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Policy and Professional Responses to Forced Marriage in Scotland
Chantler, K., Mirza, N. & Mackenzie, M.

Abstract

This paper draws from our mixed methods study of forced marriage in Scotland focusing on policy and practice responses to forced marriage in Scotland utilising the concepts of candidacy and structural competency. Through an analysis of forced marriage policy in six case-study areas, interviews with Child or Adult Protection Leads and 21 interviews with a range of welfare professionals, we discuss the conceptual, emotional and practical challenges of responding to forced marriage. Despite a standard Scottish Government policy and statutory framework, the varied policy and professional responses to forced marriage across local authorities demonstrate a need for practitioners to be fully cognisant of the ways in which structural inequalities play out in individual lives. The four key themes explored in this paper are: i) patchy ownership of forced marriage policy at a local level; ii) 'race anxiety'; iii) event versus process-based understandings of forced marriage; and iv) the challenges of protecting adults experiencing forced marriage who have capacity. These themes are highly relevant to social work practice and offer a significant and original analysis of the ways in which structural, social and cultural factors shape practitioner understanding, response and support of victims of forced marriage.

Introduction

Globally, forced marriage (FM) is widely recognised as a violation of women's and children's human rights that disproportionately affects women and girls. In policy arenas, FM is presented as distinct from arranged marriages. This is an important distinction, but it is also important to recognise the 'slippage' that can occur from arranged to FM (Gangoli et al., 2011: 27). The nature of FM is multidimensional and complex, where subtle coercive patterns in the form of social expectation and parental pressure can blur the boundaries of forced and arranged marriage (Gangoli et al., 2006). Women's lived experiences 'demonstrate that the demarcation between these categories is more fluid' (Author and Another, 2020: 93).

The prevalence of FM is underreported, with a large number of 'hidden' victims who are invisible to professionals (Home Office and Foreign & Commonwealth Office, 2018; Hester et al., 2007). Reported cases of FM in England is estimated at between 5,000 and 8,000 victims, with the majority being female (NatCen, 2009). In 2019, the Forced Marriage Unit (FMU) supported 1,355 cases of FM; most cases involved women (1,080 cases) and young people below the aged 18-25 (485). These data are further broken down by U.K. regions, and for Scotland the FMU dealt with 232 cases representing 2% of total U.K. cases in 2019 (Home Office & Foreign and Commonwealth Office, 2020). Author and others (2017) found an average of 48 reported cases of FM annually in Scotland between 2011 and 2014, based on responses from Scottish agencies. The true extent of FM cases in Scotland is unknown, but

Author and others (2017) figures are likely to be more accurate as the FMU is based in London, England, and Scottish agencies and survivors may be more likely to contact locally based support.

Previous work on FM, including service responses, have documented an insufficient awareness and understanding of FM, and that improvements are required in responding to FM (NatCen, 2009; Khanum, 2008; Gangoli et al., 2006). One explanation of failures of services to support women and children stem from FM being positioned within cultural discourses, characterised by concepts of honour and shame, attributed only to minority cultures (Author and Another, 2011). The desire for a culturally sensitive response and a fear of being labelled racist, posits FM as a cultural issue immune to evaluation and intervention (Authors' own, 2012; NatCen, 2009). An essentialist cultural discourse of FM not only leads to cultural relativism and reductionism, but also obscures the socio-political contexts that underpin the practice of FM (Gill and Anitha, 2009: 259). The dynamics between gender, culture and structure are crucial and, for the first time in this field, we have adopted the framework of candidacy and the concept of structural competency to elucidate policy and practice responses to FM.

Candidacy originated in the health literature as a means of understanding inequalities in access to and utilisation of health services (Dixon Woods et al, 2006). It argues that 'candidacy' for particular conditions and treatments can be amplified, questioned or shut down as structural, social and cultural factors influence journeys into and through services. The concept has been used to understand help-seeking and service encounters in women who have experienced domestic abuse (Author et al, 2015; Author and Another, 2019). It demonstrates how structural and social understandings of gender-based violence permeate women's recognition of their own abuse (self-identification and disclosure of candidacy), practitioner willingness to seek and respond to disclosure and the extent to which wider service and policy landscapes provide fertile or stony ground to effective practice. Structural competency, also emerging from the health inequalities literature, refers to the need for practitioners, engaged with service users in micro-level encounters, to be fully cognisant of the ways in which structural inequalities play out in individual lives. Practising in this way goes beyond cultural competency, where patient behaviours and lifestyles tend to be viewed as deriving from particular cultural contexts and expectations, to understanding how broader structures of inequality intersect to shape life experiences. Together, candidacy and structural competency provide a useful lens through which to interrogate local policy and practice responses to FM.

