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My Marriage My Choice

Summary of Findings

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RESPOND
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National Institute for Health Research

My Marriage My Choice
Summary of Findings

Authors: Anne Patterson, Rachael Clawson, Michelle McCarthy, Rachel Fyson & Deborah Kitson

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www.sscr.nihr.ac.uk

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Introduction

The My Marriage My Choice project (a two-year study funded by the National Institute for Health Research, School for Social Care Research) has been conducted with a view to exploring forced marriage of adults with learning disabilities[1] from a safeguarding perspective. Its aim was to develop knowledge, policy and practice to support professionals in their work of safeguarding vulnerable children and adults.

Forced marriage is defined as a marriage without the consent of one or both parties and where duress is a factor (UK Government Forced Marriage Unit). In a forced marriage one or both spouses do not consent, or due to lacking capacity, cannot consent to the marriage.

The research project has also been conducted to raise awareness of forced marriage in order that all of those who are involved in the education, care and support of individuals who cannot effectively consent to any such undertaking, might be empowered to recognise forced marriage as such and respond appropriately.

Forced Marriage Unit (FMU) statistics show there has been a rise year on year in the number of people with learning disabilities being reported who may be at risk or have been the subject of forced marriage. A law introduced in 2014 makes such marriages unlawful and so not only are people with learning disabilities at risk of being married when they know little about marriage and what it involves, but families and other people around them are at risk of getting into trouble with the law if they encourage people to enter into such a marriage.

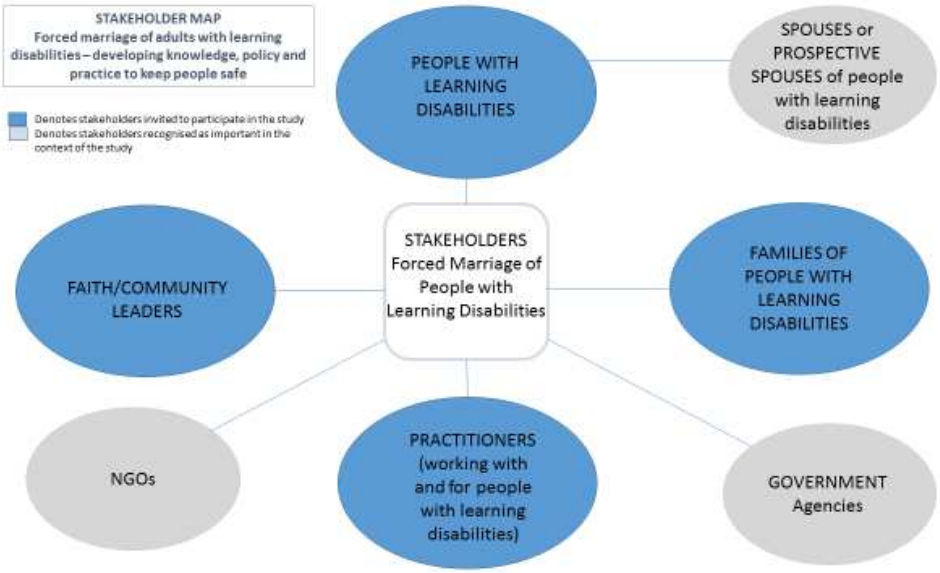
Working in partnership with the Forced Marriage Unit (FMU) the research team has been given unprecedented access to statistics collected between 2009 and 2015 with a view to understanding more about the incidence of forced marriage in the population of people with learning disabilities. This study of the FMU data was undertaken in Phase One of the research study and these data helped to identify the geographical areas in which the research team would conduct their interviews and focus groups with a set of key stakeholders. These areas were identified as London and the South East, West Midlands, North West and Yorkshire and Humberside. Further details from Phase One of the research are reported below in the main report.

A range of stakeholders were identified prior to the research as indicated in the following stakeholder map.

[1] The term 'learning disability' is used throughout this document as this is the term most frequently used by practitioners in the UK. Learning disability is defined as:

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence) with;
- A reduced ability to cope independently (impaired social functioning);
- Which started before adulthood, with a lasting effect on development.

['Valuing People' White Paper 2001- DOH]



The research team were keen to hear the voices of people with learning disabilities themselves and also the voices of people who support them and/or may have an influence on their life decisions, including marriage. The four groups of people highlighted above were invited to talk to us either as a group or in an individual interview. Their views and perspectives are reported in the Phase Two findings section of the following report.

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Phase One Findings

Forced Marriage Unit[2] (FMU)-held data (2009-2015)

Quantitative analysis

Number of cases

Of the 593 cases viewed, 554 related to people with learning disabilities or people with both physical and learning disabilities. These 554 cases are included in much of the analysis, though some analyses are based on limited datasets (e.g. Ethnicity and Age Range) as there is only limited information available.

Table 1 shows the number of recorded cases each year from 2009-2015.

Table 1

Year	Number of recorded cases
2009 (from August)	15
2010	51
2011	58
2012	54
2013	100
2014	135
2015	141
Total (All years)	554

Key observations:
Recorded cases have increased year on year. Increases however may be due to increased recording as well as an increased number of cases.

[2]FMU website: https://www.gov.uk/guidance/forced-marriage
FMU annual statistics can be found at:
https://www.gov.uk/guidance/forced-marriage#statistics-on-forced-marriage-collected-by-fmu

Gender

Table 2 shows the recorded gender details of the 554 cases (missing data is also noted).

Table 2

			Gender			
			Missing Data	Female	Male	Total
Year	2009	Count	0	7	8	15
		% within Year	0.0%	**46.7%**	**53.3%**	100.0%
	2010	Count	1	32	18	51
		% within Year	2.0%	**62.7%**	**35.3%**	100.0%
	2011	Count	0	31	27	58
		% within Year	0.0%	**53.4%**	**46.6%**	100.0%
	2012	Count	1	30	23	54
		% within Year	1.9%	**55.6%**	**42.6%**	100.0%
	2013	Count	1	50	49	100
		% within Year	1.0%	**50.0%**	**49.0%**	100.0%
	2014	Count	0	61	74	135
		% within Year	0.0%	**45.2%**	**54.8%**	100.0%
	2015	Count	0	54	87	141
		% within Year	0.0%	**38.3%**	**61.7%**	100.0%
Total		Count	3	265	286	554
		% within Year	0.5%	**47.8%**	**51.6%**	100.0%

Key observations:

For most years (excepting 2010 and 2015) there appears a relatively even split between males and females.
In 2010 almost 63% of recorded cases related to females and 35% to males.
In 2015 almost 62% of recorded cases related to males and 38% to females.

Ethnicity and age range

The recording of these two categories of data is rather more irregular than for other aspects. To provide some indication of these aspects, ethnicity is reported based on 2011, as this year had the more consistent recording (though a large number of cases were necessarily categorised as 'unknown'). This is shown in *Table 3*.
Ages are also unrecorded for most cases so these are expressed in terms of the age range, mean, median and mode ages for the limited data we have across all years (shown in *Table 4*).

Table 3 – Ethnicity – 2011 data only (n=52)

Ethnic Group	Count
Asian Bangladeshi	6
Asian Indian	2
Asian Pakistani	6
Black African	1
Chinese	1
White British	1
Unknown	35

Key observations:

There is some indication of recurring ethnicities (particularly Asian Bangladeshi and Asian Pakistani) though numbers of entries are small so any inferences are indicative only.

Table 4 - Age – all years data (n=333)

Overall age range	12-85 years
Mean age	26
Median age	24
Mode	25

Age range	Count	Percentage (n=333)
11-20 years	90	27%
21-30 years	168	50%
31-40 years	56	17%
41-50 years	13	4%
51-60 years	4	1%
Over 60 years	2	<1%

Key observations:

The lower and upper ages of the full age range are quite extreme.

Mean, median and mode ages are similar, suggesting that whilst there is a wide spread of ages in the whole population of cases a 'typical' age approximates to mid-20 years of age. This is demonstrated by the percentage for the age range of 21-30 years which was 50%.
Over a quarter of all recorded cases (where age was disclosed) are under 20 years of age.

From which region recorded cases originate

Table 5 shows from which part of the UK the recorded cases originate (please note that figures are impacted by percentages of missing data, as shown in the second column of the table and also by those entries recorded as unknown, as shown in the penultimate column).

