

‘Honour’-based Abuse, Forced Marriage, and Female Genital Mutilation in Greater Manchester

Scoping and Research Exercise

Report prepared for GMCA by onEvidence
September 2025



‘Honour’-based Abuse, Forced Marriage, and Female Genital Mutilation in Greater Manchester: Scoping and Research Exercise

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Authors:

Dr Roxanne Khan

Mr Paul Morris

[onEvidence Ltd](#)

Cotton Court

Preston

PR1 3BY

Registered in England & Wales

Company number 12668322

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Foreword



Kate Green

Deputy Mayor of Greater Manchester



In Greater Manchester, one of our fundamental aims is to achieve a radical transformation in how we address gender-based violence. Our ambitious ten-year Gender-Based Violence (GBV) strategy, launched in September 2021, clearly outlines our commitment to tackling GBV throughout our city-region.

To achieve these ambitions, we must improve our response to all forms of GBV. It is for this reason that we commissioned onEvidence to conduct this comprehensive study to better understand the prevalence and occurrence of so-called ‘honour’-based abuse, forced marriage, and female genital mutilation (FGM) across Greater Manchester, and to provide vital recommendations on how we can best improve our support for victims and survivors.

‘Honour’-based abuse, forced marriage, and FGM continue to be a stark reality within communities across Greater Manchester. These deeply harmful practices are often under-reported and hidden, leaving victims to endure profound and lasting consequences. This report highlights the tragic cases of Shahida Mohammed, Uzma Arshad, Saiba Khatoon, Rania Alayed, Hadir Al-Enezi, and Nadia Menaz—targeted by male family members for perceived breaches of “honour” codes—alongside many other victims of these abuses in the region. Their stories powerfully illustrate the urgent need for a stronger, more effective response and greater support for those at risk.

This unprecedented study, the largest of its kind undertaken by any regional or local authority in the UK, offers a much-needed exploration of the full spectrum of harmful practices affecting individuals across diverse communities in Greater Manchester. By broadening the focus beyond extreme cases, such as ‘honour’ killings (which, while rare, share fundamental similarities with other forms of domestic homicide), it brings to light the experiences of lesser-heard victims.

This includes individuals within Jewish, LGBTQ+, Gypsy, Roma, and Traveller communities, as well as those with intersecting vulnerabilities, highlighting the unique challenges they face. Crucially, the findings challenge the tendency to judge entire communities based on the extreme actions of a few, which do not reflect the broader reality. This comprehensive approach ensures that all victims of these harmful practices are acknowledged, rather than allowing more visible and extreme cases to overshadow the experiences of others.

The report findings shed light on the existing gaps in data and the barriers individuals face in seeking help. The recommendations outlined offer a pathway for collective action to further develop and improve our responses to victims and survivors.

We understand that significant work remains to be done, and we cannot achieve the necessary changes in isolation. It is only through genuine collaboration and by working together across all organisations and services – including the GMCA, policing, health services, local authorities, and the voluntary, community, faith, and social enterprise (VCFSE) sector – that we will begin to make the necessary changes and see sustained improvements in the response to, and experiences of, victims and survivors.

This report must act as a call to action for all of us within the GMCA and our partner organisations to unite and drive forward the improvements required to ensure the safety of all victims and survivors of these abhorrent crimes.

Kate Green

Kate Green

Deputy Mayor of Greater Manchester

Acknowledgements

This report, the product of a comprehensive scoping and research exercise on so-called 'honour'-based abuse (HBA), forced marriage (FM), and female genital mutilation (FGM) in Greater Manchester, would not have been possible without the invaluable contributions of many individuals and organisations.

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We are grateful to all the service providers who responded to the online survey. Although their names are not individually listed, their input provided essential data on service provision and gaps in Greater Manchester.

We acknowledge the support provided by the wider GMCA team in coordinating logistics, facilitating workshops, and contributing to the final report.

Finally, and most importantly, this report stands on the courage and strength of the victims and survivors of HBA, FM, and FGM in Greater Manchester. Their experiences, shared ethically and with informed consent, highlight the critical importance of this work and provide the human-centred narratives that must drive improvements in support services. We are committed to ensuring this report serves as a call to action to improve their safety and well-being.



Executive summary

Introduction

This report presents the findings of a scoping and research exercise, commissioned by the Greater Manchester Combined Authority (GMCA), into so-called 'honour'-based abuse (HBA), forced marriage (FM), and female genital mutilation (FGM) in Greater Manchester. This research was initiated following the decommissioning of Project Choice, a previous victim support service, and aims to inform future GMCA commissioning of victim services across the region, ensuring a more integrated, region-wide support system.

The study is contextualised within GMCA's broader Gender-Based Violence (GBV) Strategy, which seeks to address harmful practices like HBA, FM, and FGM, and acknowledges the complex interplay between gender-based violence, migration, and acculturation. It also highlights the challenges in estimating the prevalence of HBA, FM, and FGM and the necessity for improved data collection to better understand the scope of these issues.

Understanding gender-based violence in Greater Manchester

Greater Manchester's GBV Strategy, launched in September 2021, aims to transform the region's approach to GBV over the next decade. The strategy addresses various forms of GBV, including HBA, FM, and FGM, with a primary focus on women and girls, while also acknowledging that men and boys can be victims. In November 2024, Greater Manchester became the first city-region in the UK to introduce a GBV plan specifically for men and boys, including male victims of HBA and FM.

Key principles of the strategy include prioritising lived experiences, challenging enabling attitudes and behaviours, emphasising prevention, addressing inequalities, and fostering partnerships. The 2024-2026 Delivery Plan focuses on several key areas, including integrating lived experience, public engagement, education, transport safety, housing, policing and criminal justice, employers and employment, and services for men and boys.

HBA, FM, and FGM are recognised as specific forms of GBV and are included in the Domestic Abuse Act 2021, highlighting their severity. Victims of these practices often face additional barriers when seeking help, and the GMCA strategy aims to ensure that support services are accessible to all, regardless of background.

Contextualising HBA, FM, and FGM in Greater Manchester

Greater Manchester is a culturally diverse region with over 2.8 million residents, with more than a quarter identifying as belonging to minoritised racial or ethnic backgrounds and nearly 200 languages spoken. This diversity presents unique challenges in addressing GBV, particularly concerning HBA, FM, and FGM, due to factors such as

victims' fear of repercussions, distrust of authorities, limited legal awareness, and the need for culturally competent services.

The region experiences a higher rate of domestic abuse than the average for England and Wales, and specific areas have been identified as "FGM hotspots". Home Office statistics also indicate that Greater Manchester reports some of the highest rates of HBA-related offences in the UK. The decommissioning of Project Choice in September 2022 highlighted the need for a revisited and refocused approach to HBA, FM, and FGM, prompting this scoping and research exercise to inform a more integrated regional response.

Research approach and methods

The scoping and research exercise, conducted by onEvidence between May 2023 and January 2025, employed a participatory, mixed-methods approach to gather comprehensive data on HBA, FM, and FGM in Greater Manchester. The study aimed to:

- Establish a profile of HBA, FM, and FGM victims in Greater Manchester, to understand the nature and prevalence of these practices, and to identify victims' support needs.
- Map existing victim services across Greater Manchester to assess support availability and identify gaps.
- Provide actionable recommendations to inform future commissioning of victim services in the region.

Data collection involved a combination of methods, including a rapid review of existing literature and data, an online survey with service providers, focus group discussions with local stakeholders, and consultations with national experts. Data analysis involved thematic analysis of survey and focus group data, and examination of both primary and secondary data for statistical patterns and thematic insights.

Report structure and key elements

This report is structured into five key sections:

- Section 1 provides an overview of the research, detailing the project's background, aims, and methods, and contextualises the research within Greater Manchester's broader strategy for addressing gender-based violence (GBV).
- Section 2 presents a profile of HBA, FM, and FGM victims in Greater Manchester. It synthesises reported cases with information about those 'at risk', highlighting challenges in accurately estimating the prevalence of these harmful practices due to "fuzzy data".¹
- Section 3 reviews current victim services and identifies gaps in provision, offering an overview of services delivered by both statutory and voluntary sectors and assessing their responsiveness to victims' needs.

¹ Khan, R. (2024). *The Psychology of Honor Abuse, Violence, and Killings*. Routledge. Available at: <https://doi.org/10.4324/9781003299950>

- Section 4 presents the conclusions of the research.
- Section 5 provides actionable recommendations for improving services, focusing on developing a unified strategy, establishing sustainable funding models, ensuring comprehensive and specialised training, and strengthening multi-agency collaboration.

The report also includes supplementary annexes detailing research methods, definitions of HBA, FM, and FGM, and mapping exercise results of services in the region.

Victims: A regional profile to identify support needs

The research highlights significant challenges in accurately determining the prevalence of HBA, FM, and FGM in Greater Manchester due to "fuzzy data" and substantial underreporting. While South Asian women and girls are disproportionately affected by HBA and FM, and FGM primarily impacts females from Black African communities, these harmful practices transcend specific demographics, affecting men and LGBTQ+ individuals as well. The diverse nature of victimisation is clearly demonstrated by Project Choice having worked with clients from 33 different ethnicities, highlighting the need for culturally sensitive and inclusive services.

A victim-centred approach is essential, acknowledging the diverse and intersecting vulnerabilities of individuals, including age, ethnicity, immigration status, disability, and LGBTQ+ identity. Understanding victim profiles is essential for commissioners and service providers to ensure services are accessible, culturally sensitive, and tailored to meet individual needs.

Challenges in estimating prevalence

Accurately assessing the prevalence of HBA, FM, and FGM is challenging due to "fuzzy data," lack of statutory definition and inconsistent terms, myths about who and where these practices occur, and how motivations fuel underreporting and concealment. The lack of clear and consistent definitions, coupled with the hidden nature of these crimes, makes it difficult to collect reliable data and estimate the true extent of these harmful practices in Greater Manchester.