This paper argues that despite a common Scottish Government policy and statutory framework, there are key variations in policy and professional responses to FM within and between the case-study areas. Four emergent themes are explored in this paper: i) patchy ownership of policy at a local level; ii) 'race anxiety'; iii) event versus process-based understandings of FM; and iv) protecting adults experiencing FM who have capacity. These themes are highly relevant to social work practice and offer a nuanced analysis of the ways in which structural, social and cultural factors shape practitioner understanding, response and support of victims of FM.

Scottish Policy Context

Although the criminalisation of FM is a requirement of the Istanbul Convention (Council of Europe, 2011), it is a controversial decision and has been widely debated in Scotland. The Forced Marriage (Protection and Jurisdiction; Scotland) Act 2011 provides civil protection in the form of Forced Marriage Protection Orders (FMPOs) for those at risk of, as well as those already in, FM. Although a civil order, breaching an FMPO is a criminal offense. A specific criminal offense of forcing someone to marry in Scotland was created under section 122 of the Anti-Social Behaviour, Crime and Policing Act 2012. Statutory, multi-agency guidance has been published to coincide with the commencement of the 2011 and 2014 Act. To date, there have been 16 FMPOs instituted in Scotland since 2011.

As part of the Scottish Government's Equally Safe Strategy (2014a), preventing and eradicating Violence Against Women and Girls (VAWG) is a key policy priority and builds upon a shared understanding of violence against women described in Safer Lives: Changed Lives (Scottish Government, 2009). FM is a key feature of the VAWG strategy, with a focus on increasing understanding of, preventing and eradicating FM (Scottish Government, 2018). Alongside a stronger justice response which has seen the criminalisation of FM, the Scottish Government has published guidelines to practitioners which recommends protection, prevention and early intervention. Statutory guidance (2014c) also describes the responsibilities of executive and senior management in agencies that handle cases of FM, including roles and responsibilities, accountability, training, interagency working, information sharing, risk assessment and record keeping. The approach complements and interacts with a suite of government policy agendas which aim to improve the lives, experiences and opportunities of children, families and communities e.g. Getting it Right for Every Child (GIRFEC) (Scottish Government, 2017) which underpins the National Domestic Abuse Delivery Plan for Children and Young people (Scottish Government, 2008).

A common message in FM policy and guidance is the 'one chance rule': services only have once to chance to speak to a potential victim and to intervene. In candidacy terms, this means recognising implicit warning signs and encouraging disclosure. Similarly, prevention is also key to encouraging women to seek help early (or to recognise and act on their own candidacy). The guidelines encourage agencies to take a victim-centred approach, respecting the victim's wishes and rights, improving safety, and supporting disclosure. The guidance also sets out dangers of involving the family or community as it may increase the risk of serious harm. Agencies are specifically told not to actively initiate family counselling, mediation, arbitration and reconciliation as it will increase the risk of harm, and women may be placed at risk of further emotional and physical abuse. Acting in such a way would go some way to demonstrating structural competence.

Methods

This paper is based on policy and professional perspectives of FM in Scotland, completed in 2017. It is one aspect of our overall study on FM commissioned by the Scottish Government (Authors' own, 2017). The study utilised five local authorities in Scotland with the highest density of black and minority ethnic (BME) communities and one local authority area with the lowest density of BME communities. Detailed methods and results are available in the full report (Authors' own, 2017). Ethical approval for the study was obtained from the University of Central Lancashire's (UCLAN) Psychology and Social Work Ethics Committee, and written

consent was obtained from the participants. In this paper, we focus on policy and service responses to FM through the twinned concepts of candidacy and structural competency