Table 5

			UK_Region												Total
				East Anglia	East Midlands	London	North East	North West	Scotland	South East	South West	Wales	West Midlands	Yorkshire and Humberside	Unknown	
Year	2009	Count	0	0	0	2	0	1	0	2	0	0	5	5	0	15
		% within Year	0.0%	0.0%	0.0%	13.3%	0.0%	6.7%	0.0%	13.3%	0.0%	0.0%	33.3%	33.3%	0.0%	100.0%
	2010	Count	0	3	2	19	3	4	1	4	0	0	6	4	5	51
		% within Year	0.0%	5.9%	3.9%	37.3%	5.9%	7.8%	2.0%	7.8%	0.0%	0.0%	11.8%	7.8%	9.8%	100.0%
	2011	Count	0	3	4	13	2	2	0	4	1	1	13	4	11	58
		% within Year	0.0%	5.2%	6.9%	22.4%	3.4%	3.4%	0.0%	6.9%	1.7%	1.7%	22.4%	6.9%	19.0%	100.0%
	2012	Count	7	1	4	13	1	2	1	5	1	0	8	1	10	54
		% within Year	13.0%	1.9%	7.4%	24.1%	1.9%	3.7%	1.9%	9.3%	1.9%	0.0%	14.8%	1.9%	18.5%	100.0%
	2013	Count	0	5	6	30	2	12	3	9	1	3	20	4	5	100
		% within Year	0.0%	5.0%	6.0%	30.0%	2.0%	12.0%	3.0%	9.0%	1.0%	3.0%	20.0%	4.0%	5.0%	100.0%
	2014	Count	0	0	9	33	4	15	2	27	0	1	25	13	6	135
		% within Year	0.0%	0.0%	6.7%	24.4%	3.0%	11.1%	1.5%	20.0%	0.0%	0.7%	18.5%	9.6%	4.4%	100.0%
	2015	Count	0	0	7	34	3	22	4	17	4	4	27	17	2	141
		% within Year	0.0%	0.0%	5.0%	24.1%	2.1%	15.6%	2.8%	12.1%	2.8%	2.8%	19.1%	12.1%	1.4%	100.0%
Total		Count	7	12	32	144	15	58	11	68	7	9	104	48	39	554
		% within Year	1.3%	2.2%	5.8%	26.0%	2.7%	10.5%	2.0%	12.3%	1.3%	1.6%	18.8%	8.7%	7.0%	100.0%

Key observations:

Recorded cases are particularly high in number in the London, West Midlands, North West and South East regions.

Figures for the Yorkshire and Humberside region also look to have increased in 2014 and 2015 despite a lower average percentage across all years. This is in line with the trend of more recorded cases generally in those two years.

Marriage status at time of case-recording

Table 6 shows the marriage status of individuals at the time of the case being recorded. ('PRE' indicates cases reported before marriage has taken place and 'POST' cases reported after).

Table 6

			Marriage_Status								
				Overseas-PRE	UK-PRE	Overseas-POST	UK-POST	Overseas-Unknown	UK-Unknown	Unknown	Total
Year	2009	Count	0	1	8	1	4	0	1	0	15
		% within Year	0.0%	6.7%	53.3%	6.7%	26.7%	0.0%	6.7%	0.0%	100.0%
	2010	Count	0	1	27	2	19	2	0	0	51
		% within Year	0.0%	2.0%	52.9%	3.9%	37.3%	3.9%	0.0%	0.0%	100.0%
	2011	Count	0	2	34	0	22	0	0	0	58
		% within Year	0.0%	3.4%	58.6%	0.0%	37.9%	0.0%	0.0%	0.0%	100.0%
	2012	Count	4	0	18	2	26	2	0	2	54
		% within Year	7.4%	0.0%	33.3%	3.7%	48.1%	3.7%	0.0%	3.7%	100.0%
	2013	Count	1	4	37	2	55	0	0	1	100
		% within Year	1.0%	4.0%	37.0%	2.0%	55.0%	0.0%	0.0%	1.0%	100.0%
	2014	Count	1	5	42	14	67	3	3	0	135
		% within Year	0.7%	3.7%	31.1%	10.4%	49.6%	2.2%	2.2%	0.0%	100.0%
	2015	Count	0	1	48	1	85	3	3	0	141
		% within Year	0.0%	0.7%	34.0%	0.7%	60.3%	2.1%	2.1%	0.0%	100.0%
Total		Count	6	14	214	22	278	10	7	3	554
		% within Year	1.1%	2.5%	38.6%	4.0%	50.2%	1.8%	1.3%	0.5%	100.0%

Key observations:
Both UK-Pre and UK-Post figures are higher than those for overseas (not surprising in the context of this being a UK-based recording and support system).
In 2009 over 53% of recorded cases were concerned with pre-marriage situations and almost 27% were concerned with post-marriage situations. By 2015 this trend seems to have reversed (60% post-marriage, 34% pre-marriage).

This same trend is not reflected in the Overseas pre- and post- data. There is a 'peak' in post-marriage cases in 2014 (10.4% - almost triple the number of pre- cases)

Focus country of forced marriage

Table 7 shows the focus country of any proposed or undertaken forced marriage.

Table 7

		Year														Total	
		2009		2010		2011		2012		2013		2014		2015			
		Count	% within Year	Count	% within Year	Count	% within Year	Count	% within Year	Count	% within Year	Count	% within Year	Count	% within Year	Count	% within Year
Focus_Country		1	6.7%	0	0.0%	0	0.0%	2	3.7%	1	1.0%	0	0.0%	0	0.0%	4	0.7%
	Afghanistan	0	0.0%	1	2.0%	1	1.7%	1	1.9%	0	0.0%	1	0.7%	3	2.1%	7	1.3%
	Austria	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%	0	0.0%	1	0.2%
	Bangladesh	1	6.7%	11	21.6%	8	13.8%	5	9.3%	19	19.0%	12	8.9%	18	12.8%	74	13.4%
	China	0	0.0%	0	0.0%	1	1.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%
	Czech Republic	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.0%	0	0.0%	0	0.0%	1	0.2%
	India	5	33.3%	6	11.8%	6	10.3%	7	13.0%	20	20.0%	17	12.6%	10	7.1%	71	12.8%
	Iraq	0	0.0%	0	0.0%	1	1.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%
	Jamaica	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.0%	0	0.0%	0	0.0%	1	0.2%
	Kenya	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%	0	0.0%	1	0.2%
	Malawi	0	0.0%	0	0.0%	0	0.0%	1	1.9%	0	0.0%	0	0.0%	0	0.0%	1	0.2%
	Mauritius	0	0.0%	1	2.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%
	Morocco	0	0.0%	1	2.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%
	Nigeria	1	6.7%	2	3.9%	1	1.7%	0	0.0%	2	2.0%	1	0.7%	0	0.0%	7	1.3%
	Pakistan	6	40.0%	16	31.4%	28	48.3%	26	48.1%	33	33.0%	62	45.9%	83	58.9%	254	45.8%
	Phillipines	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%	0	0.0%	1	0.2%
	Romania	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%	1	0.2%
	Saudi Arabia	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%	3	2.1%	4	0.7%
	Somalia	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	3.0%	0	0.0%	3	2.1%	6	1.1%
	Sri Lanka	0	0.0%	0	0.0%	0	0.0%	1	1.9%	0	0.0%	2	1.5%	0	0.0%	3	0.5%
	Syria	0	0.0%	0	0.0%	0	0.0%	1	1.9%	0	0.0%	0	0.0%	0	0.0%	1	0.2%
	The Gambia	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.0%	0	0.0%	0	0.0%	1	0.2%
	Turkey	0	0.0%	0	0.0%	0	0.0%	1	1.9%	1	1.0%	4	3.0%	0	0.0%	6	1.1%
	Uganda	0	0.0%	0	0.0%	1	1.7%	0	0.0%	3	3.0%	0	0.0%	0	0.0%	4	0.7%
	United Kingdom	0	0.0%	3	5.9%	3	5.2%	5	9.3%	10	10.0%	27	20.0%	16	11.3%	64	11.6%
	United States of America	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%	0	0.0%	1	0.2%
	Yemen	0	0.0%	0	0.0%	1	1.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%
	Other/Unknown	1	6.7%	10	19.6%	7	12.1%	4	7.4%	5	5.0%	4	3.0%	4	2.8%	35	6.3%
Total		15	100.0%	51	100.0%	58	100.0%	54	100.0%	100	100.0%	135	100.0%	141	100.0%	554	100.0%

Key observations:

Across all years the highest number of cases have Pakistan as their focus country for marriage (45.8% of all recorded cases across all years). In 2015 Pakistan was the focus country for 58.9% of recorded cases.
Across all years there are three other countries that are focus countries in a high number of recorded cases. Bangladesh is the focus country for 13.4% of recorded cases across all years, with a particular 'peak' of 21.6% of all recorded cases in 2010; India is the focus country for 12.8% of recorded cases across all years and was the focus country for a third of all cases (n=15) in 2009; and the UK is the focus country for 11.6% of all recorded cases across all years with a 'peak' of 20% of all recorded cases in 2014.
It is worth noting too the number of Other/Unknown recorded cases, particularly as these were almost 20% in 2010, and over 6% across all years.

How cases came into the recording system and who was involved in reporting suspected, proposed or Undertaken Forced Marriage

Table 8 shows the medium by which cases come into the system to be recorded.