HBA, FM, and FGM are widely recognised as forms of gender-based violence, but their definitions remain contested and inconsistently applied. Harmful practices are not confined to any single country, culture, or ethnicity, and they are not endorsed by any one religion. Perpetrators, often male relatives, may misuse and distort cultural, social, or religious beliefs to justify their actions.

Underreporting is a significant issue, driven by factors such as fear of repercussions, distrust of authorities, lack of awareness of rights, and the normalisation of violence within some communities. Many victims do not identify their experiences as abuse, further complicating data collection.

Two-fold assessment of victimisation

To address the challenges posed by "fuzzy data" and significant underreporting, this research adopted a two-fold assessment approach. This method combined quantitative data on reported cases from various official sources with qualitative insights gathered directly from service providers who work with victims. This integrated approach aimed to provide a more comprehensive and nuanced understanding of victimisation in Greater Manchester, going beyond official statistics to capture the lived experiences and identify support needs. This approach acknowledges that official statistics likely represent only a fraction of the actual number of victims and that proactive identification of those 'at risk' is essential for effective prevention and intervention.

Victim demographics and characteristics

The research highlights the diverse demographics of victims, noting that HBA and FM disproportionately affect women and girls, particularly within South Asian communities. However, the study also emphasises that these practices occur across various ethnic, cultural, and religious backgrounds, affecting men and LGBTQ+ individuals as well.

Specific findings include:

- **Age:** Victims of HBA and FM span a wide age range, with young women (18-25) being particularly vulnerable.
- **Ethnicity:** While South Asian communities are overrepresented in HBA and FM cases, victims come from diverse ethnic backgrounds.
- **Religion:** No single religion condones HBA, FM, or FGM, and these practices occur across different faith communities.
- **LGBTQ+ individuals:** This group faces unique challenges, including a lack of tailored services and fear of discrimination when seeking help.
- **Intersecting vulnerabilities:** Factors such as immigration status, disability, and mental health issues can exacerbate the risk and impact of HBA, FM, and FGM.

Types of abuse experienced

Victims experience a range of abuses, often involving multiple forms of control and violence. These include:

- **Physical violence:** Including assault, torture, and murder.
- **Psychological abuse:** Such as threats, intimidation, and isolation.
- **Sexual abuse:** Including marital rape and sexual assault.
- **Economic abuse:** Controlling access to finances and resources, and dowry abuse.
- **Emotional abuse:** Humiliation, degradation, and constant criticism.
- **Coercive control:** A pattern of behaviour used to dominate and control.

HBA, FM, and FGM share common features with domestic abuse, including power imbalances and controlling behaviours. However, they are distinct in their connection to family or community 'honour' and the involvement of multiple perpetrators.

Understanding perpetrator motivations, often rooted in a desire for control, distorted notions of 'honour', and the need to protect the perpetrator network, is key to tackling these complex harms. Specific types of HBA include forced marriage, denial of access to divorce, and restrictions on social interactions. FGM is a direct form of physical violence, often with severe long-term health consequences.

Identifying and supporting victims 'at risk'

Identifying individuals 'at risk' is key for early intervention. Risk factors include:

- Family history of HBA, FM, or FGM.
- Low school attendance or performance.
- Sudden changes in behaviour or appearance.
- Being isolated from friends and support networks.
- Expressing fear of being forced to marry or undergo FGM.

Professionals in various sectors, including education, healthcare, and social services, play a vital role in recognising these signs and providing support.

Perpetrators

Perpetrators are predominantly male family members, but women, including mothers and mothers-in-law, can also be involved. Motivations are rooted in a desire to control behaviour and uphold a distorted concept of family and community 'honour'.

Perpetrators may use cultural or religious rhetoric to justify their actions, but these acts are fundamentally about power and control.

Key considerations for effective service delivery

Effective service delivery requires:

- **Cultural sensitivity:** Services must be tailored to the specific needs of diverse communities.
- **Accessibility:** Services must be easy to access, with outreach to marginalised groups.
- **Specialist knowledge:** Providers need in-depth understanding of HBA, FM, and FGM.
- **Holistic support:** Addressing the complex and overlapping needs of victims.
- **Multi-agency collaboration:** Coordinated responses across different agencies.
- **Trust and rapport:** Building trust with victims is essential for disclosure and engagement.

Victim services and gaps in provision

Greater Manchester has a range of victim support services provided by both statutory and voluntary sectors. Statutory services, including those provided by local authorities and the police, offer crucial support, accommodation, and protection. Voluntary, community, faith, and social enterprise (VCFSE) organisations provide specialist support, advocacy, and culturally sensitive services, often filling gaps left by statutory provision.

However, several gaps and challenges exist:

- **Inconsistent data collection:** Varied recording practices across agencies hinder a comprehensive understanding of the issues.
- **Lack of standardised terminology:** Different definitions of HBA, FM, and FGM complicate data collection and service delivery.
- **Insufficient training:** Many professionals lack adequate training to identify and support victims.
- **Limited specialist services:** There is a shortage of services tailored to the specific needs of HBA, FM, and FGM victims, particularly for certain groups like men and LGBTQ+ individuals.
- **Funding instability:** Short-term funding models create uncertainty and hinder long-term planning.
- **Lack of awareness:** Many victims and professionals lack awareness of available support services.
- **Barriers to access:** Victims face barriers such as fear, distrust, and lack of culturally sensitive support.
- **Gaps in service provision:** Including a lack of dedicated services for male victims, and limited understanding of honour-based abuse, forced marriage and FGM amongst professionals.

Examples of good practice

Despite these challenges, some examples of good practice exist in Greater Manchester. The report highlights the Greater Manchester Victim Services (GMVS) and the Rochdale Working Group as positive models. GMVS provides broad support to victims of crime, including those affected by HBA, FM, and FGM. The Rochdale Working Group demonstrates the effectiveness of multi-agency collaboration in addressing these complex issues.

Conclusions

This scoping and research exercise provides a comprehensive overview of HBA, FM, and FGM in Greater Manchester. Key findings include:

- HBA, FM, and FGM are significant issues in Greater Manchester, with prevalence likely underestimated due to underreporting and data limitations.

- These practices affect diverse communities, though South Asian women and girls are disproportionately affected by HBA and FM, and females from Black African communities by FGM.
- Victims experience a range of abuses, often involving multiple perpetrators and a desire to control behaviour and uphold 'honour'.
- Gaps in service provision, inconsistent data collection, and a lack of standardised terminology hinder effective responses.
- Multi-agency collaboration and culturally sensitive services are essential for effective support.

Recommendations

The report provides five recommendations for improving services and addressing the gaps identified:

- **Recommendation 1: Implement a unified, Greater Manchester-wide strategy for addressing HBA, FM, and FGM:** This involves developing a comprehensive strategy with standardised definitions, consistent data collection mechanisms, and clear multi-agency collaboration guidelines to ensure a coordinated and consistent approach across the region, prioritising prevention and early intervention.
- **Recommendation 2: Establish sustainable, long-term funding models for HBA, FM, and FGM services:** This calls for moving away from short-term funding cycles to secure long-term, stable funding for specialist services, advocating for national data improvements to support funding arguments, and ensuring funding aligns with strategic outcomes.
- **Recommendation 3: Ensure comprehensive and specialised training for all professionals interacting with victims of HBA, FM, and FGM:** This involves providing mandatory, ongoing training for key professionals across all sectors (healthcare, education, social services, police, etc.) to improve their understanding, identification, and effective response to these complex issues.
- **Recommendation 4: Strengthen multi-agency collaboration and establish clear referral pathways:** This focuses on enhancing communication, information sharing, and creating clear and effective referral pathways between all relevant agencies (statutory and VCFSE) through tiered multi-agency forums to ensure victims access appropriate support without delay.
- **Recommendation 5: Increase community engagement, awareness-raising, preventative, and educational activities:** This recommends proactively engaging communities, developing and implementing culturally sensitive awareness campaigns, and delivering prevention and education programmes, particularly in affected communities, involving community members and experts in their design and delivery.

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1. Background to the scoping & research exercise

1.1 Introduction to the project

This scoping and research exercise, commissioned by Greater Manchester Combined Authority (GMCA), investigates ‘honour’-based abuse (HBA), forced marriage (FM), and female genital mutilation (FGM) in Greater Manchester. Its aim is to inform future GMCA commissioning of victim services across the region, a crucial step towards a cohesive, whole-system approach to support.²

This research was initiated following the decommissioning of Project Choice, a former victim support service. A key objective is to ensure a more integrated, region-wide response to HBA, FM, and FGM across Greater Manchester. Project Choice's prior strategic work within boroughs, including detailed data collection and sharing on victims, trends, and service gaps, has directly informed this scoping and research exercise.

The research is contextualised within GMCA's Gender-Based Violence (GBV) Strategy,³ which aims to enhance the safety of women and girls while addressing the societal attitudes and inequalities that enable such violence. More specifically, the strategy outlines a comprehensive approach to tackling GBV, including harmful practices such as HBA, FM, and FGM.

This research highlights the complex relationship between GBV, migration, and acculturation,⁴ which can create difficulties for victims in accessing suitable services. It also highlights the challenges of estimating the prevalence of HBA, FM, and FGM, and the need to improve data collection to better understand the scope of the problem.

The research also seeks to enhance service delivery by identifying gaps in service provision and recommending ways to ensure that all service providers receive adequate training on HBA, FM, and FGM, and can respond effectively to the needs of victims. The research adopts a participatory, mixed-methods approach, involving local stakeholders and national expert advisors to ensure the research is grounded in the local context. The process draws on various data sources, including a literature review, Greater Manchester Police (GMP) data, Project Choice data, an online survey with

² A *whole system approach* refers to a comprehensive method that integrates multiple services and stakeholders to address complex issues collaboratively. It ensures cohesive coordination across sectors to meet community needs, resulting in more efficient and effective service delivery.