Local policy take-up of the Scottish Government's Statutory Guidance on FM (Scottish Government, 2014c) was analysed by: i) examining local policy documents and/or practice guides; and, ii) telephone interviews with either Child or Adult Protection Leads in each of the case-study areas (n=6). The statutory guidance stipulates that each local authority is to develop its own local policy within the broader remit of the government's policy to enable local areas to be sensitive to the particularities of their communities. Key contacts in each of the six case study areas were asked to provide existing local policy or practice guides. A template was devised to extract data covering whether there was a local policy document on FM, who the lead professional was; whether there were specified roles and actions for Child and Adult Protection Committees, Public Protection Committees, Community Safety Partnership, Multi-Agency Risk Assessment Conference (MARAC), and for Violence against Women Partnerships, as well as the extent to which local policy statements aligned with Scottish Government Statutory Guidance. The template also detailed information provided for staff on the 'one chance checklist'; safety and protection; legal context for tackling FM; definitions of FM provided for staff; and information on effective multi/interagency working and information sharing.

These were summarised in advance of the telephone interview with Adult or Child Protection Leads and one Violence Against Women lead in each case-study area. The interviews sought to clarify current planned approaches to FM and the structures within which these had developed. Specifically, they explored whether FM was seen as a priority within child and/or adult protection contexts and how this was operationalised. For example, interviews inquired about whether a FM protection lead existed and the relationship between such a lead and the Protection Committee; routes into and membership of multi-agency structures; nature of membership; examples of good multi-agency working and those demonstrating less well embedded multi-agency working; the relationship between the statutory and third sector organisations; whether shared definitions of FM were in place; whether shared training on FM took place; and, finally if there had been any shared operation of mandatory action.

At a practice level, 21 telephone interviews were conducted with a range of welfare professionals, including three social workers, three legal professionals, six police officers and nine participants from a variety of voluntary sector organisations (NGOs). NGO interviewees were paid professionals working with victim/survivors of gender-based violence, with variable professional experience of dealing with FM. The larger number of NGO participants is justified as they are most likely to come into contact with FM victim/survivors. Participation selection was based on response and availability of the professionals and we recognise the limitations associated with this approach. The interviews followed a semi-structured interview topic guide and explored professionals' knowledge and understanding of FM; their experience and confidence of dealing with FM; their understanding and experiences of using legal and non-legal interventions to protect victims of FM; any examples of good practice; and, identification of barriers and suggestions for ways forward. With permission, all the interviews were digitally recorded and either transcribed or detailed interview summaries were produced from the recordings. Data analysis involved two researchers to check interpretations and

develop the inductive thematic framework (Bryant, 2014) to draw out the main themes and to facilitate comparison across the interviews.

Literature has documented the complexity of FM, particularly the difficulty of definition (Authors' own, 2012; NatCen, 2009; Others and Author, 2007). In common with previous FM studies (see Kazmirski et al., 2009; Others and Author, 2007), we defined FM as one 'where one or both spouses do not (or cannot) fully and freely consent to the marriage, and duress is involved'. Further, a 'case' of FM can either be the threat of, or the actual occurrence of, a FM.

Findings and Discussion

The findings are based on interviews held with a range of professionals, policy analysis in the six case study areas and interviews with Protection Leads. Four key themes where identified from the policy analysis and professional interviews and Protection lead interviews: i) patchy ownership of FM policy at a local level; ii) race anxiety; iii) event versus process-based understandings of FM; and iv) protecting adults experiencing FM. Each of these themes are discussed in turn.

Theme 1: Patchy Ownership of Forced Marriage Policy

The fact that implementation of FM Policy was not uniform across case study areas became immediately evident prior to conducting telephone interviews with policy leads. Despite the statutory obligation placed on local authorities in the 2011 Act, two of the case study areas were unable to produce local policy and practice documentation; further, in one of these areas no designated policy lead for FM was identified. This gap was not simply a failure to respond to a research invitation but, instead, emerged through efforts within the area to identify who the lead should be. To use the language of candidacy, the 'local operating conditions' were inhibiting the development of local practice to support the identification and response to FM. In the four remaining areas, local documents, some still in draft form, drew heavily on the Scottish Government multi-agency guidelines for FM. Here we draw on those written local policies and interviews with policy leads to examine perceived ownership of FM policy. Ownership at a local policy level is important, in generating and supporting practice level change to facilitate the identification of, and effective response to, FM. We focus on three interconnected signifiers: policy leads' perspectives on ownership; understanding of family involvement practice; and, perceptions of shared local agendas locally.