Table 8

			Medium				
			Telephone	E-mail	Letter	Other	Total
Year	2009	Count	15	0	0	0	15
		% within Year	100.0%	0.0%	0.0%	0.0%	100.0%
	2010	Count	48	2	0	1	51
		% within Year	94.1%	3.9%	0.0%	2.0%	100.0%
	2011	Count	53	5	0	0	58
		% within Year	91.4%	8.6%	0.0%	0.0%	100.0%
	2012	Count	54	0	0	0	54
		% within Year	100.0%	0.0%	0.0%	0.0%	100.0%
	2013	Count	49	50	1	0	100
		% within Year	49.0%	50.0%	1.0%	0.0%	100.0%
	2014	Count	74	61	0	0	135
		% within Year	54.8%	45.2%	0.0%	0.0%	100.0%
	2015	Count	71	69	1	0	141
		% within Year	50.4%	48.9%	0.7%	0.0%	100.0%
Total		Count	364	187	2	1	554
		% within Year	65.7%	33.8%	0.4%	0.2%	100.0%

Key observations:

Across all years contact has principally been by telephone though in 2013 there was an almost equal split between telephone and e-mail as a means of reporting a suspected, proposed or undertaken case of forced marriage.

In 2014 there was a slight shift towards greater use of the telephone and again in 2015 there was an almost equal split between the two media. *Table 9* shows from where the first contact came concerning a suspected, proposed or undertaken forced marriage.

Table 9

			Contact											
			Victim	Social services	School/Education	Health Professional	Legal professional	Friend/Relative	Police	Other Professional/ Statutory agency	NGO	UKBA/UKVI	Anonymous	Total
Year	2009	Count	2	8	1	0	0	0	3	0	1	0	0	15
		% within Year	13.3%	53.3%	6.7%	0.0%	0.0%	0.0%	20.0%	0.0%	6.7%	0.0%	0.0%	100.0%
	2010	Count	1	17	4	4	5	5	8	3	3	0	1	51
		% within Year	2.0%	33.3%	7.8%	7.8%	9.8%	9.8%	15.7%	5.9%	5.9%	0.0%	2.0%	100.0%
	2011	Count	0	27	5	3	2	4	6	4	3	4	0	58
		% within Year	0.0%	46.6%	8.6%	5.2%	3.4%	6.9%	10.3%	6.9%	5.2%	6.9%	0.0%	100.0%
	2012	Count	1	24	2	11	1	10	1	4	0	0	0	54
		% within Year	1.9%	44.4%	3.7%	20.4%	1.9%	18.5%	1.9%	7.4%	0.0%	0.0%	0.0%	100.0%
	2013	Count	4	35	4	5	0	2	5	6	2	37	0	100
		% within Year	4.0%	35.0%	4.0%	5.0%	0.0%	2.0%	5.0%	6.0%	2.0%	37.0%	0.0%	100.0%
	2014	Count	5	38	4	7	0	4	9	8	0	59	1	135
		% within Year	3.7%	28.1%	3.0%	5.2%	0.0%	3.0%	6.7%	5.9%	0.0%	43.7%	0.7%	100.0%
	2015	Count	0	47	2	5	3	2	11	3	5	63	0	141
		% within Year	0.0%	33.3%	1.4%	3.5%	2.1%	1.4%	7.8%	2.1%	3.5%	44.7%	0.0%	100.0%
Total		Count	13	196	22	35	11	27	43	28	14	163	2	554
		% within Year	2.3%	35.4%	4.0%	6.3%	2.0%	4.9%	7.8%	5.1%	2.5%	29.4%	0.4%	100.0%

Key observations:

Across all years the highest number of contacts have come from Social Services, though since 2013 through to 2015 a higher number of contacts are from UK Border Agency and UK Visas and Immigration Department (37% in 2013, 43.7% in 2014 and 44.7% in 2015). This compares with 35%, 28.1% and 33.3% in the same years from Social Services departments.

Despite smaller numbers of interventions from other 'agents', there is a good range of other people involved including victims themselves, though these are notably small in number.

Comparisons of age and gender in cases reported in respect of people with learning disabilities and in all reported cases (2009-2015)

Comparison in respect of age

FMU statistics for age for Learning Disability cases and for ALL cases, 2010-15
(ALL cases in **red**)

	Age range (years)						
Year	Up to 15	16-17	18-21	22-25	26-30	31-40	41+
2010*	0%	14%	48%	14%	14%	5%	5%
2011	12% (10%)	12% (19%)	21% (27%)	12% (17%)	21% (14%)	12% (3%)	9% (5%)
2012	0% (13%)	19% (22%)	31% (30%)	25% (19%)	6% (8%)	19% (8%)	0% (**)
2013	13% (15%)	4% (25%)	26% (33%)	35% (15%)	13% (7%)	9% (3%)	0% (**)
2014	3% (11%)	3% (11%)	23% (17%)	22% (14%)	22% (8%)	22% (5%)	4% (2%)
2015	<1% (14%)	5% (13%)	19% (20%)	33% (15%)	16% (9%)	16% (6%)	9% (2%)

*No age range breakdown available for ALL cases this year
**This age range was not utilised in these years

The trend is rather different when looking at ALL cases reported to FMU (2007-2015). Each year of reporting for ALL cases between 2007 and 2015 shows the percentages for females to be 75-80% and for males to be 25-20%. This is very different in particular to the 2015 percentages for people with learning disabilities only.

Comparison in respect of gender

Year	Female	Male	Missing data
2009	7 (46.7%)	8 (53.3%)	0 (0.0%)
2010	32 (62.7%)	18 (35.3%)	1 (2.0%)
2011	31 (53.4%)	27 (46.6%)	0 (0.0%)
2012	30 (55.6%)	23 (42.6%)	1 (1.9%)
2013	50 (50.0%)	49 (49.0%)	1 (1.0%)
2014	61 (45.2%)	74 (54.8%)	0 (0.0%)
2015	54 (38.3%)	87 (61.7%)	0 (0.0%)
All years	265 (47.8%)	286 (51.6%)	3 (0.5%)

- For most years there is a relatively even split between males and females with learning disabilities being reported to FMU.
- In 2010 almost 63% of recorded cases related to females and 35% to males.
- In 2015 almost 62% of recorded cases related to males and 38% to females.

This is different to all cases reported to FMU (2007-2015). Each year of reporting shows ratio for all cases as being between 75-80% female and 25-20% male.

Key messages

- The data from the Forced Marriage Unit (FMU) demonstrate the increase year on year (2009-2015) of cases being reported in respect of people with learning disabilities, which is in line with increased reporting in all cases.

- Some key differences have been highlighted however in terms of age and gender of those cases reported in respect of people with learning disabilities.

- There appears in particular to have been a reversal in trends related to gender - with more cases of males with learning disabilities being reported than those of females with learning disabilities as compared with all cases being reported

- The ages of people with learning disabilities being reported as being at risk of or having been forced into marriage are higher than in all cases reported.

- There is evidence therefore to suggest that the profile of a 'typical' person who may be at risk of forced marriage is notably different in each of the wider population and the population of people with learning disabilities. This has implications for everyday practice in terms of recognising potential cases and in turn in terms of the safeguarding of people with learning disabilities.

- The areas of the United Kingdom identified from the FMU data as having the highest incidence of reported cases: London & South East; West Midlands; North West, and Yorkshire & Humberside have informed the ongoing research in Phase Two of the research. The interviews and focus groups of the four key stakeholder groups (identified earlier as people with learning disabilities, family carers, faith and community leaders and finally practitioners) were concentrated in these areas.

Phase Two Findings

What people with learning disabilities told us

We talked to nineteen people with learning disabilities through three focus groups and three individual interviews. Participants did not need to know anything about forced marriage in advance. They were of various ethnicities – an almost equal split (9:10) of white and other ethnicities. There were 11 females and 8 males. Most preferred to take part in a group discussion – hence the small number of individual interviews.

Perceptions of people with learning disabilities about marriage and decisions to marry

There were considerable **variations in people's frame of reference** – these appeared to be linked to (observed) capacity and reported social opportunity. Understandings of the marriage/wedding distinction (that is, marriage as a potentially long-term commitment and a wedding as a celebratory event) were also variable.

Participants gave **stereotypical views of marriage**, of gender roles in marriage and of the positives and negatives of marriage. However in some cases these reflected some quite sophisticated views that were explained in terms of the emotional and relational aspects of marriage.

Varying perspectives on autonomy to decide were evident. People talked of decisions to marry using narratives of both empowerment and powerlessness. Some reported that it was completely their decision whether they married and to whom. However with the introduction of scenarios in which people were dependent on others for a place to live and the support to do so this produced many contradictions and ambivalence about who has control over decisions to marry and what might be the consequences of disagreeing with others. There were variations too in where people with learning disabilities were 'positioned' within families; for some this appeared to be very much as a child/minor/cared-for person, whereas for others they had a more equal footing within the family unit.

Participants alluded to **cultural and religious nuances** – some stating that marriage is about praying together; it happens in a church or other place of worship; there are religious/secular expectations about getting married though they spoke of faith leaders as enablers to marry and not as influencers. Some participants also acknowledged that although forced married was wrong it was not for them to tell people of other cultures what to do with regards to arrangements of marriage.

Capacity to consent to marry

People with learning disabilities **explained capacity in terms of understanding responsibility in marriage** and had little awareness of the role of capacity and its importance in whether it's okay to marry, or allow or force others to marry. Participants referred however to other people with learning disabilities who may not fully understand what they were doing when entering a marriage so there was some appreciation of differing capacities among people with learning disabilities.

Discussing **specific examples (scenarios) prompted many ifs, buts and maybes** – people became less sure of rights and wrongs particularly where there were dependencies on others (particularly parents) for support.