³ Greater Manchester Combined Authority. (2021). *Greater Manchester Gender-Based Violence Strategy*. Available at: <https://www.greatermanchester-ca.gov.uk/what-we-do/safer-and-stronger-communities/gender-based-violence/gender-based-violence-strategy>

⁴ Enculturation refers to the lifelong process of learning and internalising one's native culture, while acculturation involves adapting to a new culture through exposure and interaction.

service providers, focus group discussions with local stakeholders, and consultations with national experts.

1.2 Understanding gender-based violence in Greater Manchester

In September 2021, Greater Manchester Combined Authority (GMCA) launched its Gender-Based Violence (GBV) Strategy with the goal of transforming the region's approach to GBV over the next decade. This comprehensive strategy addresses various forms of GBV, including harmful practices such as 'honour'-based abuse (HBA), forced marriage (FM), and female genital mutilation (FGM). While the strategy primarily focuses on women and girls, who are most affected by GBV, it also acknowledges that men and boys can be victims. In November 2024, Greater Manchester became the first city-region in the UK to introduce a GBV plan specifically for men and boys.⁵ This plan, which has a section on male HBA and FM victims, highlights that despite the disproportionate impact on women and girls, men and boys can also suffer from domestic abuse, including HBA-related crimes.

GMCA's strategy is built on several key principles:

- **Prioritising the voices of lived experience:** The strategy is driven by the experiences of victims and survivors of GBV.
- **Challenging attitudes and behaviours:** The strategy recognises the need to challenge the attitudes and behaviours that enable GBV to occur in the first place.
- **Prevention:** Prevention activity is a central and enduring component of the strategy.
- **Addressing inequalities:** The strategy aims to tackle inequalities and injustices that contribute to GBV.
- **Partnerships:** The strategy emphasises working in partnership with various organisations, including public services, the voluntary sector, and communities.

The strategy's 2024-2026 Delivery Plan focuses on:

- **Lived experience:** The Lived Experience Panel aims to influence policy design and delivery by integrating diverse lived experiences into decision-making processes.
- **Public engagement:** Changing men's and boys' behaviour through campaigns, supporting diverse communities, and promoting GBV education.
- **Education:** Addressing GBV in educational institutions, promote positive masculinity, and ensure safe environments for women and girls in Greater Manchester.

⁵ Greater Manchester Combined Authority. (2024). *City-region launches first gender-based violence plan for men and boys on International Men's Day*. Available at: <https://greatermanchester-ca.gov.uk/news/greater-manchester-launches-first-gender-based-violence-plan-for-men-and-boys-on-international-men-s-day>

- **Transport:** Helping people feel safe across their transport network by challenging GBV and exploring safe spaces.
- **Housing:** Integrating GBV considerations into homelessness policies and practices, ensuring comprehensive support and safety for those affected.
- **Policing and criminal justice:** Improving outcomes and experiences for GBV victims, enhance public trust, and ensure effective offender management.
- **Employers and employment:** Engaging Greater Manchester employers in preventing and responding to GBV, with the public sector leading by example.
- **Men and boys:** Providing trauma-informed, high-quality services for male survivors of GBV, addressing their distinct needs and improving reporting rates.

Within this broader GBV strategy, HBA, FM, and FGM are recognised as specific forms of GBV. They are also included in the Domestic Abuse Act 2021, which highlights their seriousness as forms of domestic abuse. These harmful practices have a devastating and long-lasting impact on victims' lives, similar to other forms of family violence and domestic abuse. GMCA acknowledges that victims of HBA, FM, and FGM often encounter additional barriers when seeking help. The strategy, therefore, aims to ensure that victims from all backgrounds can access the support they need.

1.3 Contextualising 'honour'-based abuse (HBA), forced marriage (FM), & female genital mutilation (FGM) in Greater Manchester

Building upon the understanding of gender-based violence (GBV) in Greater Manchester, as outlined in the previous section, it is important to contextualise specific forms of GBV, namely HBA, FM, and FGM, within the region's unique demographic and cultural landscape.

Greater Manchester is a vibrant and diverse city-region with a population of over 2.8 million people. Its population reflects a remarkable tapestry of cultures, with more than a quarter of residents belonging to minoritised racial or ethnic backgrounds and nearly 200 languages spoken across the region. This extraordinary diversity is one of Greater Manchester's greatest assets, enriching its communities and fostering a dynamic cultural landscape.

However, this cultural richness also presents distinctive challenges in addressing GBV. The interplay between migration, acculturation, and GBV creates significant barriers for victims seeking support. These challenges extend beyond language hurdles and include:

- **Fear of repercussions:** Victims may experience deep-seated fears of social stigmatisation, ostracism, and, in some cases, deportation, particularly within communities where familial 'honour' is of prime importance.
- **Distrust of authorities:** A history of negative interactions with law enforcement in countries of origin can lead to distrust of UK statutory agencies. Additionally,

some communities report experiences of racism and discrimination by UK authorities, further eroding trust and creating reluctance to seek assistance.

- **Limited legal awareness:** Some victims may lack awareness of UK-specific legal rights and support services, hindering their ability to seek help.
- **Need for culturally competent services:** The diverse demographic profile of Greater Manchester demands culturally sensitive and trauma-informed services that acknowledge and address the specific needs of the region.

Addressing HBA, FM, and FGM in Greater Manchester requires significant focused effort. While the GMCA is committed to tackling GBV in all its forms, the region experiences a higher rate of domestic abuse than the average for England and Wales, as evidenced from Greater Manchester Police data from 2024.⁶ Specific areas within Greater Manchester have also been identified as "FGM hotspots",⁷ highlighting the need for specialist FGM psychosocial services. Furthermore, Home Office statistics for the year ending March 2024 reveal that Greater Manchester reports some of the highest rates of HBA-related offences in the UK.⁸

The decommissioning of Project Choice in September 2022 acted as a catalyst for this scoping and research exercise. Project Choice had previously provided valuable support to 771 clients, giving a concrete indication of the scale of need in the region. This decommissioning prompted a need to revisit and refocus the approach to HBA, FM, and FGM, ensuring a more integrated response at a regional level.

The absence of reliable national information on HBA, FM, and FGM has driven GMCA to take proactive steps to improve its strategic response to supporting victims across Greater Manchester. This combination of factors creates a challenging environment that requires targeted and culturally sensitive interventions.

To effectively tackle HBA, FM, and FGM, it is essential to appreciate these complexities and develop strategies that address the multifaceted needs of victims, while celebrating the diversity that makes Greater Manchester unique. Recognising the seriousness of these issues, GMCA has pledged to take action, and this research approach, as outlined in the following section, aims to inform those actions and improve victim support.

⁶ Greater Manchester Police. (2024). *A year in review: GMP's response to tackling domestic abuse*. Available at: <https://www.gmp.police.uk/news/greater-manchester/news/news/2024/january/a-year-in-review-gmps-response-to-tackling-domestic-abuse/>

⁷ Mulongo, P., McAndrew, S., Khan, R., & McKeown, M. (2021). *Support Our Sisters (SOS): A Female Genital Mutilation (FGM) specialist psychosocial service in Salford, Greater Manchester – A pilot project*. NESTAC. Available at: <https://clock.uclan.ac.uk/id/eprint/39585/>

⁸ Home Office. (2024). *Statistics on so-called 'honour-based' abuse offences, England and Wales: Year ending March 2024*. Available at: <https://www.gov.uk/government/statistics/so-called-honour-based-abuse-offences-year-ending-march-2024>

1.4 Research approach & methods

In response to the complex issues and challenges surrounding HBA, FM, and FGM identified in the preceding section, the GMCA commissioned onEvidence to conduct a scoping and research exercise. This exercise aimed to provide up-to-date information and understanding of these critical issues, with three main objectives:

- **Establish a profile HBA, FM, and FGM victims in Greater Manchester**, to understand the nature and prevalence of these practices, and to identify victims' support needs.
- **Map existing victim services across Greater Manchester** to assess support availability and identify gaps.
- **Provide actionable recommendations** to inform future commissioning of victim services in the region.

This scoping and research exercise adopted a participatory, mixed-methods approach to gather comprehensive data on HBA, FM, and FGM in Greater Manchester. This approach recognised the value of local stakeholders' insights and prioritised their views throughout the project. The research was conducted between May 2023 and January 2025.

Data collection involved a combination of methods, including a rapid review of existing literature and data, an online survey with service providers, focus group discussions with local stakeholders, and consultations with three national experts.

Data analysis involved thematic analysis on the survey and focus group data. Both primary and secondary data were examined for statistical patterns and thematic insights.

This mixed-methods approach, combined with the participatory strategy, allowed the research team to gather a rich and nuanced understanding of HBA, FM, and FGM in Greater Manchester, ensuring the research was grounded in the local context.

Research methods used in this scoping and research exercise are detailed in Annex 1.

1.5 Report structure & key elements

This report presents the findings of the research and scoping exercise into HBA, FM, and FGM in Greater Manchester. The report is structured into five key sections:

- **Section 1** has provided an overview of the research, detailing the project's background, aims, and methods used. It contextualised the research within Greater Manchester's broader strategy for addressing gender-based violence (GBV) and highlighted the region's commitment to improving services for victims of HBA, FM and FGM.
- **Section 2** presents a profile of HBA, FM, and FGM victims in Greater Manchester. It synthesises reported cases with information about those 'at risk', highlighting challenges in accurately estimating the prevalence of these harmful

practices due to "fuzzy data". This section uses a two-fold assessment approach, combining quantitative data on reported cases with qualitative insights from service providers to identify support needs. It examines victim demographics, characteristics, and the types of abuse experienced, and looks at factors that place victims at risk.