Case study areas varied in the extent to which the policy lead appeared to 'own' local approaches and to perceive them as being locally owned. Such ownership was apparent in case study 2 and 4 – where being 'policy lead' appeared to hold meaning in terms of knowledge and leadership; in area 6 whilst the lead officer interviewed clearly demonstrated individual ownership but appeared less sure that this ownership was distributed across key stakeholders. The comparative maturity of the policies within areas 2 and 4 was evident in several ways. In these areas co-ordination across adult protection, child protection and violence against women services seemed at its strongest, not only in terms of existing structures, but also in terms of working relationships between lead officers. Related to this is the extent to which case study areas demonstrated that they were poised to learn from cases and to embed this learning in future development of adult protection policies. This

preparedness was described in area 4 as: *'our antennae are up'* and contrasts with a more reactive approach in case study 5: *'something slides past you and you become an expert on it'*.

In case study areas 3 and 5, a lack of policy ownership was indicated by of the absence of dedicated 'policy lead', for example: '*FM is not part of our remit … we have it as an offshoot of our work. I'm not sure why'* (Case Study Area 3). Furthermore, in area 5, when asked about the absence of local policy documentation, the specified lead officer said that before the interview she had 'double-checked' and that they worked '*off the Scottish document'*, in other words, local engagement with the national documentation had been sparse. In areas 3 and 5, the leads reported that *following an invitation to be interviewed*, they had checked to see if there had been any cases of FM reported or FMPOs requested; they reported that there had not been any such cases: *'I've tried to find out what's happening with FM. I've spoken to [ ], our child protection co-ordinator, and she said as far as she knew there hadn't been any'* (Case Study Area 3). As it happened, incidents had been recorded by other agencies in this case study area, including statutory services.

Levels of ownership also tended to align with policy leads' awareness of policy concerning family involvement in individual cases. Areas 2, 4 and 6 all highlighted the need for 'cultural' change within organisations and professions; specifically, they discussed how responding to FM was very different from responding to other forms of abuse, representing a volte-face from their usual professional practice. Regarding the need to avoid family consultation, they said, for example: '*[The legislation] turns everything on its head… [it's] like going back 20 years to child protection'* (Case Study Area 4 Policy Lead).

In contrast, in area 5, where ownership of the FM agenda by the policy lead was less apparent, the necessary practice for responding to FM response was instead viewed as congruent with the generic skills of frontline social workers with no discussion of the need to avoid family consultation.

Multi-agency working is important not only in dealing with individual cases but in creating the conditions for generating intersectoral consistency and ownership. The policy analysis showed that, where written policies existed, multi-agency working was expected to be part of the modus operandi for addressing FM, particularly for social services and the police. Specialist third sector organisations appeared, either as part of 'response' flowcharts, or as organisations from which advice and support might be sought, either by frontline workers or as part of safety planning. However, the interviews with policy leads revealed more variation in the extent to which multi-agency working is a reality. In one area, multi-agency working extended beyond a single local authority area, and the development of local policy had been explicitly multi-agency from the outset; furthermore, the policy was described as closely aligned to, and developed in parallel with, other policies on Honour Based Violence and Female Genital Mutilation. The Scottish Government guidance was used as the basis for local plans and built upon: '*We had to make sure the language and definitions was singing from the same hymn sheet'* (Case Study Area 2).

In this case, the links between adult and child protection and violence-against-women Leads appeared to be paramount. This level of routine multiagency working was described also in

case study area 4. In areas 3 and 5, however, there was considerably less evidence of specialist third sector engagement; conversely, in area 6, where the designated policy lead was from the Violence Against Women Partnership, relationships with other committee structures were felt to be suboptimal – the Lead said, for example: *'VAW makes a concerted effort … I don't necessarily feel that it works the other way'* (Case Study Area 6). In this case, the drafting of local policy had come from the Violence Against Women Partnership rather than from the broader public protection structure and this appeared to have reduced statutory ownership within the local area.

Theme 2: Race Anxiety

Previous work on domestic abuse utilising candidacy has argued that structurally competent practice can be recognised where structures of inequality (relating to socio-economic status, ethnicity and gender) are understood by professionals and shape practice in identifying, encouraging disclosure of, and respoding to, abuse in ways that do not, for example, essentialise particular cultural practices (Author et al, 2019). As we describe in this section, working within the field of FM brings to the fore a key tension around gender and culture.

