the attention of a supervisor for consideration of either a separate investigation, or to be investigated in conjunction with the current enquiry.

12. **Community Impact Assessment**

12.1 It is recognised that Community Impact Assessments are no longer raised solely for incidents involving serious crime and may be put in place for any incident that affects an individual, their family or a community, or for predicted events, such as marches or demonstrations. An impact on the immediate community including minority and other vulnerable groups may be considerable. No methods can predict, with complete accuracy, the tensions that may arise and any risk assessment must therefore be categorised in broad terms as High, Medium or Low risk.

12.2 If it becomes apparent the enquiry may constitute a critical incident, the early involvement of Lay / Cultural Advisors may be of benefit for the transparency and credibility of the investigation. Further guidance is available in the Critical Incident Management SOP.

12.3 Whilst responsibility for completing the Community Impact Assessment (CIA) document lies with the Senior Investigating Officer (SIO), it must be undertaken in liaison with the Local Policing Area Commander, who can inform the process through utilising already established networks in the community and who is responsible for the implementation plan to address impact issues. The SIO should be aware that any issue likely to raise community tensions should be highlighted to the Diversity Unit or area equivalent.

12.4 In the case of a high profile investigation, community re-assurance will be multi-faceted and will probably involve a multi-agency response.
12.5 In certain circumstances it may be considered more appropriate for the Local Policing Area Commander or senior officer appointed by him/her, to assume primary responsibility for ‘Community Reassurance’, including the implementation of the response to the CIA. This will still require close liaison with the SIO. Any agreement reached in this respect should be fully documented in the Policy File.

12.6 A Community Impact Assessment template is available via the Police Scotland intranet to authorised users, and should be utilised to assist the Senior Investigating Officer to adopt a structured approach to CIA. (All officers of the rank of Inspector and above have access). Regular completion of this document should be seen as adding value to the integrity of the investigation. Also, inclusion that consideration has been given to any equality issue, which may arise as a result of the enquiry, should be documented.

12.7 Consideration should be given to all issues encountered in respect of Age, Disability, Gender reassignment, Marriage Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion or belief, Sex and Sexual Orientation. Should any religious or cultural issue present itself and further advice is required, the on call Safer Communities Officer should be contacted.

12.8 The SIO must always remain analytical, objective and independent, irrespective of any community, cultural or other factors being considered.

12.9 Community Impact Assessments must be completed within four hours of a major or significant incident occurring by the SIO or a nominated Deputy and every seven days thereafter or sooner if required. Where one or more incidents occur within the community, which require an alteration in the approach of the agencies involved, the CIA should be reviewed and amended as required.

12.10 Further guidance can be found in the Community Impact Assessment SOP.

13. Training

13.1 Training will be provided for officers required to undertake the specialist roles detailed in this SOP and will be supplemented by general awareness raising for all officers and relevant police staff.

13.2 Specialist training is delivered on the national Domestic Abuse Investigator, Child Protection, Initial Investigator and Senior Investigating Officer courses delivered at the Scottish Police College.
14. **Staff Roles and Responsibilities**

14.1 **Detective Superintendent (Public Protection)**

14.1.1 A nominated Detective Superintendent will have responsibility for the strategic development of HBV policy within the Scottish Police Service and should be the recognised senior spokesperson on such issues.

14.2 **Detective Chief Inspectors**

14.2.1 Detective Chief Inspectors (DCIs) will have responsibility for ensuring any enquiry is appropriately allocated, for ensuring a risk assessment is completed and an intervention plan implemented to enhance the victim’s safety.

14.3 **Local Policing Area Commander**

14.3.1 The completion of a Community Impact Assessment must be undertaken in liaison with the Local Policing Area Commander.

14.4 **First Line Supervisors**

14.4.1 First Line Supervisors will oversee HBV incidents and ensure that officers under their direction are familiar with, and adhere to, policy and instructions in relation to HBV, FM and FGM.

14.4.2 Prior to retiring from duty, the First Line Supervisor will ensure that all relevant documentation, including the crime report, HBV Risk Assessment and Protection Plan form and iVPD entry are correctly completed and submitted, the STORM or area equivalent incident log is updated appropriately, the correct closure code is used, and that any referral is submitted by the enquiry officer prior to going off duty.