- **Section 3** reviews current victim services and identifies gaps in provision. It offers an overview of services delivered by both statutory and voluntary sectors and assesses their responsiveness to victims' needs. The section highlights inconsistencies in access to services, inadequate support for specific victim groups, and challenges in providing effective and culturally sensitive support.
- **Section 4** presents the conclusions of the research.
- **Section 5** provides actionable recommendations for improving services. These recommendations are designed to be Specific, Measurable, Achievable, Relevant, and Time-bound (SMART). The recommendations focus on developing a unified strategy, establishing sustainable funding models, ensuring comprehensive and specialised training, and strengthening multi-agency collaboration.

The report also includes supplementary annexes:

- Annex 1: Details of the research methods.
- Annex 2: Definitions of HBA, FM, and FGM.
- Annex 3: Mapping exercise results of services in the region.

This report aims to provide current and comprehensive information to inform the development of effective and responsive commissioning of support services for victims of HBA, FM, and FGM across Greater Manchester. It highlights the urgent need for improved data collection, consistent definitions, and specialised training across all relevant sectors. Furthermore, the report stresses the importance of multi-agency collaboration and community engagement to ensure services are culturally appropriate and accessible. Addressing inadequate and inconsistent funding is vital to ensure the sustainability of these services. Ultimately, the implementation of a unified strategy across Greater Manchester is necessary to ensure all victims receive the support and protection they need, and to prevent these harmful practices.

2. Victims: A regional profile to identify support needs

2.1 Section overview

Key findings regarding the regional profile of victims in Greater Manchester highlight significant challenges in accurately determining the prevalence of honour-based abuse (HBA), forced marriage (FM), and female genital mutilation (FGM) due to "fuzzy data" and substantial underreporting. Despite these limitations, it is evident that while South Asian women and girls are disproportionately affected by HBA and FM, and FGM primarily impacts females from Black African communities, these harmful practices transcend specific demographics, affecting men and LGBTQ+ individuals as well. Consequently, commissioners must recognise the critical need for a nuanced, victim-centred approach that acknowledges the diverse and intersecting vulnerabilities of individuals, including age, ethnicity, immigration status, disability, and LGBTQ+ identity, to ensure the commissioning of effective and tailored support services across the region.

This section presents an in-depth profile of “honour” based abuse (HBA), forced marriage (FM), and female genital mutilation (FGM) in Greater Manchester. It is important to understand who victims are and the types and extent of abuse they experience, including those ‘at risk’ or vulnerable to these harms. However, accurately assessing the prevalence of these harmful practices is challenging due to “fuzzy data” and the significant personal and systemic barriers that victims face in seeking help. These barriers, including fear of repercussions, lack of trust in authorities, and cultural and linguistic obstacles, contribute to the underreporting of these crimes. Therefore, relying solely on reported cases would significantly underestimate the true extent of the problem.

To address these issues, this research adopted a two-fold assessment. First, reported cases of victimisation were examined using quantitative data from various official sources. This is followed by qualitative insights from service providers who work directly with victims. This combined approach provided a comprehensive overview of where victims live, who they are, the harm they have reported, and the support they may need.

2.2 The importance of understanding victim profiles

To effectively address “honour” based abuse (HBA), forced marriage (FM), and female genital mutilation (FGM) in Greater Manchester, commissioners and service providers must develop a deep, contextual understanding of victims and their experiences. This extends beyond merely collecting data; it requires a victim-centred approach that considers the complex and intersecting factors shaping their realities. By mapping patterns of abuse, identifying affected demographics, and recognising the challenges victims face when seeking support, professionals can build a comprehensive profile. Such a profile must also account for the unique vulnerabilities that heighten an individual’s risk of experiencing HBA, FM, or FGM, including age, ethnicity, immigration status, disability, and LGBTQ+ identity.

By understanding who the victims are and the challenges they face, commissioners and service providers can ensure that services are accessible, culturally sensitive, and tailored to meet individual needs. A generic approach to victim support is insufficient because of the unique contexts in which HBA, FM, and FGM occur. Knowing the specific demographic characteristics of victimisation will also help in allocating resources effectively, ensuring that support is available where it is most needed. In addition, it promotes the development of proactive strategies for intervention and prevention and enables services to better engage reluctant, marginalised, and seldom-heard victims. Ultimately, an understanding of victim profiles allows for a more nuanced and effective response to these harmful practices. However, it is important to acknowledge that creating a comprehensive victim profile presents significant challenges, which are explored in section 2.3.

2.3 Challenges of estimating HBA, FM, & FGM prevalence

As discussed above, accurately assessing the prevalence of HBA, FM, and FGM is key for understanding the scope of the problem and for developing effective support services. However, this task is fraught with challenges due to the “fuzzy data” that characterises these harmful practices. For instance, the NHS FGM Enhanced Dataset (2023-2024) reports that only 65% of individual women and girls have a known country of birth recorded, and only 49% have a known country where FGM was undertaken, illustrating the incompleteness and thus “fuzzy” nature of this data. The lack of clear and consistent definitions, coupled with the hidden nature of these crimes, makes it difficult to collect reliable data and to estimate the true extent of these harmful practices in Greater Manchester.

Lack of statutory definition and inconsistent terms

The definitions of HBA, FM, and FGM used in this report are provided in Annex 2. While HBA, FM, and FGM are widely recognised as forms of gender-based violence, their

definitions remain contested and inconsistently applied. A lack of a statutory definition of HBA, despite the inclusion of ‘honour’-based abuse in the statutory definition of domestic abuse, further complicates efforts to quantify its prevalence. This ambiguity extends to the terminology used by various agencies and professionals, leading to inconsistencies in recording and reporting.

Myths about who and where

Harmful practices are not confined to any single country, culture, or ethnicity, and they are not endorsed by any one religion. Although women and girls are disproportionately affected by these practices, individuals of all sexes, genders, and sexual identities report being subjected to HBA-related crimes. A prevalent misconception is that culture alone accounts for these crimes. This simplistic view, which links these practices solely to cultural, social, or religious beliefs that prioritise male, family, or community honour over individual rights and well-being, particularly for women and girls, complicates the accurate estimation of prevalence of these abuses.

Several key misconceptions about HBA-related crimes include the belief that they are exclusively tied to specific cultural or religious groups, which can lead to stereotyping and stigmatisation of those communities. Another misconception is that these practices are only prevalent in certain geographic regions, ignoring their occurrence in diverse settings worldwide. Additionally, there is a false notion that victims of HBA-related crimes are always female, overlooking the experiences of male and non-binary victims. These misconceptions hinder efforts to address and prevent HBA, FM, and FGM by perpetuating stereotypes and limiting the scope of interventions.

How perpetrators’ motivations fuel underreporting and concealment

There is a growing understanding that perpetrators, often dominant male relatives such as fathers, husbands, and brothers, purposefully misuse and distort cultural, social, or religious beliefs to maintain harmful practices. These individuals use their social and/or financial influence over family or community members through methods such as shaming, collective coercive control, and physical force.⁹ These tactics are not expressions of cultural or religious values, but rather calculated means of asserting power and control. Furthermore, female relatives, especially mothers and mothers-in-law, may also play a significant role. In cases of HBA, they may use gossip and psychological abuse to condone the abuse inflicted by male relatives, primarily their husbands and sons.¹⁰ In the context of FGM, elder women within the community, often mothers and other senior female relatives, are frequently the ones who perform or

⁹ Khan, R. (2024). *The Psychology of Honor Abuse, Violence, and Killings*. Routledge. Available at: <https://doi.org/10.4324/9781003299950>

¹⁰ Aplin, R. (2017). *Exploring the role of mothers in honour-based abuse perpetration and the impact on the policing response*. *Women's Studies International Forum*, 60, 1–10. Available at: <https://doi.org/10.1016/j.wsif.2016.10.007>

arrange the practice.¹¹ This shows that the dynamics of abuse are complex and not confined to one gender.

Some victims of these practices may be passive, while others actively resist and seek help, despite the barriers. It is critical to move beyond a simplified cultural explanation of HBA, FM, and FGM and to recognise the complex interplay of power, control, and the intentional misuse of cultural, social, and religious norms. This nuanced understanding is vital for developing effective intervention and prevention strategies and accurately assessing the prevalence of these hidden harms. By addressing the systemic factors that drive underreporting and concealment, service providers can work towards dismantling coercive influences and creating safer pathways for victims to access support.

Sources of data

Information regarding HBA, FM, and FGM is typically drawn from three main sources, all of which have significant limitations:

1. **Crime data:** This data is dependent on victims formally reporting incidents to the police. However, underreporting is a major issue due to factors including fear of reprisal, shame, and cultural pressures. Even when incidents are reported, the application of HBA-related identifiers by police forces is often inconsistent, which further skews the data. Moreover, data from the Forced Marriage Unit (FMU) in 2023 shows they received 802 contacts related to possible forced marriage and/or FGM, but only 283 were classified as 'advice and support' cases where full details were provided and active support given. The FMU itself acknowledges that 'forced marriage is a hidden crime, and these figures will not reflect the full scale of the abuse'.
2. **Victim services data:** Many victims do not engage with victim services, and those who do may not fully disclose the extent of their abuse due to concerns about confidentiality, fear of judgment, or cultural or systemic barriers. This creates a gap in understanding the true scope of the problem.
3. **Research data:** Research studies on HBA, FM, and FGM often encounter difficulties in collecting reliable data due to the sensitive nature of the topic and the challenges in accessing hidden populations. This further contributes to the limitations in our understanding of the issue.
4. **Challenges in data collection and recording practices:** Accurately assessing the prevalence of HBA, FM, and FGM is significantly hindered by inconsistent data collection and recording practices. National experts highlighted that public services do not consistently record ethnicity at the first point of contact, making it difficult to understand the specific needs and demands of different communities. This lack of consistent recording is a major impediment to

¹¹ Community of Practice on Female Genital Mutilation (CoP FGM). (n.d.). *Building Bridges between Africa and Europe to tackle FGM: The role of each generation in the abolition of FGM*. Available at: <https://copfgm.org>

understanding the true scale of the problem and is compounded by other issues.