A key dynamic apparent in professionals' discussions of FM centered on the discomfort in dealing with issues of race/culture for fear of being labelled racist or culturally insensitive. This is evident in the quotes in this section and has been termed 'race anxiety' in previous work (Author and others, 2001). Professionals largely discussed for FM as a cultural issue:

> *'… when a practitioner is dealing with someone from a different community and culture, they're not going to want to be non-PC or say anything that's taboo, they're going to want to be sensitive or be respectful to cultural sensitivity. A lot of them are scared of offending people or being culturally insensitive'.* (Case Study Area 4, Legal Professional 4A)

In contrast, this particpant said: *'framing it as a cultural issue can be problematic and is not helpful – it can silence people who fear they may be seen as being culturally insensitive or racist – professionals have this anxiety'* (Case Study Area 4, Voluntary Organization 4B).

Being named and shamed as culturally insensitive or racist is understandbly undesirable. Exploring this further, embeded within the concept of race anxiety is the notion of 'cultural privacy' (see Burman, 2003; Batsleer et al., 2002). Cultural privacy refers to attributing violence against women in minoritised communities (including FM) solely as a cultural issue operating within the private realm of minoritsed cultures. This construction positions FM i) as a private cultural issue and ii) FM as not unamenable to professional intervention out of the desire to demostrate cultural respect and sensitivity – hence race anxiety and cultural privacy are interlinked. An additional dimension of the respect for minoritised cultures is the way in which deference to cultural sensitivity overlooks issues such as unequal gender relations within minoritised communities (Gill, A. and Mitra-Khan, 2010; Phillips, 2009; Burman et al, 2004; Author and others 2002) and thus 'culture' is privileged over gender. Both race anxiety and cultural privacy map onto the framework of candidacy at micro and macro levels.

Social workers in Scotland have a code of practice that requires them not 'to condone any discrimination by people who use services, carers or [my] colleagues (SSSC, 2016, Section 5.5), but also to 'work in a way that promotes diversity and respects different cultures and values (SSSC, 2016 section 1.5.). Hence professionals are understandably wary of intervening in complex isues such as FM when seen as a cultural issue. Importantly, the implications for practice for those operating within a race anxiety/cultural privacy framework can mean an overlooking of abuse within minorotised communities and potentially practising in a discriminatory manner as this respondent explains:

> *'fear of racism is a racist attitude because effectively professionals… argue that I'm not going to intervene because it looks like I'm going against your culture, or ethnicity or religion so the reasoning is that I'm prepared to help a white child but not a child who is not white'.* (Case Study Area 4, Voluntary Organization 4C)

This highlights a central tension between race anxiety/cultural privacy and the approriate protection for VAWG from minoritsed communities. An undue focus on race anxiety/cultural privacy may serve to leave children, women and girls from minoritsed communities unprotected. However, ignoring cultural and structual arrangements may lead to a 'colour-blind' practice which is equally problematic since it potentially leads to failure to identify and respond to abuse and will, in some cases, inhibit victims' own recognition of the problem. Hence, one chance opportunities to support help-seeking and to affirm 'candidacy'will be lost. Structurally competent practice, denotes that practitoners are cognisant both of colour-blind practice as well as the pitfalls of a cultural framaing of FM and that their cultural competence is embedded within a broader analysis of unequal power relations (McGregor et al., 2020). Such practice is likely to better support women from minoritised communities in their journeys into and through services.

Theme 3: Event Versus Process-based Understandings of Forced Marriage

According to NatCen (2009) professional understandings of FM are either lacking or variable, and this can shape if and how FM is identified and responded to. The importance of definitional clarity in augmenting candidacy and in shaping journeys into and through services is vital. Responding to FM requires an understanding of what causes and constitutes FM and what aspects of its presentation might be occluded in service contact through social processes such as normalisation or fear of stigmatisation.