We observed during our discussions that those people with learning disabilities who appeared less able (demonstrated less capacity), were more likely to defer decisions to others. This suggested that capacity greatly impacts on an individual's 'ability' to decide and in turn their 'vulnerability' to forced marriage.

Who can help with decisions and who people might go to for help

The general consensus was that **families could support and advise people with decisions about whether to marry and to whom, but that they should not decide for them.** Participants also acknowledged that on a practical and emotional level it could be challenging to disagree with advice-givers especially if one was dependent upon them for support.

A range of people were named as **potential helpers in taking decisions about marriage or resisting unwanted marriage or partners**. Among these were General Practitioners, Social Workers, Care-supporters, neighbours and the Police Service.

People with learning disability demonstrated, across a wide spectrum, **quite poor or extremely developed senses of**:

- 'Right' and 'wrong' with regards to marriage decisions
- Emotional involvement and relationships
- Wider contexts of marriage (differing worldviews). These were coloured by: their own experience; parents'/siblings' experiences; media influence; religious influence.
- Other cultures and varying expectations of marriage
- Varying capacities of people with learning disabilities
- Fair and unfair treatment with regards to making decisions
- Gender roles within partnerships/marriages

Such wide variations demonstrate that, as suggested earlier, some people with learning disabilities may not have a great deal of understanding of issues surrounding marriage and so may not be able to exercise a great deal of autonomy in decisions, and this may result in them being more vulnerable to forced marriage than others.

Expectations of marriage and engagement as a 'ceiling' relationship status

There was a sense from people with learning disabilities that **they wanted what other people have in terms of relationships** and that they should be able and expect to get married. However some reported that parental expectations were for long engagements which suggested that for some people with learning disabilities engagement may be a 'ceiling' relationship status. Grounds (usually cited by parents) for people not proceeding to marriage included that people had not known each other long enough to consider marriage (although some relationships spanned years) and also that people may need to remain at home to take care of other family members (parents).

What people with learning disabilities said to us

Key messages

- Most people with learning disabilities recognised that they have the right to choose if they get married and to whom – though the degree to which they might be able to exercise these rights was variable and was largely determined by individuals' own capacity to understand marriage and their family and daily-living circumstances.

- Whilst some people with learning disabilities demonstrated a strong conviction and willingness to vocally exercise their rights to choose for themselves, there remained a strong deference to others (particularly parents) over such decisions.

- When presented with specific scenarios about forced marriage people became less sure of the rights and wrongs of particular situations and more likely to acquiesce with persuasive suggestions and solutions.

- People with learning disabilities who expressed the most willingness to say no to unwanted marriages were those with observable capacity, a wide frame of reference on marriage and wide social opportunities suggesting that a greater vulnerability to forced marriage may exist for those who have less of any or all of these.

What family carers of people with learning disabilities told us

We spoke to 23 family carers in all, through two focus groups and six individual interviews. Those we spoke to were mainly mothers although one was a sibling, and another an aunt. Most family carers were female though two were male family members. They were all directly involved in the care of a family member with a learning disability and were predominantly from Black, Asian and Multi-Ethnic groups.

How family carers felt that People with learning disabilities and their families were treated in the community at large and in their cultural and/or faith community

Family carers reported **mixed experiences of 'acceptance'** and felt that they were often accepted and included in close family and friend circles but not in the wider community.

Some families experienced **isolation and a sense of stigma** with some families reporting they were withdrawn from their communities, including faith communities. Some did not engage with or access any support services.

Some families were however **engaged with services** – mostly looking after their relative at home but with access to day services. One carer was currently looking for help at the time we interviewed as they were struggling to cope. However, they still viewed care as **fundamentally the family's responsibility**.

Carers sought support and advice from close friends and family and sometimes other carers (e.g. as part of carers group).

Faith communities did not figure highly in discussions of care and treatment in the community.

Carers' awareness of forced marriage, forced marriage law, capacity and consent

There was evidence to suggest that the distinction between **arranged and forced marriage remained a blurred area** for many parents/carers. Parental responsibilities were seen as very important and extended to helping offspring marry. Carers had a sense that they wanted their relative/child to be happy and that meant they may wish and have the right to marry. However the issue of capacity to consent was not always factored in by carers.

There were **mixed levels of knowledge about forced marriage**. Forced marriage was often viewed as something that happens elsewhere or as an 'old country' notion.

Many carers suggested that **forced marriage was wrong** but also talked of finding the 'right person' implying that **with the 'right' partner it might be okay**. There were many contradictions of this sort and again the issue of capacity to consent was eclipsed.

Carers' concerns about **what will happen when they can no longer care** for their relative/child was reported as a motivation to consider marriage for people with learning disabilities. This

was coupled with perceptions that the availability and quality of other care options may be lacking.

There was **mixed awareness of the statutory and legal aspects** of forced marriage though some carers reported that they are aware that families can find themselves in trouble with authorities. They also believed that sometimes authorities can become involved unnecessarily. Carers however tended to refer to high profile forced marriage cases that didn't involve people with learning disabilities suggesting a more general understanding of forced marriage which did not necessarily acknowledge issues around capacity to consent.

Some carers had **limited appreciation of capacity** and assumed that marriage could simply be explained to people with learning disabilities. Many were unaware of formal procedures for assessing capacity and its importance in establishing whether a marriage is forced. Some who were aware of the need to establish capacity perceived this as a 'tick-box' exercise.

Some **carers recognised that people with learning disabilities have varying levels of 'capability'** and that that contributed to decisions about whether marriage was appropriate for them.

There were **contrasting views regarding consent**; some carers said it was okay for others to consent on behalf of people with learning disabilities and some said it must be the person with learning disabilities themselves.

What carers said about life expectations and marriage expectations for people with learning disabilities

Carers expressed **wanting what was best for their relative**. Marriage seemed to be very much 'on the table' for some of those who were still young/minors and were felt to still be developing.

It was suggested that marriage is good for calming 'wild' children; that it is also religiously 'good'; and that it is **societally and culturally normal to expect and want to marry**. Any difference for those with learning disabilities was somewhat minimised in such narratives.

Some carers expressed **active discouragement of marriage**.

Some carers said that people with learning disabilities probably couldn't fulfil marriage responsibilities. Furthermore they **expressed empathy for and attributed rights to potential partners** who may not have a learning disability.

Carers expressed that above all they wanted contentment for their relative so there were **many contradictions about what might be possible and desirable**. This was accompanied by some frustration that whilst they wanted their relative/child to experience love and an intimate relationship, they were not sure if they could cope with marriage and without marriage they couldn't have a relationship (due to religious beliefs).

Carers' motivations for considering marriage for their relative/child

Overwhelmingly carers concerns were about future care. Carers acknowledged that although they had a strong sense of 'looking after their own', extended families might not be

available to take over as they have their own families and commitments. This was coupled with a general mistrust of outside services and challenges of obtaining appropriate, quality care.

Some carers felt **family and/or community pressures to consider marriage** for their relative/child. This was sometimes wrapped up with concerns about the impact of non-marriage for other siblings. Mothers in particular were seen as a driving force in the consideration of marriage for a relative/child with learning disabilities.

Some carers also reported a sense that getting married may help someone with a learning disability; that it might in some way **make them 'better' or cure them**. They suggested some kind of 'normalisation' might occur as a result of entering into the responsibilities of marriage.

Carers expressed a **genuine desire to achieve the best for their relative/child** though they didn't always know what that might be. There were repeated assertions that if one found the 'right' person to take on any challenges associated with someone's learning disability then it might be okay/work out.

There were many, many contradictions that suggested that carers were very **conflicted in their motives and expectations**.

Carers' concerns and perspectives on the consequences of (forced) marriage

Some carers were concerned that **people with learning disabilities may not be able to cope within a marriage**; they may be abused, taken advantage of and may be at risk of poor treatment by a partner or a partner's family.

Some carers felt concern that gender roles within a marriage may not be 'fulfilled'. For example males may not be able to provide for their family and females may be unable to care for their family and 'keep house'.

Carers expressed **concern about getting into trouble if they didn't follow the law** if/when considering marriage for their relative/child. Concerns were also expressed about the consequences of a marriage not working. These included the emotional upset, possible abandonment and the possible 'shame' of having a failed marriage for the whole family.

Some carers expressed **concern about having an assessment outcome that confirmed a lack of capacity to consent** to marry and what would happen then. One family carer suggested that they may be inclined to continue with assessments until the person with a learning disability had capacity.

What family carers said to us

Key messages

- Family carers reported mixed experiences of being a family that includes someone with a learning disability. At one end of the spectrum families felt a high level of acceptance in their close social circles and wider community. At the other end some families experienced isolation and a sense of stigma.

- Distinctions between arranged and forced marriage appeared blurred for many families. Further awareness-raising about capacity to consent and the law on forced marriage may help to resolve any existing confusion.

- Family carers acknowledged that people with learning disabilities had differing levels of capability but there were some fundamental mis-understandings about capacity, how it might be assessed and how important capacity to consent was in decisions about the appropriateness of marriage. Some carers were aware of the law though many were not. The law on forced marriage and the importance of establishing capacity to consent as a central part of applying the law requires greater publicity and opportunities for focused learning by family carers.