- **Misclassification of cases:** Professionals may be hesitant to classify cases as HBA, FM, or FGM due to a lack of clear definitions or concerns about being perceived as racist or culturally insensitive. This can result in misclassification of cases as domestic abuse or other general categories, further skewing prevalence data.
- **Failure to record intersectional vulnerabilities:** There may also be a failure to record intersectional vulnerabilities, such as sexual violence experienced by those also suffering from HBA. This means that the complex, overlapping needs of victims are not always captured or addressed.
- **Lack of mandatory ethnicity recording:** One expert emphasised that public services, including the police, are still not mandated to record ethnicity at the first point of contact. They noted: *“I can assure you through my work; through serious case reviews; through the [police] super complaint; even now through the work I'm doing with the College of Policing; they are still not mandating public services to record ethnicity at the first point of contact.”* This lack of mandatory recording is a systemic issue that contributes to incomplete data.
- **Impact of inconsistent data:** The lack of comprehensive data hampers effective resource allocation and the ability to address the specific needs of victims from diverse backgrounds. The absence of reliable data means that the true extent of HBA, FM, and FGM is likely significantly underestimated. This lack of understanding also leads to a lack of clarity in policy and funding approaches.
 - These limitations emphasise the urgent need for improved data collection practices that include consistent ethnicity recording, accurate classification of abuse, and the recognition of intersectional vulnerabilities. Without these changes, it will remain difficult to fully understand and respond effectively to the needs of HBA, FM, and FGM victims.

Underreporting as a key challenge

Underreporting is arguably the most significant obstacle to quantifying the prevalence of HBA, FM, and FGM. Victims often face significant internal and external barriers to disclosure and reporting.

Internal barriers may include:

- Shame and fear of public shaming.
- Protecting family honour.
- Fear of multiple perpetrators.
- Protection of religious identity and faith community.
- Mistrust of police.

- Lack of awareness or knowledge that abuse or a crime has occurred.¹²

External barriers may include:

- Insecure immigration status linked with lack of recourse to public funds.
- Lack of access to interpreters or refuge accommodation.
- Lack of cultural awareness among service providers.
- Concerns about racial or religious prejudice by police and service providers.

These barriers, combined with the lack of a clear and universally accepted definition of HBA, result in a significant proportion of HBA, FM, and FGM cases remaining hidden.¹³ Consequently, reported crime statistics and victim service data are likely to represent only a fraction of the actual prevalence of these harmful practices.

Moreover, while data from sources like Greater Manchester Police may show a higher number of suspects from Asian communities, it is important to recognise that HBA, FM, and FGM are not limited to one ethnic group. For instance, data indicated that the ethnicity was unknown for 11% of suspects (see Section 2.8). The diverse nature of victimisation is further illustrated by the fact that Project Choice worked with clients from 33 different ethnicities. This broad reach highlights that underreporting is likely prevalent across various communities, including high-control environments where substantial internal and external barriers to disclosure exist.

Greater Manchester stakeholders noted that within some minority communities, including certain Gypsy and Traveller communities and potentially within some Charedi communities, variations in educational approaches and deeply held cultural traditions may create circumstances where individuals have a reduced awareness of what constitutes abuse. Additionally, limitations in the provision of comprehensive Personal, Social, Health, and Economic (PSHE) education in some independent faith-based schools can contribute to a diminished understanding of individual rights and available support services, potentially resulting in underreporting of abuse.

Assumptions that a victim should be supported by a service provider from within their own community, without a critical approach, can also inadvertently lead to harmful practices being hidden or denied within these high-control environments. Therefore, while current data may suggest a higher prevalence within South Asian communities, this is likely not a complete reflection of the reality due to widespread underreporting

¹² Ofsted. (2024). *Independent faith schools: thematic review*. Paper 1: <https://files.ofsted.gov.uk/v1/file/50264314> Paper 2: <https://files.ofsted.gov.uk/v1/file/50258130> Paper 3: <https://files.ofsted.gov.uk/v1/file/50259175> These reports highlight safeguarding concerns in certain independent faith-based schools in Salford, where inspections revealed significant gaps in teaching about diversity, protected characteristics, and statutory Relationships and Sex Education. Key topics such as consent, contraception, sexuality, and gender were often omitted, undermining pupils' understanding of abuse, their rights, and their ability to seek help, particularly in insulated communities with limited access to PSHE education.

¹³ Khan, R., Hall, B., & Lowe, M. (2017). *'Honour' abuse: The experience of South Asians who identify as LGBT in North West England*. Summary report prepared for Lancashire Constabulary. HARM: Honour Abuse Research Matrix. Available at: https://clock.uclan.ac.uk/20996/1/20996%20HARM_LGBT%20S-Asian%20NW_Report%20%28DEC%202017%29%20PUBLISH.pdf

and a potential lack of recognition of abuse in other communities influenced by their distinct cultural and educational contexts. This underreporting across various communities makes accurately assessing the true prevalence of HBA, FM, and FGM a significant challenge.

2.4 Two-fold assessment of victimisation data

To construct a credible profile of HBA, FM, and FGM victims in Greater Manchester, a two-fold assessment approach was used. This approach aimed to address the limitations of relying solely on reported crime statistics, which are widely acknowledged to underestimate the true prevalence of these hidden harms. This assessment combines reported cases of victimisation, drawing on quantitative data from various official sources, with qualitative insights from service providers who work directly with victims, aiming to capture the lived experiences and identify potential support needs. The following sections will present findings from both types of data, demonstrating how they complement each other to provide a more comprehensive understanding of victimisation.

1. **The quantitative aspect** of this assessment examines reported cases of victimisation using data from various official sources. These sources include Greater Manchester Police (GMP) records, and data from Project Choice, and the Forced Marriage Unit. This data provides a numerical overview of the recorded incidents, including information on the types of crimes reported, the demographics of victims, and the geographical distribution of cases.
2. **The qualitative aspect** of the assessment complements the quantitative data by incorporating insights from service providers. These insights are gathered through surveys and focus group discussions with stakeholders across Greater Manchester. These consultations capture the lived experiences of victims and identify potential support needs. Service providers offer vital perspectives on the complex and interconnected impacts of HBA, FM, and FGM on victims' lives, including emotional, psychological, social, and economic harms. They also highlight the diversity of victim profiles, including male victims, LGBTQ+ individuals, victims with no recourse to public funds, and victims from various ethnic and cultural backgrounds.

By combining these two data sources, the assessment provides a more comprehensive and nuanced understanding of victimisation. The quantitative data offers a broad overview of reported cases, while the qualitative data provides depth and context. This combined approach addresses the limitations of each method individually, revealing a more complete picture of where victims live, who they are, the harm they have reported, and the support they require. By including the qualitative perspectives of service providers, this assessment ensures that the experiences of those who do not come to the attention of official reporting mechanisms are also considered.

2.5 Victim demographics & characteristics

In Greater Manchester, victims of HBA, FM, and FGM come from diverse backgrounds. However, there are clear patterns that highlight specific vulnerabilities. Information from Voluntary, Community, Faith and Social Enterprise (VCFSE) service providers, police records, and national experts reveals significant insights into who is most affected by these harmful practices.

The VCFSE organisations who responded to the survey shared their views on communities and/or specific demographic characteristics (e.g., age range, ethnicity, sex, gender, sexuality, socioeconomic status) where HBA, FM and FGM victims were at greater risk. As illustrated in Figure 1, their views generally reflected the GMP and Project Choice data reported in this section.

Figure 1. Communities and/or specific demographic characteristics for whom HBA, FM, and FGM present greater risk (word cloud).



Base: All respondents (7)

Data collected as part of this scoping and research exercise reveals the breadth of support offered by VCFSEs and the statutory sector in Greater Manchester. Table 1 highlights the diverse range of victim groups that these service providers are working with and emphasises the need for individualised support.

Table 1: Characteristics of victims who service providers work with

Victim Groups	Percentage
Victims of 'honour'-based abuse	85%
Victims of forced marriage	85%
Victims of female genital mutilation	80%
Female victims	100%
Male victims	70%
LGBTQ+ victims	50%
Victims with no recourse to public funds	60%
Children under 16 years	65%

Base: All services identified (21)

Evidence shows young women and girls – the group mainly exposed to HBA, FM and FGM – are less likely to seek the help of statutory services such as the police or social services. For instance, Agenda Alliance¹⁴ found many young women and girls, with multiple unmet needs continually encounter barriers that limit their ability to meaningfully benefit from services, often due to flaws in service design and provision. These included being turned away from statutory services because they lacked documentation or did not meet criteria and thresholds for support. When they do get support from a service, young women also confront issues from within services, including long waiting times, inconsistent approaches, and inappropriate or discriminatory responses. Furthermore policies, such as No Recourse to Public Funds (NRPF), actively prevent some victims from receiving support, either directly or through a guardian.

Victims of HBA, FM, and FGM in Greater Manchester often present with multiple and intersecting vulnerabilities, and the challenges they face are significantly compounded by inadequate multi-agency communication and partnership. This systemic fragmentation has direct consequences for the effectiveness of interventions designed to protect them.