Professionals in this study demonstrated a sound understanding of FM as centred on the presence or absence of consent and a clear distinction between arranged and FM. Professionals with more experience of working with victims/survivors of FM had a more nuanced understanding, conceptualising FM as a process rather than an event. As this professional explained FM is a 'process' which is rooted in gender-based violence, synonymous to *'grooming where someone is being prepared for a marriage and that over a period of time their ability to consent, or rather withdraw consent, is compromised'* (Case Study Area 4, Third Sector Organisation 4B). In contrast, an event-based approach focuses on arrangements for the wedding e.g. wedding invitations, venues, bridal clothes etc and thus misses the process of socialisation of compulsory heteronormativity and the valorisation of marriage for young people in many minoritized communities (Author and Another, 2019; Authors' own, 2014; Another and Author, 2009). Viewing FM as '*more than just the wedding,*

it's a whole process of what comes before and what comes after that' (Case Study Area 4, Third Sector Organisation 4B) better illuminates the complex processes of forced FM with implications for practice. An events-based approach can have detrimental consequences not only in impeding professional detection and responses, but also shaping how legislation is interpreted and utilised, as illustrated below:

> *'The biggest flaw we have around our understanding of FM and how the law has been used in specific cases, particularly the legal profession's understanding, is that they are too focused on a wedding, and we don't see risk as a wedding. Because they are saying "where is the groom?" and "where is the bride?" and "when is the wedding date?", and I find that highly problematic. But I think social workers, and to some extent police officers, are increasingly able, where they have had some intervention and discussion on it, able to look at FM more as a process rather than an event'.* (Case Study Area 4, Third Sector Organisation 4B)

Practitioners identified the difficulties in implementing the civil legislation due to an evidential threshold that minimised the violence experienced by women because of the cultural framing of this behaviour as opposed to a gender-based violence perspective. This demonstrates the ways in which policy and practice prioritisation of cultural competency can obscure structural factors which shape women's lived experiences of FM. Given the difficulties that victims have in coming forward and in pursuing legal remedies, a refusal to grant an order or an interim order due to insufficient evidence, potentially allows that FM to go ahead, and may also deter future victims from pursuing legal remedies. Some respondents reported that that too high an evidential threshold has been applied to grant a FMPO, and that this is due to some legal professionals conceptualising FM as an event rather than a process of "grooming" or socialisation.

A process-based approach to FM will also allow a shift in the current policy and practice focus on entry points – for instance, to prevent a FM from taking place. While such a focus is understandable, the ability to exit a marriage without duress is also central to exercising one's human rights. Exit from FM can be difficult, particularly in cases involving domestic abuse (Author and others, 2009; Phillips and Dustin, 2004; Shachar, 2001). Author and another (2019) note that the same tactics employed by families to force their daughters to marry were also used to bind daughters within the marriage. Thus, the prolonged impact on survivors illustrates the importance of considering FM as a process, rather than a singular event (Author and another, 2019).

Participants mentioned being part of a vicious cycle whereby a lack of familiarity with FM, and a lack of training or engagement to address this, means frontline workers are sometimes unaware of the warning signs and symptoms. Candidacy highlights how a lack of service provider understanding of FM not only compromises women's recognition of their own abuse (self-identification), but also affects practitioner willingness to respond effectively (adjudication of candidacy).

Theme 4: Protecting Adults Experiencing Forced Marriage

The survey component of this study revealed that most reported cases of FM in Scotland involved people over 16, with the majority aged between 18 and 25 years of age at the time

of FM (see Authors, 2017). Several interviews with professionals and the policy analysis illustrated a need for a more robust response to adult victims of FM who have capacity (i.e. who do not meet the criteria to trigger access to adult protection set out in The Adult Support and Protection (Scotland) Act 2007). This Act stipulates the roles and responsibilities of all agencies regarding adult protection, but each local Adult Protection Committee is responsible for developing their own guidance and training. Section 3(1) of the 2007 act utilises three criteria to define an "adult at risk" but FM per se does not elicit an automatic adult protection response, unless all three of the legislative criteria of the 2007 Act are met. As explained by one professional these are: *'very, very difficult … there's criteria that have to be filled as far as social work are concerned and your typical, if you can call it that, FM victim, will probably not tick correct criteria for that … if it's an adult I mean'* (Case Study Area 5, Police).