- Family carers reported dilemmas over whether their family member should get married. They overwhelmingly desired contentment for their family member which for some included expectations of marriage, although this could lead to incorrect assumptions that this would always be possible, especially if one could find the 'right' partner. Often the concerns of such a partner to be able to cope were put above any risks or concerns that may exist for the person with a learning disability in entering a marriage.

- It was evident that for many families' their motivations for considering marriage were intertwined with concerns about future care. They thus require further information about the services that may be available to them to support them in forward planning for when they are no longer able to care. Younger family members seemed to be more receptive to the family and individual with learning disabilities accessing support and services and so may be a good 'vehicle' for introducing new ideas.

What faith and community leaders told us

We spoke to sixteen faith and community leaders through two focus groups and five individual interviews. These people came from a range of faiths and denominations including Muslim, Jewish and Christian (this included Baptist, Roman Catholic and West African churches).

Faith and community leaders' understandings of learning disability and how people with learning disabilities are viewed in their community

Learning disability was often mentioned alongside physical disability by some faith/community leaders, suggesting **little differentiation (and understanding) of learning disability** and its implications for daily living (and marriage). Some faith leaders however, especially those in academic-related roles, knew a great deal about learning disability issues.

There were sometimes very contrasting views from within the same faith community; some suggesting that people with learning disabilities are fully included and have a **full role in faith and community life**; others suggesting they are **marginalised and taunted**, even within their own families, for having a learning disability.

A prevalent view across a range of faiths was that people were **welcomed into their respective faith community**. Many expressed a tendency towards compassion; some even bordering on 'denial' of difference – that is – they suggested that people with learning disabilities are completely equal from a faith perspective.

Individual faiths had **different perceptions of learning disability itself**. For example learning disability was viewed by some as a blessing and by some as a curse. This raises concerns in terms of how people with learning disabilities may be treated generally and also in terms of considerations around marriage/forced marriage.

Stigma and discrimination were also reported in relation to people with learning disabilities from some ethnic backgrounds (particularly those who held with the notion that having a learning disability was a 'curse'). Furthermore it was reported that this may mean that families attempt to hide the fact that a family member has a learning disability.

Expectations around marriage varied greatly depending on positions taken on some of the above issues;

- for most, marriage was seen as an important and integral part of their faith and suggested it was in keeping with religious teaching
- marriage was also viewed as a way of preventing people falling into sin

Faith and community leaders' awareness of forced marriage, forced marriage law, capacity and consent

Most faith/community leaders had some awareness of forced marriage. This was largely around knowing that it is 'wrong'.

Forced marriage was often perceived by faith/community leaders as **something that happens elsewhere and not in this country**.

Some leaders talked of 'old' country ideas impacting on current perspectives and practices regarding life and marriage expectations. One participant referred to 'first home' and 'second home' principles impacting life and marriage expectations – the former in which the law that applied was the law of 'elders' and the latter where it was the law of the land that applied (there was an implication in this that 'first home' attitudes and customs might influence matters here in the UK).

Many leaders were not fully aware of the law. In particular there was little awareness that establishing an individual's capacity to consent was a crucial part of applying the law and that an assessed lack of capacity meant that consent could not be given and that that constituted a forced marriage.

For some whose first language was not English, the words **'capacity' and 'consent' themselves were problematic** and required further exploration to try to establish shared meaning. It is unclear whether a shared understanding was entirely achieved which has implications for any ongoing work on awareness-raising.

Understandings of capacity generally and with regard to consenting to marriage was rather poor among some leaders and there remained some **significant misunderstandings about what capacity entails and how it might be established** or assessed.

Faith and community leaders' perceptions of marriage for people with learning disabilities

For those faith and community leaders who were more au fait with the concept of capacity it was felt that **if people lacked capacity to consent they could not and would not be allowed to marry** in their faith.

Most leaders felt that both the **preparation and the 'form' of marriage within their faith would mean that any issues about capacity would be uncovered before a marriage took place** and therefore it was not possible that a forced marriage might take place. In other words - 'it couldn't happen here'.

Most leaders said a **marriage would not be acceptable without consent of both parties** although it was of concern that some leaders did not fully appreciate the notion of consent and it required extra explanation as a term ('approval' was one alternative term used). When asked how they would know if people consented when they were unable to speak for themselves, it was suggested that one way of knowing would be if the bride was crying - although it was subsequently suggested that brides often cry and that that might not itself indicate lack of consent. This pointed to other possible situations where **ambiguity and subjectivity might impact on the crucially important task of establishing capacity to give consent**.

Some leaders felt that their sermons and ongoing teaching were the way in which they conveyed messages about marriage, including forced marriage.

Some leaders showed **lack of empathy for people with learning disabilities and for their rights** suggesting that if the partner is in agreement with getting married and caring for someone with learning disabilities then it is okay to get married. There was little or no mention of the rights of the person with learning disabilities. There was **greater concern for the non-learning disabled partner**.

A few leaders mentioned safeguarding and the need for people with learning disabilities to be protected in decisions about marriage but such concerns were not prevalent when talking with leaders about marriage of people with learning disabilities.

Faith and community leaders' perceptions of their role in decisions about marriage

Most faith and community leaders felt they had **little influence in decisions about whether people should get married and who to**. Leaders saw their role largely as one of preparing people for marriage, conducting marriages and supporting people in marriage.

Some faith leaders suggested that they **only get called in to help when things are going wrong** (for example, if a relationship is breaking down and/or there are family disagreements). In such situations they very much saw their role as that of mediator.

Leaders also acknowledged the **influence that families have in relatives/children's marriages** and that they do become closely involved and that that can make situations complex and at times worsen a situation that might otherwise be sorted easily.

There was acknowledgement too that sometimes there was more at stake in a marriage than only an emotional relationship. It was indicated **that families may have vested interests** in the marriage – for example financial interests.

Leaders made assumptions that parents know best – even suggesting that parents might know best the capacity of their 'child'. This again highlighted misunderstandings about capacity and how it is assessed.

Faith leaders who conducted religious ceremonies to supplement formal, legal, civil ceremonies suggested that **those conducting these ceremonies (namely, registrars) would know about capacity** and be able to assess if all was well (or not) regarding people having capacity to consent to marry.

What faith and community leaders said to us

Key messages

- Individual faiths held different perceptions of learning disability. In some faiths people with learning disabilities were treated very much as equals whereas in others there existed a level of stigma at having such a 'label'. Even within the same faith community there were mixed reports about the experience of people with learning disabilities ranging from some people being marginalised and poorly treated to being fully included in faith and home life.

- The prevalent view across faiths was one of compassion and tolerance of diversity among individuals though this sometimes meant the denial of difference and the possibility therefore that life expectations (such as marriage) may be considered even when it may not be appropriate for reasons of capacity.

- Issues of capacity and consent and the assessment of capacity to consent were sometimes problematic, on both a language level (where first language was not English) and also on what demonstrated capacity or lack of it and what constituted consent or lack of it. This has profound implications for who may or may not be able to get married legally and so is a key area for concern.

- Many faith leaders were aware of the law relating to forced marriage and that forced marriage was wrong though the application of it relies largely on capacity and consent around which there was much confusion and many contradictions.

- Faith leaders felt that generally their ongoing teaching and the preparation for marriage within their faith would uncover any doubt about capacity and capacity to consent. Given the confusions reported in these areas there appears to be a case for greater awareness-raising of these very central issues and of learning disability itself.

- Most faith and community leaders felt they had little influence in decisions about whether people should get married and who to and saw their role largely as one of preparing people for marriage, conducting marriages and supporting people in marriage. They also reported becoming involved more often as mediators when relationships might be breaking down.

- Many faith leaders alluded to the strong influence that families have in marriage matters and also the vested interests there may be in bringing families together through marriage. Some made assumptions that parents know best for their offspring suggesting limitations to their role in influencing marriage decisions.

What practitioners told us

We spoke to thirty seven practitioners in all through five focus groups and six individual interviews. The practitioners we spoke to worked in social work services, health services, the police service and learning disability services.

Practitioners' perspectives on what life is like for people with learning disabilities

Practitioners suggested that in some instances **adults with learning disabilities were infantilised** in the family setting and this directly affected the life and marriage expectations of people with learning disabilities. It was also noted that **cultural tradition also affected the way in which young people engaged in relationships** generally – for example in some traditions it is not acceptable to have boyfriend or girlfriend relationships.

Practitioners highlighted that there existed very **mixed patterns of engagement** with services that can help people with learning disabilities and their families, ranging from perceived invisibility (that is, a sense from practitioners that there were probably many people with learning disabilities who were not known to them) to others who were fully engaged with learning disability support services. Practitioners felt that this stemmed from a lack of knowledge or understanding about learning disability and of the services that might be open to them.

Practitioners also perceived that there were **differences in engagement patterns along cultural lines**, with some cultural communities engaging very little with services and choosing to 'look after their own' whilst other communities engaged fully with services in order to access what help was available. Practitioners also noted some gender segregation in service provision that was in line with cultural traditions of gender segregation.