14.4.3 It is imperative that intelligence is captured to potentially be disseminated to other departments/forces, but also external agencies including UK Visa Immigration, NCA and Europol. First Line Supervisors should ensure that intelligence is submitted to SID in respect of suspects, accused and known associates in relation to HBV, Forced Marriage and Female Genital Mutilation incidents.

14.5 **Attending Officers**

14.5.1 See Section 6, ‘Police Response’.

14.6 **Area Control Room**


14.6.2 In addition, the Duty Officer will have responsibility for ensuring HBV incidents are correctly identified, marked as Restricted and the HBV SPOC / Supervisory Officer appropriately notified.
14.7 Honour-Based Violence Single Points of Contact

14.7.1 HBV Single Points of Contact are identified as the Detective Chief Inspector and Detective Inspector with the divisional Domestic Abuse/Public Protection Unit. The ‘on-call’ SPOC will be notified of all HBV incidents in the first instance.

14.7.2 The staff within the Domestic Abuse/Public Protection Unit will be available to provide advice and assistance in relation to suspected or confirmed incidents of HBV, FM and FGM.

14.8 Honour Based Violence Co-Ordinator (Public Protection Support)

14.8.1 The Honour Based Violence Co-ordinator will support nominated senior officers in respect of all HBV, FM and FGM related matters.

14.9 Diversity Unit

14.9.1 The National Safer Communities Diversity Unit is in a position to give advice and guidance in relation to cultural or religious practices or needs. The Unit may also act as a conduit to / from the various communities affected, if any contact is suitable and required.
Appendix ‘A’

List of Associated Legislation

- Anti-social Behaviour, Crime and Policing Act 2014
- Child Abduction Act 1984
- Children and Young Persons (Scotland) Act 1937
- Children and Young People (Scotland) Act 2014
- Criminal Justice and Licensing (Scotland) Act 2010
- Forced Marriage, etc. (Protection and Jurisdiction) (Scotland) Act 2011
- Human Rights Act 1998
- Prohibition of Female Genital Mutilation (Scotland) Act 2005
- Sexual Offences (Scotland) Act 2009
- The Family Law (Scotland) Act 2006
- The Matrimonial Homes (Family Protection) (Scotland) Act 1981
- The Protection from Abuse (Scotland) Act 2001
- The Protection from Harassment Act 1997
- Victim and Witnesses (Scotland) Act 2014
List of Associated Reference Documents

Policy
N/A

Standard Operating Procedures
- Adult Support and Protection SOP
- Child Abduction SOP
- Child Protection SOP
- Community Impact Assessment SOP
- Crime Investigation SOP
- Critical Incident Management SOP
- Domestic Abuse SOP
- Human Trafficking SOP
- Interpreting and Translating Services SOP
- Kidnap and Extortion SOP
- Missing Person Investigation SOP
- Sexual Crime Investigation SOP

Guidance
- A Guide to Getting it Right for Every Child
- Domestic Abuse Questions (DAQ) Risk Model
- Female Genital Mutilation (FGM) Fact Sheet
- Foreign and Commonwealth Office: ‘Dealing with Cases of Forced Marriage – Guidelines for Police’
• National Guidance for Child Protection in Scotland
• Obtaining Samples from Victims / Potential Victims of Honour Based Violence or Forced Marriage
• Police Scotland Diversity Booklet
• Scottish Investigators Guide to Serious Sexual Offences
• Scottish Statutory Guidance – Supplementary Guidance Document 2014
• Taking of Fingerprints, DNA & Photographs of Victims/Potential Victims of HBV and Forced Marriage Guidance
• The Scottish Government Forced Marriage Statutory Guidance
• The Scottish Government Responding to Forced Marriage: Multi-Agency Practice Guidelines
• The Scottish Government Responding to Forced Marriage Multi-Agency Practice Guidelines – A Summary
• Vulnerable Person Database Training Reference Documents
Appendix ‘C’

List of Associated Forms

- PSoS Form 078-001 - HBV and FM Risk Assessment and Protection Plan
**Glossary of Terms**