Even measures specifically aimed at safeguarding victims of forced marriage, such as Forced Marriage Protection Orders with tailored conditions for remaining at home, can be undermined in the absence of a holistic understanding and response. The Nahamu Project highlights that police involvement can trigger significant community repercussions, rendering it unsafe for victims to stay in their family homes, thus defeating the object of the FMPO.

¹⁴ Agenda Alliance. (2022). *Pushed Out, Left Out: Girls Speak*. Available at: https://www.agendaalliance.org/documents/128/Girls_Speak_-_Pushed_Out_Left_Out_-_Full_Report.pdf

This is further exacerbated by the lack of sufficient support for victims over 18 who need to seek alternative accommodation. The absence of safe and sustainable housing options can leave young people feeling they have no choice but to proceed with unwanted marriages, a point echoed by broader research¹⁵ showing how a lack of pathways out of harmful situations can trap individuals. Ultimately, these interconnected challenges mean that the impact of forced marriage is felt by victims whether they comply or resist.¹⁶

The significant challenges arising from a lack of sufficient support for victims over 18 needing alternative accommodation, which can unfortunately lead to unwanted marriages, underline a crucial point: the diverse population of Greater Manchester and the varying nature of HBA-related crimes mean that the needs of victims differ significantly. As highlighted by studies^{17,18} and confirmed by focus group and survey respondents involved in this scoping and research exercise, a one-size-fits-all approach is inadequate, and support must be individualised to address the unique circumstances of each victim.

This necessity for individualised support is also vital for understanding the various pathways victims take when seeking assistance. Consequently, to ensure victims are appropriately directed to the services that best meet their diverse needs, strong and well-established links between voluntary and statutory sector services are paramount.

Recognising the multifaceted nature of victim needs and the importance of tailored support, a vital aspect of understanding victim profiles in Greater Manchester, involves examining demographic characteristics such as gender. While the preceding discussion highlights the necessity of considering individual circumstances and intersectional vulnerabilities, data consistently reveals significant gender disparities in the reported cases of HBA and FM. Understanding these patterns is essential for developing appropriately targeted and effective prevention strategies and support services that acknowledge both the disproportionate impact on certain genders and the needs of all victims. The following section will explore the specific data regarding the gender of victims in Greater Manchester, providing a clearer picture of this key demographic characteristic.

¹⁵ Davidman, L. (2015). *Becoming Un-Orthodox: Stories of Ex-Hasidic Jews*. Oxford University Press. Available at: <https://archive.org/details/becomingunorthod0000davi>

¹⁶ Villacampa, C., & Torres, N. (2021). *Forced marriage: What do professionals know?* *International Journal of Law, Crime and Justice*, 67. Available at: <https://doi.org/10.1016/j.ijlcrj.2021.100506>

¹⁷ Crown Prosecution Service (2022). *Delivering Justice for Victims: Consultation on Improving Victims' Experiences of the Justice System*. Available at: <https://www.cps.gov.uk/publication/delivering-justice-victims-consultation-improving-victims-experiences-justice-system>

¹⁸ Dinisman, T., & Moroz, A. (2017). *Understanding Victims of Crime: The Impact of the Crime and Support Needs*. Victim Support. Available at: https://www.victimsupport.org.uk/wp-content/uploads/documents/files/VS_Understanding_victims_of_crime_web.pdf

Gender of victims in Greater Manchester

Gender of victims in HBA cases

- **Greater Manchester Police (GMP) data:** Between 2019 and 2024, GMP recorded a total of 1,466 HBA crimes. Of these, 88% of the victims were female, and 12% were male. This clearly demonstrates that the vast majority of those who are recorded as victims of HBA by GMP are women and girls.
- A breakdown of the gender groups of HBA victims from GMP is shown in Table 2.

Table 2: HBA victims' sex

	2019/20	2020/21	2021/22	2022/23	2023/24	Total
Female	133	268	318	286	284	1289
Male	25	51	38	29	34	177
Total	158	319	356	315	318	1466

Source: GMP (2024)

- **Project Choice data:** Between 2018 and 2021, Project Choice engaged with 771 HBA-related referrals. Of these clients, 94% were female, which is a higher percentage of female victims than reported by GMP data. The high percentage of women who accessed Project Choice could be related to a variety of factors, including the specific support services that the organisation provided.
- **Service provider perspectives:** Service providers who participated in focus groups for the research acknowledged that while the majority of victims they support are women and girls, they also work with male victims, although they are less frequently identified. They note that there are additional barriers to accessing support for some male victims, due to the lack of appropriate services.
- **Insights for commissioners on gender of HBA victims:** The consistent pattern across GMP and Project Choice data unequivocally demonstrates that HBA disproportionately affects women and girls, with recorded victimisation rates of 88% and 94% respectively. While this clear gender disparity is a critical finding, it is equally important for commissioners to recognise that vulnerability to HBA is not solely determined by gender. The scoping and research exercise stresses the necessity of a nuanced, intersectional approach, acknowledging that victims may also experience compounded disadvantages due to factors such as mental health issues, insecure immigration status leading to no recourse to public funds, LGBTQ+ identities, and disabilities. Therefore, commissioning strategies must move beyond a singular focus on gender to address the diverse and intersecting needs of all individuals at risk.

Gender of victims in FM cases

- **Greater Manchester Police (GMP) data:** Between the financial years 2019/20 and 2023/24, GMP recorded a total of 150 FM crimes across Greater Manchester.
- Of these reported crimes, the data indicates that 94% of the victims were female, while 6% were male. This demonstrates that women and girls are significantly more likely to be recorded as victims of FM by GMP.
- A breakdown of the gender groups of FM victims from GMP is shown in Table 3.

Table 3: Forced marriage victims' sex

	2019/20	2020/21	2021/22	2022/23	2023/24	Total
Female	10	9	20	38	50	127
Male	4	3	3	3	10	23
Total	14	12	23	41	60	150

Source: GMP (2024)

- **Project Choice data:** Project Choice, which operated between 2018 and 2021, worked with a diverse group of victims, with a focus on those at risk of or experiencing FM. Although Project Choice did not collect specific data on the gender of victims of forced marriage only, it did record that 94% of all their clients were female. This figure includes all forms of 'honour' based abuse and violence, not just FM.
- **Forced Marriage Unit (FMU) data:** The FMU provided advice or support in 150 cases between 2019 and 2024, of which 78% of the victims were female. This data provides further evidence of the disproportionate impact of FM on women and girls.
- **Home Office data:** Home Office data shows that, nationally, there were 201 forced marriage offences in the year ending March 2024. However, this data does not provide a gender breakdown of victims.
- **Service provider perspectives:** Service providers who participated in focus groups for the research acknowledged that while the majority of victims they support are women and girls, there are some males who are victims of FM.
- One service provider highlighted an increased risk of FM among women aged 55 and over, demonstrating the need for services to be inclusive and responsive to the diverse needs of all victims. GM stakeholder, Nahamu Project, highlighted the need to collect specific data on statistics in Charedi¹⁹ communities in Greater Manchester, as recent studies have found heterosexual men in these

¹⁹ *Charedi* (or *Haredi*) refers to a subgroup within Orthodox Judaism known for its strict adherence to Jewish law, traditional customs, and modest lifestyle. Charedi communities often maintain insular cultural practices and prioritise religious education. In Greater Manchester, organisations such as Nahamu have highlighted safeguarding concerns, including the risk of forced marriage, and the need for culturally competent data collection and service provision.

communities suffer significant constraints on marital, sexual, and reproductive self-determination.²⁰

- **Insights for commissioners on gender of FM victims:** Data from GMP, Project Choice, and the FMU consistently reveal that forced marriage disproportionately impacts women and girls in Greater Manchester. The notably high percentages of female victims reported by GMP (94%), Project Choice (94%), and the FMU (78%) highlight the significant gendered nature of this harmful practice. This consistent trend across multiple data sources highlights the urgent need for commissioning strategies tailored to support individuals at risk of or experiencing forced marriage within the region.
- While the data clearly demonstrates that women and girls are the most affected, commissioners must also remain aware of the broader victim profiles, including men and boys, as acknowledged by service providers. Therefore, service provision should prioritise inclusivity, ensuring all individuals facing forced marriage receive appropriate support, while also acknowledging and addressing the disproportionate prevalence among female victims.

Ethnicity of victims in Greater Manchester

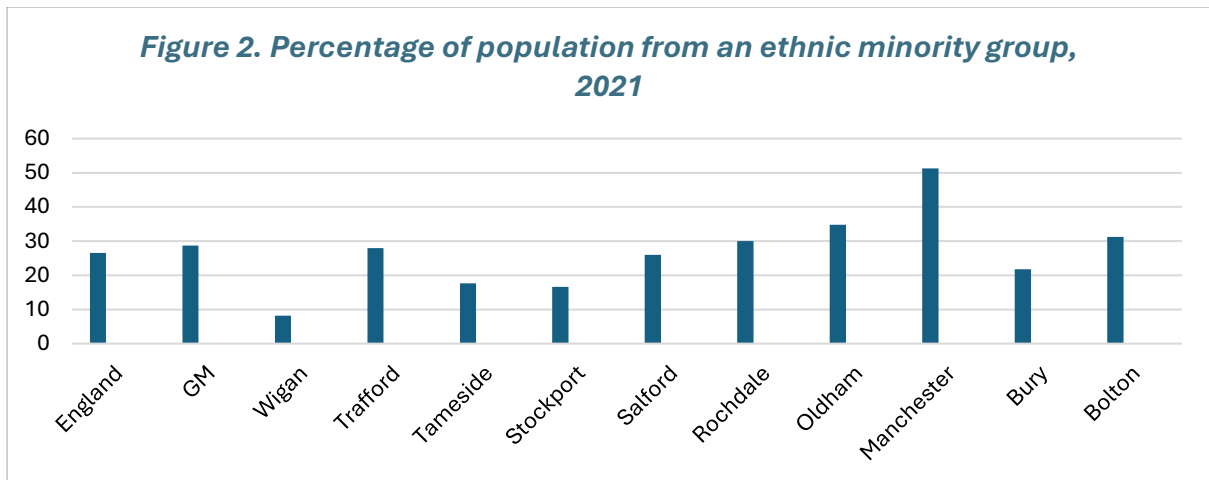
With a population of over 2.8 million people, Greater Manchester is the second largest city-region in the country and is made up of ten local councils. Of the total population, 821,801 (29%) residents are from an ethnic minority. Asian residents are the most numerous high-level ethnic group (389,283), accounting for nearly half (47%) of the overall ethnic minority population, followed by White people who are not White British (144,887) and Black people (134,113). People of mixed ethnicity (86,520) and those from Other ethnic groups (66,997) are less numerous.