A common perception was that the local authority would only intervene in cases of FM where an adult lacked capacity. Importantly, the "capacity", of a person at risk of FM should not be a barrier to local authority intervention, as to do so would undermine risk. The issue of "capacity" in this sense is immaterial since local authorities already have the power to act in relation to adults with capacity, under the Relevant Third Party provisions in section three of the FM legislation. However, some participants also discussed that one's capacity to consent to a FM might be compromised even without other risk factors. Some professionals were arguing for a different understanding of capacity than that stipulated in the 2007 Act:

> *'…it's a different scenario, it's not like the person's not able to make a decision like…you know, lacking capacity…what they're having to do is to turn their whole…upbringing upside down and say 'I can no longer be…forced into certain situations that I don't want…they're going against the family,… .of dishonouring the family…completely alien to them to do that…I think it's a far more difficult situation for an adult than a normal…, lack of capacity , where someone can't decide on a decision'.* (Case Study Area 5, Social Worker)

Despite the legislation being clear that local authorities are empowered to intervene under the Relevant Third Party provisions, there is confusion about what the appropriate local authority response should be towards victims of FM. The misconception that local authorities can intervene only if there are child or adult protection matters needs to be addressed as a matter of priority. The current situation leaves the onus of responsibility for pursuing a FMPO either with another third party to apply on their behalf and meet the costs, or, in the majority of cases, with the victim. Hence, if the local authority considers that it has no locus to act in terms of adult protection and the adult at risk of FM is ineligible for civil legal aid to pay for their application, then they will be required to pursue the FMPO personally (albeit with the opportunity to access support in doing so from various NGOs).

An NGO professional (Case Study Area 4) explains that the onus of expressing risk is on the victim and only then do professionals find it easier in *'getting involved'* as *'it's more complicated or difficult to see the continuum of control and abuse that leads to FM …'* However, at a time when victims are feeling vulnerable and when it appears that legal expertise in this field is relatively new, the notion that a victim might pursue a FMPO on their own is doubtful. Further, any breaches of FMPOs have to be acted upon by the victim in terms of re-contacting the relevant authorities. Given the identified lack of public awareness of FM

in practising communities (Khanum 2008), it is difficult to envisage victims coming forward and self-identifying as victims of FM in this context.

The lack of consensus in local authority intervention coupled with limited understanding of the complexity of women's lived experiences of FM, has prevented effective service responses in identifying and supporting victims. One potential way of ensuring that the powers available under Relevant Third Party provisions are exercised consistently would be to strengthen the existing FM statutory guidance, to make it clear that local authorities are obligated to provide support (legal or other) when any adult or child at risk of FM is identified. This should include cases where the adult concerned has capacity, and also those where the adult concerned does not want to proceed to a FMPO or criminal proceedings but does require other forms of support: emotional support and safety. The legislative context has created a complex landscape for service providers to navigate and candidacy helps to highlight how potential avenues of support can be completely shut down.

Conclusion

Despite a common Scottish Government policy and statutory framework, our data illustrates four key areas of policy and practice that require developing to enhance responses to FM. First, that policy development, ownership of FM and multi-agency working were patchy. To enhance responses to FM, we recommend that monitoring arrangements are in place to ensure consistency of ownership, understanding and multi-agency working on FM. Second, the inter-related dynamics of 'race anxiety and cultural privacy potentially leave victims of FM unprotected due to practitioners' fears of being labelled as culturally insensitive or racist and privileges culture over gender. Utilising an intersectional gender-based perspective and concepts of candidacy has illuminated gaps in professionals' responses to FM. Rather than seeing FM as a culturally bound private issue, there is a need to re-frame it as belonging in the public domain and a specific form of violence against women and girls that requires professional intervention (Batsleer et al., 2002; Author and Another 2011). Reflective practice, training and appropriate supervision are potential implications of our study. Third, understanding FM as a process based on socialisation into heteronormativity, unequal gender relations and respect for parental wishes is key to understanding why the evidential threshold for an event-based understanding of FM is problematic. Fourth, several interviews with professionals and the policy analysis illustrated a lack of robust local authority procedures for supporting adult victims of FM who have capacity. Encouraging practitioners to use the measures already available to them via the Scottish Government's statutory guidance is key to ensuring that adult victims (with capacity) are not left to navigate the complexities and costs of utilising FMPOs or criminal charges by themselves, or without emotional support and safety planning. FM is both a child protection and adult safe-guarding issue and whilst it may be an infrequent part of social work practice in some areas, it is incumbent on policy makers and practitioners to build on current efforts to better protect victims of FM.

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