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>SOP</td>
<td>Standard Operating Procedure;</td>
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<tr>
<td>HBV</td>
<td>Honour Based Violence;</td>
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<tr>
<td>FGM</td>
<td>Female Genital Mutilation;</td>
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<tr>
<td>FM</td>
<td>Forced Marriage;</td>
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<tr>
<td>FMU</td>
<td>Forced Marriage Unit;</td>
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<tr>
<td>GIRFEC</td>
<td>Getting It Right for Every Child;</td>
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<tr>
<td>WHO</td>
<td>The World Health Organisation;</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund;</td>
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<tr>
<td>UK</td>
<td>United Kingdom;</td>
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<tr>
<td>UKHTC</td>
<td>United Kingdom Human Trafficking Centre;</td>
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<td>UKVI</td>
<td>United Kingdom Visa Immigration</td>
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<tr>
<td>FMPO</td>
<td>Forced Marriage Protection Order;</td>
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<tr>
<td>IRD</td>
<td>Initial Referral Discussion;</td>
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<tr>
<td>COPFS</td>
<td>Crown Office and Procurator Fiscals Service;</td>
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<tr>
<td>VPD</td>
<td>Vulnerable Persons Database;</td>
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<tr>
<td>FCO</td>
<td>Foreign and Commonwealth Office;</td>
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<tr>
<td>CHS</td>
<td>Criminal History System;</td>
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<tr>
<td>PNC</td>
<td>Police National Computer;</td>
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<tr>
<td>PND</td>
<td>Police National Database;</td>
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<tr>
<td>SID</td>
<td>Scottish Intelligence Database</td>
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<td>iVPD</td>
<td>Interim Vulnerable Persons Database;</td>
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<td>PPU</td>
<td>Public Protection Unit;</td>
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<td>HBV SPOC</td>
<td>Honour Based Violence Single Point of Contact;</td>
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<td>DA</td>
<td>Domestic Abuse;</td>
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<tr>
<td>DAIU</td>
<td>Domestic Abuse Investigation Unit;</td>
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<tr>
<td>DAQ</td>
<td>Domestic Abuse Questions;</td>
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<td>CPO</td>
<td>Child Protection Order;</td>
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<td>THB</td>
<td>Trafficking of Human Beings</td>
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<td>NGOs</td>
<td>Non-Governmental Organisations;</td>
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<td>CIA</td>
<td>Community Impact Assessment;</td>
</tr>
<tr>
<td>SIO</td>
<td>Senior Investigating Officer.</td>
</tr>
</tbody>
</table>
Useful Contacts

Foreign and Commonwealth Office Forced Marriage Unit
The Forced Marriage Unit is a single point of confidential advice and assistance for those at risk of being forced into marriage overseas.
Tel: 020 7008 0151
Emergency Duty Officer: 020 7008 1500
Email: fmu@fco.gov.uk
Website: www.fco.gov.uk/forcedmarriage

Forced Marriage Helpline
For advice, support and protection. Lines are open Monday – Friday 10am-1pm and 2pm-5pm – calls are free from landlines and mobiles using the O2, Orange, T Mobile, Three (3), Virgin and Vodafone networks.
Telephone: 0808 801 0327
Website: www.yourrightscotland.org.uk

National Domestic Abuse Help Line
Tel: 0800 0271234

Stonewall Scotland
Campaign for equality and justice for gay, lesbian, bisexual and transgender (LGBT) people living in Scotland
Telephone: 0131 557 3679
Email: info@stonewallscotland.org.uk

LGBT centre for Health and Wellbeing
The LGBT Centre provides a varied programme of services, events, courses and groups for LGBT people.
9 Howe Street
Edinburgh
EH3 6TE
Telephone: 0131 523 1100
Email: admin@lgbthealth.org.uk

Karma Nirvana
Karma Nirvana provides specialist support to Asian women and children and advice to other agencies. They can also access refuge accommodation.
PO BOX 148
Leeds
LS13 9DB
Telephone: 08005999247
Website: www.karmanirvana.org.uk

Shakti Women’s Aid
Shakti offers support and information to all black minority ethnic women, children and young people who are experiencing or fleeing domestic abuse, forced marriage and other honour-based violence issues. They also have refuge accommodation.
Tel: 0131 475 2399
Saheliya
Saheliya is an organisation, which provides a safe and confidential service that supports the mental health and well being of Black and Minority Ethnic women in Edinburgh. Services include counselling, support, befriending and advocacy.