Practitioners also reported that they had engaged directly with people with learning disabilities in their practice, rather than always through their families. Furthermore they reported that there were generational differences and consequently differing views within families of people with learning disabilities, with **younger family members more open to engaging with services**.

Practitioners had a sense that some families **did not acknowledge the existence of a learning disability** due in part to potential stigma or discrimination in their cultural community or in the wider community. Practitioners related some very extreme cultural practices relating to people with learning disabilities from some cultural communities (for example, complete alienation or exclusion from one's community or rituals being performed to 'rid' the person of disability). This meant that some families not only resisted the 'label' of learning disability but could also be left isolated from and within their own community.

Practitioners often felt that they **had to strike a delicate balance** when considering whether to intervene or not in family matters (including those related to marriage of people with learning disabilities), in order to maintain their relationship and a dialogue with the family. They expressed some concern about the possibility of making situations 'worse'.

Practitioners' perspectives on the motivations of carers to consider marriage for people with learning disabilities

Practitioners suggested a range of possible motivations that carers may have for considering marriage for people with learning disabilities. Predominantly they suggested that **it was about finding a carer for the person with learning disabilities**, particularly for the future when an existing carer may not be able to care for them due to ageing. If the person with learning disabilities required personal care of an intimate nature, this might only be given by a spouse in some traditions and consequently marriage was perceived as the only option. Furthermore practitioners reported that marriage with the intention of finding a carer arose more in those families and communities that did not readily engage with social support services.

Other motivations for marriage were also suggested. These included the fulfilment of pre-agreed family commitments and financial arrangements, marriage for immigration purposes and also because it was felt by family carers that the person may be 'made better' or even 'cured' of their learning disability by getting married and engaging in marital responsibilities.

Practitioners also suggested that motivations to marry may be **intertwined with families not acknowledging or denying the existence of a learning disability** for whatever reason, and that sometimes the reason might be shame or stigma that might be attributed to the whole family and may affect other family members' chances of marrying.

The motivations of families may also be impacted by carers **not seeing forced marriage as such but rather considering it as an arranged marriage**, whilst at the same time treating marriage as a societal or cultural 'norm' applicable to all people, whether or not they have a learning disability.

Practitioners also reported that they knew of many **families of people with learning disabilities who did not consider marriage at all as an option** for their family member.

Practitioners' perspectives on family carer understandings of forced marriage, capacity, and services

Practitioners recognised that **genuine misunderstandings exist among family carers about what a forced marriage is** and what family carers might simply view as assisting their child or other family member to get married (arranged marriage). Some practitioners also suggested that certain family members (particularly mothers) were very influential in decisions about marriage, although anecdotal evidence also suggested that male family members were also instrumental in arrangements concerning marriage.

Practitioners noted that many family carers had very **little knowledge of the law and the central importance of establishing someone's capacity to consent** to marriage for themselves.

Practitioners sensed that there was a **general mistrust of services** on the part of families which in part explained their lack of engagement with available services.

However, they also reported that the **younger generation in families were more open** to potential service use, and were possibly more willing to challenge existing norms about marriage. Furthermore the younger generation had possibly more understanding of the importance of capacity and consent.

Some practitioners had also worked with families with a view to educating someone with a learning disability about marriage and had noted a **high expectation from families that learning would be possible to the extent that the individual would gain capacity**. This in turn posed concerns for practitioners about what might happen in situations where ultimately this was not possible.

Practitioners' awareness, knowledge and understanding of forced marriage

Practitioners' levels of awareness, knowledge and understanding of forced marriage **ranged from no/very little knowledge to highly developed systems for recognising, reporting and progressing cases**. These varying levels looked to be largely attributable to intrinsic features of the community 'patch' in which practitioners worked (for example area demographics, the way in which services were organised, whether it was a unitary authority) all of which affected the incidence of, and practitioners' experiences in engaging with, FM cases.

Awareness of the law relating to forced marriage was also very varied as were practitioners' understandings of how the law is intertwined with capacity assessment. Such knowledge was very varied and non-existent in some instances (particularly in terms of when best interest decisions can be made on people's behalf and when they cannot).

Awareness of agencies who can assist in forced marriage cases was also quite varied. Some people were not aware of the national Forced Marriage Unit (a joint Foreign and Commonwealth Office and Home Office department which leads on the Government's forced marriage policy, outreach and casework).

Those practitioners who had had some experience of people with learning disabilities considering or getting married noted that **marriage was a 'regular' expectation in many families**. Furthermore they alluded to **people being keen to please their families** and that marriage had huge implications for relationships within and between families. They also recognised the more **negative consequences** of both forced and arranged marriages, citing varying sorts of abuse that can take place (for example, financial, physical, sexual and emotional) and that failed marriages can leave people very vulnerable and distressed.

Practitioners also highlighted that **people with learning disabilities can easily be misled or coerced into marriage** by the promise of a big celebration, or new clothes or gifts. The impacts on partners who do not have a learning disability were also highlighted by practitioners who related examples of partners being 'duped' into marriage to someone with a learning disability without prior knowledge.

Practitioners **recognised the complexities brought about by religious and cultural differences between communities** and the tensions that can bring to bear when they are working with families. Often families and practitioners had found themselves at odds with each other when religious and cultural values and practices were experienced as conflicting with the legal framework designed to protect people from forced marriage. The relationships between practitioners and families were often broken in these situations.

Practitioners' awareness, knowledge and understanding of statutory guidelines and the law relating to forced marriage

Practitioners' **awareness, knowledge and understanding of statutory guidelines and the law relating to forced marriage was variable** ranging from very little or no awareness to a great deal of knowledge and understanding. Again this was largely dependent upon whether practitioners had had some exposure to potential or actual forced marriage cases and if they had then their understanding was greater.

Practitioners who had experience of statutory guidelines and the law related to forced marriage recalled times when they had been new in post and knew very little. For some their experience had been that they had access to other professionals who were able to help though many expressed a perceived lack of leadership within their departments on this issue.

Experience and expert advice seemed to be built up as people progressed through cases and they themselves found they were the experts by experience and were a source of expertise then to others. There remained some strong misunderstandings among those who had no experience of such cases suggesting that practitioners were very much learning about statutory guidelines and the law 'on the job'.

Challenges and issues perceived by practitioners in recognising and reporting forced marriage

For those practitioners with experience of potential or actual forced marriage cases, who had a strong sense of how they might pick up on potential 'alerts' and of the 'one-chance' opportunity that might exist to prevent a forced marriage, the challenge was **having the appropriate infrastructure/resource to support the follow up of a case**. For less-experienced (in cases of forced marriage) practitioners, concerns were more about **whether they would recognise a potential case** in the first instance. Practitioners thus faced differing challenges depending upon their previous 'exposure' to cases.

All practitioners noted the **delicate balancing involved in broaching emotive issues (such as marriage) with families** and were strongly aware of the potential to harm their existing relationship with a family. This presented ongoing dilemmas about whether and when it is appropriate to intervene and whether intervention might worsen a situation and place a vulnerable adult in a more vulnerable situation. The maintenance of relationship and trust with families in potential or actual forced marriage cases was considered a significant challenge, particularly if a situation was highly volatile and the risk of a vulnerable adult's removal (to be married) was imminent.

The recognition of **collusive activities within families and between families and practitioners** was also highlighted as a challenge. Practitioners described situations in which they felt that families had deliberately sought information from professionals that would facilitate a forced marriage to take place (for example, an independent professional being engaged to provide a 'favourable' mental capacity assessment).

Practitioners also suggested that **families may still not recognise forced marriage as such**, rather they may still see it as enabling their family member to marry. The term 'forced' marriage was also perceived as somewhat problematic as people assume that some physical force may apply and this isn't always the case – it is consent and capacity to consent to marry

that are key factors in whether or not a marriage is forced. This perceived ambiguity extended to some practitioners who saw these marriages as an extension of arranged marriages in particular cultural groups. As such, **some practitioners felt that they may be perceived as racist to raise this as an issue**.

Finally practitioners suggested that a **paucity of information about people with learning disabilities** may also be a barrier to recognising and reporting potential forced marriage cases. In particular people with learning disabilities may not be known to social services and similarly some practitioners suggested that people do not always disclose their learning disabilities in all settings and all contexts. For example, in health contexts services, unless people have a pre-recorded diagnosis it may be that they don't refer to their learning disability at all in consultations about other matters. This makes the piecing together of a potentially vulnerable situation very difficult unless/until an 'alarm' of some sort is raised.

Practitioners' awareness, knowledge and understanding of assessing capacity to consent to marriage

Almost all practitioners that we spoke with had a knowledge of the Mental Capacity Act, although **some were less clear about the application of this to marriage and sexual relationships**. Some practitioners assumed that the same process for assessing capacity could be used as for many day-to-day decisions and that best interest decisions could therefore be made on these two issues - whereas the capacity to be able to consent for oneself is essential for people to enter into marriage and sexual relationships.

This misunderstanding amongst practitioners was an extension of the misunderstanding or lack of awareness of the law relating to forced marriage and of capacity to consent as its central (though not only) tenet.

Practitioners whose awareness was lacking about the above issues were largely those who had not had any experience of forced marriage cases and/or had not received any specific training about forced marriage.