Between 2011 and 2021, the ethnic minority population of Greater Manchester increased by 52% (280,960), significantly above the national increase of 39%, and largely driven by new arrivals to the region – more than three quarters (77%) of the increase was accounted for by people who had settled in the UK since 2011.²¹

There is considerable variance in the ethnic make-up of the ten Greater Manchester districts, as shown in Figure 2.

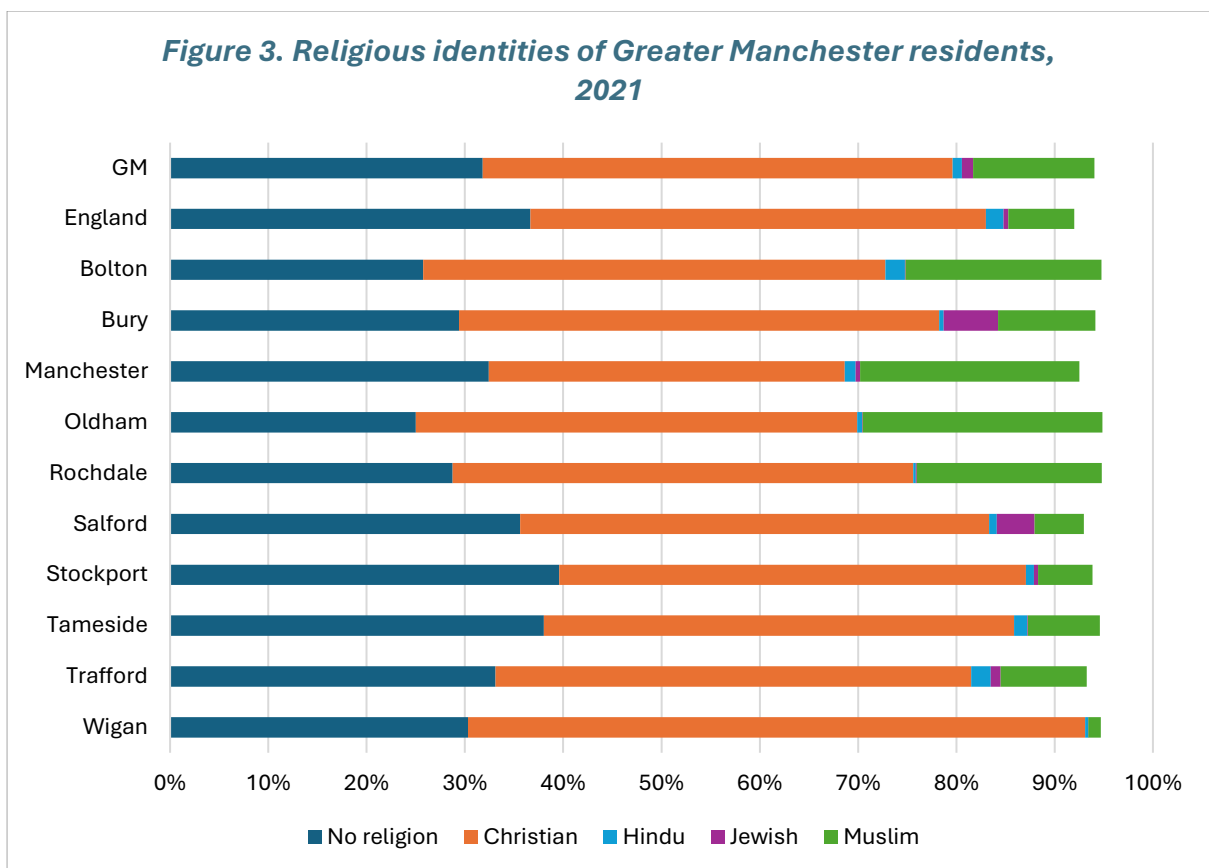
²⁰ Marriage, Orthodoxy and a Vision of Empowerment (MOVE) Project. (2024). A survivor-led research and advocacy initiative by Columbia University and Unchained At Last. The project explores forced marriage, marital coercion, and reproductive control within New York's Orthodox Jewish community, aiming to inform policy and empower grassroots reform. Available at: <https://www.unchainedatlast.org/marriage-orthodoxy-and-a-vision-of-empowerment-move/>

²¹ Office for National Statistics (2022). *Ethnic group, England and Wales: Census 2021*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/bulletins/ethnicgroupenglandandwales/census2021>



Source: ONS- 2021 Census

Congruent with the variance in ethnic make-up, there are large differences between the districts of Greater Manchester in the religious faiths of residents, as shown in Figure 3.



Source: ONS- 2021 Census

Ethnicity of victims in HBA Cases

- **Greater Manchester Police (GMP) data:** Between 2019 and 2024, 83% of HBA victims recorded by GMP identified as Asian.
- The GMP data includes those identifying as British, Pakistani, Bangladeshi, Chinese and 'other' within the Asian category.
- A further breakdown of the data shows that between 2019 and 2024, 1,210 victims of HBA identified as Asian, compared to 41 as Black, 102 as White, 15 as Mixed/Multiple and 98 as 'other ethnic group (Arab)'.
- A breakdown of the ethnic groups of HBA victims from GMP is shown in Table 4.

Table 4: HBA victims' ethnic group

	2019/20	2020/21	2021/22	2022/23	2023/24	Total
Asian - British, Pakistani, Bangladeshi, Chinese, Other	131	238	296	271	274	1210
Black - British, Caribbean, African, Other	4	8	16	9	4	41
White - British, Irish, Gypsy or Irish Traveller, Roma, Other	15	38	19	14	16	102
Mixed/Multiple	0	8	1	3	3	15
Other Ethnic Group (Arab)	8	27	24	18	21	98
Total	158	319	356	315	318	1466

Source: GMP (2024)

- **Project Choice data:** Project Choice engaged with 771 HBA-related referrals between 2018 and 2021. Of those 771 clients, 83% were of South Asian heritage.
- **Service provider perspectives:** Service providers who participated in focus groups and surveys for the research, generally agreed with the data that most victims are from Asian communities.
- However, service providers also noted that HBA affects other groups. For example, one service provider reported an increased risk of forced marriage in female victims from Gypsy, Roma and Traveller communities. Another noted that forced marriage and HBA affect both men and women in Charedi communities.
- During the focus group discussions and consultations, one service provider noted that "*it is unrealistic for professionals to be able to reflect the diverse*

population of Manchester", demonstrating that services should work with 'By and For' organisations with the ability to identify ethnic nuances.

- One expert stated that, "*National providers often lack local intelligence, trust, and awareness of emerging groups within larger metropolitan areas*". This emphasises the need for local organisations with cultural understanding to take a lead role in support services. They highlighted a lack of consistent recording of ethnicity at the first point of contact with public services.
- There is also a need to mitigate the potential risk of 'By and For' services within high control groups creating further layers of control. Assumptions that a victim, for example, should be supported by a service provider from within their own community can lead to harmful practices being explained away, hidden, or denied.
- **Insights for commissioners on ethnicity of HBA victims:** The data from GMP and Project Choice consistently reveals that the majority of recorded HBA victims are from Asian communities. Specifically, GMP data from 2019 to 2024 shows that 83% of HBA victims identified as Asian, and Project Choice data from 2018 to 2021 indicates that 83% of their HBA-related referrals were of South Asian heritage.
- While this data highlights a higher prevalence of HBA within Asian communities, it is essential for commissioners to recognise that HBA affects individuals from other ethnic backgrounds as well. GMP data, for instance, recorded HBA victims identifying as White, Black, Mixed/Multiple, and 'Other Ethnic Group (Arab)'. Service providers also corroborated that while most victims they support are from Asian communities, they do work with individuals from other ethnic groups, including Gypsy, Roma, Traveller, and Charedi communities.
- Given that over a quarter of Greater Manchester residents identify with a minoritised racial or ethnic background and nearly 200 languages are spoken, as highlighted in this report, it is crucial for commissioners to ensure that support services for HBA victims are culturally appropriate and accessible to all communities.

Ethnicity of victims in FM cases

- **Greater Manchester Police (GMP) data:** Between 2019 and 2024, Greater Manchester Police (GMP) recorded a total of 150 FM crimes across Greater Manchester.
- 93% of FM victims identified as Asian. This is further broken down as follows: 140 victims were Asian, 2 were Black, 2 were White, 2 were Mixed/Multiple, and 4 were of Other Ethnic Group (Arab).
- A breakdown of the ethnic groups of FM victims from GMP is shown in Table 5.