125 McDonald Road.
Edinburgh,
City of Edinburgh
EH7 4
Telephone: 0131 556 9302
Website: www.saheliya.org.uk

ROSHNI
Roshni is a registered charitable organisation with offices in Glasgow and Dundee. The aim of the charity is primarily to ensure the safety of children, young people and adults within the minority ethnic communities.

Baltic Chambers.
Suite 339.
50 Wellington Street.
Glasgow.
G2 6HJ
Tel: 0141 202 0608
Email: info@roshni.org.uk
Website: www.roshni.org.uk

Amina Muslim Women’s Resource Centre
Amina works with mainstream agencies to establish the barriers that prevent Muslim women from accessing services and participating in society. They provide direct helping services and community development to Muslim women.

Free phone helpline number: 0808 801 0301
Dundee: 01382 224 687
Glasgow: 0141 585 8026
E-mail: www.mwrc.org.uk

Beyond the Veil
Beyond the Veil educate and inform the public to clear misconceptions and myths surrounding Islam.

c/o 1 House O’Hill Road
Edinburgh
EH4 2AJ.
Email: nasim.azad69@yahoo.co.uk

Iranian & Kurdish Women’s Rights Organisation
The Iranian and Kurdish Women’s Rights Organisation provide advice, support, advocacy and referral in Arabic, Kurdish and Farsi to help women, girls and men escape the danger of ‘honour’ killing, forced marriage and domestic violence.
Tel: 0207 490 0303 (24 hrs)
Email: ikwro@yahoo.co.uk
Scottish Women’s Aid
Women’s Aid offers a wide range of practical and emotional support to women experiencing domestic abuse. They may also be able to provide refuge accommodation.

2nd Floor,
132 Rose Street,
Edinburgh.
EH2 3JD
Tel: 0131 226 6606
Fax: 0131 226 2996
Email: contact@scottishwomensaid.org.uk

Hemat Gryffe Women’s Aid (Glasgow based)
Hemat Gryffe provides support, advice and temporary accommodation to women and children from the BME community who experience domestic abuse or forced marriage.
Tel 0141 353 0859
Email: womensaid@hematgryffe.org.uk

Rape Crisis (Scotland)
Rape Crisis Scotland (RCS) is the national office for the rape crisis movement in Scotland.

46 Bath Street
Glasgow
G2 1HG
Tel: 0141 331 4180
Fax and minicom: 0141 332 2168
Email: info@rapecrisisscotland.org.uk

The Rape Crisis Scotland National Helpline provides crisis support for anyone in Scotland affected by sexual violence at any time in their lives.
Rape Crisis Scotland Helpline: 08088 01 03 02 (free number) every day, 6pm to midnight.

Archway
Archway Glasgow is Scotland’s first Sexual Assault Referral Centre, providing forensic and medical assistance, as well as support and counselling for anyone who has recently been raped or sexually assaulted.
Telephone: 0141 211 8175

UK Visa Immigration
General Enquiries 0300 123 2241
Passport Enquiries 01733 888 235/236
E-Mail: police1.referral@hmpo.gsi.uk
UK Human Trafficking Centre
PO Box 4107
Sheffield
South Yorkshire
S1 9DQ
Tel: 01142 523891
Email: info@ukhtc.org

Scottish Refugee Council
The Scottish Refugee Council works with refugees and asylum seekers across Scotland.
Scottish Refugee Council
5 Cadogan Square
Glasgow
G2 7PH
Telephone: 0141 248 9799
Email: info@scottishrefugeecouncil.org.uk

Legal Services Agency
Legal Services Agency (LSA) is a Law Centre and Charity, which provides skilled legal advice, assistance and representation to vulnerable people and those who would otherwise find it difficult to get legal advice.
134 Renfrew Street,
Glasgow, G3 6ST
Phone: 0141 353 3354
E-Mail: lsa@btconnect.com