Practitioners' perceived challenges of assessing capacity

As noted above, a major challenge for practitioners in terms of assessing capacity to consent to marry is a **lack of training** in this area and also in the process of assessment of capacity to consent to marriage. Practitioners acknowledged that assessments may need to be tailored to some degree to individuals' needs, but that there was a lack of standardisation generally in the process that might be followed and the infrastructure that might support this effectively.

Challenges in the process could also be **exacerbated if practitioners faced collusion within the family** to cover up (lack of) capacity or other professionals/practitioners colluded with families to influence capacity decisions in their favour.

Practitioners faced **particular challenges in cases where people were already married** but lack of capacity was suspected, since they had to balance the application of the law regarding forced marriage with the likely chance of upsetting an existing situation that may or may not constitute a 'stable' marriage.

Practitioners also experienced **challenges when working with families who had received an 'unfavourable' outcome** from an assessment. Where an assessment outcome indicates that someone does not have the capacity to consent, this is hard for a family to accept and whilst education about marriage and sexual relationships might be an option for some people, practitioners had to make it clear that there is no guarantee that someone may then develop capacity to consent. **The management of family expectations was thus an ongoing challenge** for practitioners especially where families pushed for more education and further assessments when at some point the process of trying to establish capacity would have to end.

The complexities arising from differing cultural and religious perspectives and understandings of learning disability and of capacity (as highlighted in previous sections) presented further challenges for practitioners.

Practitioners' perceived barriers to handling/progressing forced marriage cases

One of the key messages from all practitioners was that **resourcing was an issue that might prevent them from progressing cases effectively and efficiently**. Overstretched resources often resulted in competing priorities which meant that forced marriage was not given as much attention as it might. It was felt that the same applied to forced marriage training which was often pushed further down the training agenda as other issues were prioritised.

It was often the case that as well as a lack of formal training there was a **lack of resources and guidance for practitioners** to assist in potential cases. Often this fell to local 'experts' if there were such people and whilst this could work well, there were not enough of them and often they were trying to advise others, alongside a full personal workload. Practitioners acknowledged the need for local champions on forced marriage and felt they would benefit from more teamwork and support in handling forced marriage cases. Furthermore it was felt that any training and resources should be culturally appropriate and by culturally competent trainers. This would promote better understanding and would help to address cultural sensitivities that exist in some community areas.

As highlighted in preceding sections it was felt by practitioners that **initiatives and education to increase awareness were needed for families and faith and community leaders** about learning disability, capacity and how it relates to the law and is assessed and also about learning disability services.

A significant concern for some practitioners was that, because they had **little previous knowledge** of forced marriage and had not received any training, they had a sense that forced marriage was not something that happened in their area. This presents a significant barrier in that they **wouldn't readily recognise a potential 'alert'** or know of the infrastructure to support reporting and progressing of such a case.

Practitioners also noted the **personal barriers that might exist for some in reporting** anything that they thought looked suspect. Reporting and whistleblowing is a potentially risky situation generally and the possibility that one might be wrong can be a strong deterrent. Supportive infrastructure is paramount therefore to enable practitioners to voice any concerns they might have about a particular situation.

Agency delineation (for example multiple local authorities and services) and **the way in which agencies work together can both help and hamper** the reporting and progression of forced marriage cases. These complexities might also be compounded by specific challenges associated with particular working 'patches'. Practitioners felt that they were sometimes faced with hard-to-navigate or slow-working systems that prevented speedy responses to acute situations.

What practitioners said to us

"I think .... if their perception is my son or daughter would be cared for [if they marry] , then part of me feels well then we're not doing a good enough job for them to think well actually services will care"

...for some people, especially I think some people from different cultures ... the capacity and consent weren't something that was an issue ... or on their radar really. And I think that's where you can get differences ...generational, maybe younger siblings do have some concept of that"

..."if somebody actually thinks oh gosh I can't say anything because somebody's going to say that I'm racist and I don't know, I just think that about a lot of things"

"it would be very uncomfortable and very unpleasant. And you're not always backed up are you when you report things"

"it was extremely difficult, and I think the problem is it damages your relationship with that family. And it's not like oh they can go to a different learning disability service"

"they may be reluctant to reveal any information...someone with a learning disability may be even more frightened of revealing anything, and ..., well they probably don't even realise it's wrong do they? They just know that their circumstances have changed. They might not be so happy but they may not know why"
Yeah, for some people, especially I think some people from different cultures ... the capacity and consent weren't something that was an issue for them, or on their radar really. And I think that's where you can get differences within sort of generational, maybe younger siblings do have some concept of that

"it's a very tight knit community ...families talk. So even if they've had an okay experience, but actually the person down the road has had a terrible experience...the whole community is affected by those things. Communities hold those bad things that have happened"

"I had one case where we assessed the young woman as not having capacity, and the family went behind our backs and...found a paediatrician who said that she did have capacity. And they took that to the registrar, and the registrar married her...hopefully that wouldn't happen now, because I think even registrars are a bit wiser as well. But I think some families are very determined that it's the right thing to do"

"I think the point is you can shift things a tiny bit, but if ....you're desperate for your son or daughter to get married, and society or services are saying no, it's pretty hard to make that okay. I think we can plug a few gaps and try and help people come to a place where they accept it, but I think it leaves a scar in families, is my experience across the board"

Key messages

- Practitioners reported a mixed range of experiences and life expectations for people with learning disabilities based upon their varied engagement with families. Some led very full lives – accessing day services and enjoying membership of social groups whilst others' experiences were more limited. They acknowledged that this was based upon families with whom they engaged and reported that there were possibly many who were not known to services at all. Furthermore they perceived that patterns of engagement with services varied along cultural lines.

- Practitioners reported tensions in maintaining effective relationships with families and talking with them on more emotive matters such as marriage and possibly forced marriage. They identified family and parental concerns over who will care in the future as possibly the most prevalent motivation for families considering marriage for their family member.

- Practitioners perceived that there were genuine misunderstandings among families about what constituted forced marriage and about the importance of capacity, consent and the assessment of capacity to consent. This was consistent with what family carers themselves said.

- Practitioners' awareness of forced marriage varied greatly in line with the incidence in their area and their everyday experience of forced marriage in their working lives. This awareness ranged from none, through to having well-developed systems for recognising, reporting and progressing cases. This was also true about their awareness of statutory guidelines and the law relating to forced marriage.

- Amongst the challenges faced by practitioners in recognising, reporting and progressing cases, were the lack of resources generally and the lack of infrastructure to support the speedy progression of cases, collusive activities within families and between families and other practitioners, and the delicate balancing of maintaining existing relationships with families whilst delivering sometimes 'disagreeable' outcomes to them.

- The assessment of capacity to consent to marriage was misunderstood by some practitioners who had thought such matters could be considered through best interest decisions. This was largely amongst practitioners with no experience of forced marriage cases, suggesting that pre-emptive training may be of great benefit.

- Practitioners also reported cultural barriers and a general lack of trust of services as barriers to effective working with families on matters of forced marriage. Greater engagement with communities – in particular to raise awareness and build trust – would thus greatly enhance the ability of practitioners to respond speedily and sensitively.

- Practitioners also expressed a need for dedicated training and resources – specifically on forced marriage and particularly to support the assessment of capacity to consent to marriage. This should be alongside a clear line of reporting and support for practitioners to recognise, report and progress potential cases.

Emerging[3] implications for policy and practice

The differences in age and gender between all cases recorded by the Forced Marriage Unit and those case relating to people with learning disabilities, and the wide range of ages of those involved in cases, suggests that there may be no indication of a 'typical' profile of someone who may be at risk of forced marriage. However, it is clear that men with learning disabilities are just as much at risk as women, unlike forced marriage in the wider population. Thus careful vigilance is needed by practitioners and others who support people with learning disabilities in order that potential risk situations are recognised and acted upon appropriately to ensure that people are safeguarded.

There appears to be a need for further awareness-raising of the issue of forced marriage among all stakeholder groups to:

- empower people with learning disabilities to express their own choices about marriage and to be supported to follow their wishes rather than those of others
- make families aware that people with learning disabilities must be able to consent to marriage for themselves and must have the capacity to do so or they may be at risk of breaking the law in allowing or making someone marry
- clarify for families that they cannot make decisions on behalf of their son or daughter even if they believe they are doing so in their best interest
- ensure consistency across faiths and communities of the rights of people with learning disabilities and of the need for capacity to consent to marriage on the part of both parties
- ensure that all practitioners might recognise potential cases of forced marriage and be able to act accordingly to safeguard adults at risk

Obtaining a carer for a son or daughter is a key motivator in families seeking marriage for their relative with a learning disability. Family carers in particular will require more information about services to support their family members if they should no longer be able to care for them if alternatives to marriage are to be sought. Mechanisms and resources to reach as diverse a range of communities as possible will be required. Clear pathways for seeking out support will be beneficial for building trust and managing expectations in forward-planning for the future.

Differences between assisting someone to find a partner (arranged marriage) and forcing someone to marry require unpacking further for families and faith/community leaders in particular. The importance of people having the capacity to consent and being given the choice whether or not to consent needs to be reinforced within communities. Younger people within families may be able to assist in efforts to reinforce key messages that will hopefully keep vulnerable people safe.

[3] As it has been recently been agreed that the project is to be extended for a further few months to allow for the collection of perspectives of a further group of practitioners (namely – registrars of births, deaths and marriages), we detail here some of the emerging implications for policy and practice. It is intended that a further document containing implications and recommendations for policy and practice will be produced later in the summer, when all stakeholder perspectives can be considered together.

Practitioners' ability to respond speedily and sensitively to concerns about forced marriage needs to be supported by:

- dedicated training for all to recognise potential forced marriage and to know the pathways to reporting and progressing cases
- culturally specific training to enable shared understandings of diverse tradition and culture that impacts marriage, with a view to diffusing tensions when the law and what is right to safeguard people are at odds with traditional and cultural practice
- clear lines of reporting and a 'safe space' where concerns can be raised, discussed and a plan of action agreed and supported
- resources to support the process of assessing capacity to consent (including support to deliver sometimes 'undesirable' outcomes)
- access to resources to support ongoing education for people to marry if deemed appropriate
- the identification of 'champions' who can offer support and expertise by experience of forced marriage

A multi-agency approach to the assessment of capacity to consent is required to ensure that all of those involved in the support of adults at risk are working to the same guidelines with the common goal of safeguarding people at risk of possible forced marriage. Awareness and understanding of the roles and responsibilities of various agencies needs to be raised so that practitioners are aware of the pathways for requesting and obtaining assessments or support to conduct assessments. This will also assist in preventing mixed messages (and possible collusion) among and between parties working with people with learning disabilities and their families. Thought needs to be given to ongoing practical and emotional support people with learning disabilities and family members might require should the assessment outcomes be that a person does not have the capacity to consent. The significance of outcomes in relation to cultural views of marriage also needs to be taken into account.

There will need to be practical attempts to prevent stigma associated with learning disabilities within all communities. In particular, all communities may benefit from awareness-building and education around the idea that 'labels' associated with learning disability should not rule people out of communities or wider society, but can actually serve to rule people in to support services and networks that can enhance the experience of people with learning disabilities and their families.

Resources

This document is part of a suite of resources which includes the following:

Summary of Findings (full, short and easy read versions)

Case Studies Collection (real life experiences and challenges)

Film to raise awareness of the issues

Toolkit (guidance to support assessment of capacity to consent to marry)

These were all developed as part of the **My Marriage My Choice** project led by Rachael Clawson with the research team, Dr Anne Patterson, Dr Rachel Fyson, Dr Michelle McCarthy and Dr Deborah Kitson at the universities of Nottingham and Kent.

For further information contact rachael.clawson@nottingham.ac.uk or visit the My Marriage My Choice project website:
http://www.nottingham.ac.uk/research/groups/mymarriagemychoice

Appendix 1 - Methodological approach

Full ethical approval was granted by the Social Care Research Ethics Committee and the University of Nottingham.

Aims and Objectives of the Project

- To increase understanding and awareness of forced marriage of people with learning disabilities and develop resources to support effective adult safeguarding practice in this area.
- To identify the individual and cultural characteristics of people with a learning disability who have been subject to forced marriage.
- To generate knowledge about how key stakeholders, including people with learning disabilities, their families, community/faith leaders and professionals, understand issues of consent, capacity and forced marriage.

Phases of Work within the Project

Phase 1 – analysis of case records held by UK Government Forced Marriage Unit
Phase 2 – interviewing of stakeholder groups: people with learning disabilities; parents/family carers; faith leaders; frontline practitioners
This has been followed by development of outputs aimed at the various stakeholder groups.

Detailed Approach and Methods

This was a mixed methods study using both quantitative and qualitative data collection methods.

Prior to the start of data collection an Advisory Group comprising representatives from the Respond Action Group (group of adults with learning disabilities), Forced marriage Unit, relevant NGOs and frontline practitioners was established. The purpose of this group was to guide the research and ensure that the voices of all stakeholders were heard at each stage of the process. Seven meetings have been held across the lifetime of the project.

Phase 1- Data collection and analysis from existing FMU case files

Permission was obtained from the UK Forced Marriage Unit (FMU) to undertake a full and detailed analysis of data held on specific cases of forced marriage of people with learning disabilities. No data on forced marriage involving people with learning disabilities has been collated by any other organisation in the UK – the FMU data was therefore the most comprehensive data set available. The FMU held data on 500+ cases with some variability in the categories of data collected year on year. Qualitative information about the general circumstances and outcomes of cases was also recorded in enough cases to allow for the effective development of phase 2 of the project.

Quantitative data was coded and analysed using SPSS to enable the production of descriptive statistics and some 'cross-tabbing' of figures for all recorded cases and for those that involved people with learning disability. Qualitative data was subjected to thematic content analysis which informed both the development of data tools for Phase 2 and also content for the Case Study Document produced in Phase 3.

Phase 2- Data collection and analysis: interviews and focus groups with key stakeholders

A set of interview questions were developed for each stakeholder group as informed by data obtained in Phase 1 and by the overall aims and objectives of the project. As well as questions

to explore stakeholders' awareness of learning disability, marriage, forced marriage, the law relating to forced marriage and experiences of marriage and/or forced marriage, a series of vignettes (6 in all) were devised to help draw out some of the issues surrounding forced marriage as it applied to actual situations. The vignettes proved useful in introducing complexities that drew out some of the 'ifs and buts' in real-life situations and these were largely used at the end of the interviews/focus groups to draw together some of the issues that had already been explored through semi-structured question sets (question topic headings are detailed below). The questions were piloted with adults with learning disabilities, with a parent carer and also a small group of practitioners. Interview questions and vignettes were adjusted as necessary following piloting.

Interview/focus group data was then collected from adults with learning disabilities, family members, community/faith leaders and practitioners, ensuring a triangulation of findings based on a specific set of topics.

People with learning disabilities were invited to take part either through individual interview or to take part in a group interview/discussion. This was to allow for individual preference for confidentiality or sharing of stories to be accommodated. A small number of participants had experienced forced marriage historically though participants were not invited to take part on the basis of any prior knowledge of forced marriage. No-one participating was known to be involved in a 'live' or ongoing case related to forced marriage.

Parents or other relatives were also invited on the basis that they could speak with us individually or come together with others in a group interview/discussion. Again no one was assumed to have prior knowledge or experience of forced marriage.
Both of the above groups of participants were recruited via existing networks and charitable organisations or similar affiliations so that they were not recruited by 'cold-calling' but were invited through an existing relationship which acted as a buffer so that people were easily able to say no to participation if they so wished.

Faith and community leaders were drawn from as wide a range of faiths as possible and whilst we were aware that individual community and faith leaders often only represent small sections of particular communities or faiths, they could nevertheless offer valuable insights. They were recruited through existing networks and project partners. Again people themselves selected whether to be involved in a group interview or an individual interview.

Practitioners were recruited through existing social work networks and by contacting local authority, social work departments. Most professionals had been or were involved in cases of forced marriage and/or worked with people with learning disabilities at risk of forced marriage. The number and geographical location of these focus groups were determined by the analysis of the FMU data; we held them in areas which generated the most reported cases (e.g. London, West Midlands, North West, Yorkshire and Humberside).

The numbers of interviews/focus groups conducted with the various stakeholder groups are as reported in the main body of the report at the beginning of each section.

All focus groups and interviews were audio-recorded, transcribed in full and coded using NVivo software. This data was analysed thematically under headings provided by the semi-structured interview schedules (listed below). Many of the same issues were explored for each of the stakeholder groups to allow for triangulation of views on a particular topic. This was done in order to understand from a range of different perspectives why people with learning disabilities may be forced into marriage and what interventions at individual or community level could be put in place to prevent this.

Question subject-headings from the various interview schedules were as follows:

People with learning disabilities

- Topic 1: About marriage itself
- Topic 2: About wanting to get married and why
- Topic 3: About making decisions about getting married
- Topic 4: About choosing to get married and who to? (overlaps slightly with Topic 3)
- Topic 5: About being able to disagree (say 'no') if it wasn't what you wanted
- Topic 6: About knowing that it's wrong to force someone to get married
- Discussion of vignettes/stories

Family Carers

- Topic 1: Learning Disability
- Topic 2: Learning Disability and Community
- Topic 3: Community and Marriage
- Topic 4: Learning Disability and Marriage
- Topic 5: Capacity and Consent
- Topic 6: Forced marriage
- Discussion of vignettes

Faith/Community Leaders

- Topic 1: Learning Disability
- Topic 2: Learning Disability and Community
- Topic 3: Community and Marriage
- Topic 4: Learning Disability and Marriage
- Topic 5: Capacity and Consent
- Topic 6: Forced marriage
- Discussion of vignettes

Practitioners

- Topic 1: What do practitioners know about forced marriage?
- Topic 2: Learning Disability and the Community they work with and within
    - Challenges?
- Topic 3: Specific encounters
    - Challenges?
- Topic 4: What support and training required?
- Discussion of vignettes

Appendix 2 - Advisory Group

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RESPOND Action Group

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