Table 5: Forced marriage victims' ethnic group

	2019/20	2020/21	2021/22	2022/23	2023/24	Total
Asian - British, Pakistani, Bangladeshi, Chinese, Other	12	9	21	39	59	140
Black - British, Caribbean, African, Other	0	0	1	1	0	2
White - British, Irish, Gypsy or Irish Traveller, Roma, Other	0	1	0	0	1	2
Mixed/Multiple	0	0	1	1	0	2
Other Ethnic Group (Arab)	2	2	0	0	0	4
Total	14	12	23	41	60	150

Source: GMP (2024)

- **Forced Marriage Unit (FMU) data:** To year-ending 2023, the FMU handled cases relating to 30 ‘focus countries’ outside of the UK. The countries with the highest number of cases were:
 - Pakistan (49%), with 138 cases (65% of victims were female and 35% male). This indicates that a significant proportion of FM cases handled by the FMU involve victims with connections to Pakistan.
 - Bangladesh (10%)
 - Afghanistan (8%)
 - India (7%)
- These statistics align with GMP data, highlighting that individuals from South Asian countries are disproportionately affected by forced marriage cases reported to the FMU.
- To year-ending 2023, the FMU provided advice or support in 283 cases related to possible forced marriage or FGM. This figure excludes 519 FM enquiries requiring signposting to other advice, without ongoing support from the FMU.
- The FMU data does not directly record the ethnicity of victims; however, it provides information on the focus countries involved in forced marriage cases, which serves as an indirect indicator of the ethnic backgrounds of those affected.
- Data on religion is not recorded, which means the FMU data does not provide information on the religious backgrounds of victims. However, the FMU notes that no major faith in the UK advocates forced marriage and emphasises that free consent is a prerequisite for Christian, Hindu, Jewish, Muslim, and Sikh marriages.

- The FMU stresses that forced marriage is not specific to any one country, religion, or culture and notes that its data only represents cases reported to the unit, not the full scale of forced marriage.
- **Project Choice data:** Although Project Choice did not exclusively focus on FM, their work with HBA-related referrals provides some context. Of their clients, 83% were of South Asian heritage.
- **Service provider perspectives:** Service providers acknowledge that while FM can occur across all ethnic and cultural groups, it disproportionately affects South Asian communities. This has resulted in an overfocus on Asian communities, with under-provision for other communities in Greater Manchester with similar harmful practices but lower rates of awareness and empowerment.
- **Insights for commissioners on ethnicity of FM victims:** The data from GMP clearly highlights that a very high proportion (93%) of FM victims in Greater Manchester identified as Asian between 2019 and 2024. This finding is consistent with data from the FMU, which indicates that a significant number of cases they handle are linked to South Asian countries such as Pakistan, Bangladesh, and India. For example, in 2023, Pakistan was the focus country for 49% of FMU cases.
- While Project Choice's data pertains to HBA-related referrals more broadly, the fact that 83% of their clients were of South Asian heritage between 2018 and 2021 further aligns with the trend of a high proportion of victims from South Asian communities in cases of FM reported to GMP and handled by the FMU. This consistency across different data sources demonstrates that individuals identifying as Asian are disproportionately affected by forced marriage in Greater Manchester.

Ethnicity of victims in FGM cases

- **NHS Data (FGM Enhanced Dataset 2023-2024):** The NHS FGM Enhanced Dataset (FGMED) does not directly record ethnicity but provides data on country of birth and country where FGM was undertaken, which can be used to infer the ethnicities of victims. However, it is important to note that data completeness varies: Only 65% of individual women and girls have a known country of birth recorded; and only 49% have a known country where FGM was undertaken.
- The low levels of data completeness make it difficult to provide a definitive analysis of FGM prevalence based on ethnicity.
- Where both values were known, 78% of women and girls were born and had FGM undertaken in an African country. Specific Regions: The data is broken down into regions such as Eastern Africa, Northern Africa, Western Africa, and the Rest of Africa.
- While the data indicates that a large number of FGM cases are linked to countries within these regions of Africa, there are a significant number of cases linked to Asia, particularly Western Asia.

- **Project choice data:** The fact that Project Choice worked with clients from 33 different ethnicities supports that FGM is not confined to one ethnic group.
- **Service provider perspectives:** Service providers emphasise that while FGM disproportionately affects Black African communities, it can occur across all ethnic groups. Therefore, culturally safe services are essential for women affected by FGM. These services prioritise culturally sensitive communication, such as avoiding intrusive or insensitive questions that may cause shame, fear, or stigmatisation. They focus on fostering an environment where women feel safe to openly discuss their experiences, with trust and respect. By ensuring dignity and empowerment, these services support women in addressing their needs effectively and respectfully.
- **Insights for commissioners on ethnicity of FGM victims:** While the NHS FGM Enhanced Dataset (FGMED) does not directly record ethnicity, analysis of the available data on country of birth and country where FGM was undertaken suggests that a significant proportion of FGM victims in the UK, including in Greater Manchester, are likely from various African ethnicities. This inference is drawn from the fact that, in cases where both values were known, 78% of women and girls were born and had FGM undertaken in an African country. The data further indicates that these victims may originate from diverse ethnic backgrounds within Africa, including groups from Eastern, Northern, and Western Africa.
- However, it is important for commissioners to acknowledge the significant limitations of this data. This report highlights that only 65% of individual women and girls have a known country of birth recorded, and only 49% have a known country where FGM was undertaken. These high percentages of "not recorded" and "not stated or unknown" values mean that any conclusions drawn about the ethnicity of FGM victims based on this data must be approached with caution.
- Despite these limitations, the available data provides a valuable indication of a likely trend, suggesting that culturally sensitive services for women and girls from African communities are essential in Greater Manchester. Commissioners should also be mindful that FGM is not confined to one ethnic group, as evidenced by Project Choice working with clients from 33 different ethnicities and service provider perspectives. Therefore, while focusing on the apparent higher prevalence within certain African communities, services should remain accessible and culturally sensitive to individuals from all ethnic backgrounds who may be affected by FGM. The need for improved data collection on ethnicity remains a critical factor for better understanding and addressing FGM in the region.

Age of victims in Greater Manchester

Young women and girls are disproportionately affected by HBA and FM in Greater Manchester, with the majority of victims being under 30. Specifically, 68% of HBA victims are aged 29 or under. Similarly, FM disproportionately affects young women, with 39% of victims aged 18 to 25. While FGM is typically performed in childhood, the

average age of women when FGM was identified is 33. It's important to recognise that while younger people are more at risk, older women can also be victims, particularly of FM, and that services must be tailored to the needs of all age groups.

Age of victims in HBA Cases

- **GMP data:** Between 2019 and 2024, GMP recorded 1,466 HBA-related crimes across the region. The majority of HBA victims were aged 29 years or under (71%).
- A breakdown of the age groups of HBA victims from GMP is shown in Table 6.

Table 6: HBA victims' age group

	2019/20	2020/21	2021/22	2022/23	2023/24	Total
0-9 Years	2	11	12	9	6	40
10-19 Years	51	72	86	101	90	400
20-29 Years	70	131	164	110	124	599
30-39 Years	21	63	71	55	65	275
40-49 Years	11	34	15	34	28	122
50-59 Years	3	7	6	5	4	25
60-69 Years	0	1	2	1	1	5
Total	158	319	356	315	318	1466

Source: GMP (2024)

- The data reveals a high concentration of victims in the younger age groups, with a significant number of victims between 10-29 years of age.
- The highest number of victims were between 20-29, while the second highest group were between 10-19.
- This data is consistent across the five financial years available.
- **Project Choice data:** Project Choice data, from the period 2018 to 2021, indicates that 29% of their clients were aged 17 and under, and 31% were between 18 and 24 years old. This data further emphasises that young people are disproportionately affected by HBA in Greater Manchester.
- **Home Office data:** The Home Office data shows a similar pattern, with the majority of HBA victims being young women.
- **Service providers perspectives:** Service providers in the focus groups highlighted that HBA primarily affects young women, with most victims being under 30.
- Some service providers noted the existence of child victims of HBA and the need for appropriate services.

- **Insights for commissioners on age of HBA victims:** The data from both GMP and Project Choice clearly indicates that HBA disproportionately affects young people in Greater Manchester. GMP data from 2019 to 2024 reveals that 71% of recorded HBA victims were aged 29 years or under. Within this age group, the highest number of victims were between 20-29 years old, followed by those aged 10-19 years.
- Project Choice data from 2018 to 2021 further emphasises this trend, showing that a significant 29% of their HBA-related clients were aged 17 and under, and another 31% were between 18 and 24 years old. This strong concentration of victims in younger age brackets aligns with similar national trends identified in Home Office data, which also indicates that young women are disproportionately affected by HBA.
- While the data consistently points to the heightened vulnerability of young individuals to HBA, it is important for commissioners to note that a range of age groups are affected, including older adults. Therefore, while commissioning strategies should prioritise services that are accessible and tailored to the needs of young people, it is also essential to ensure that support pathways are available for victims of all ages who may experience HBA. Service providers have also specifically highlighted the need for appropriate services for child victims of HBA.

Age of victims in FM cases

- **GMP data:** GMP data from 2019 to 2024 shows that the age of FM victims is predominantly within the younger age brackets, particularly those aged 10-19 years.
- A breakdown of the age groups of FM victims from GMP is shown in Table 7.

Table 7: Forced marriage victims' age group

	2019/20	2020/21	2021/22	2022/23	2023/24	Total
0-9 Years	0	0	0	0	2	2
10-19 Years	11	7	7	22	29	76
20-29 Years	1	5	14	12	23	55
30-39 Years	0	0	2	5	6	13
40-49 Years	1	0	0	1	0	2
50-59 Years	1	0	0	0	0	1
60-69 Years	0	0	0	1	0	1
Total	14	12	23	41	60	150

Source: GMP (2024)

- **Forced Marriage Unit (FMU) data:** In 2023, the FMU handled 283 cases of forced marriage where advice and support was provided. The age breakdown of these cases reveals the following: 12% of cases involved victims who were known to be aged 15 and under. These cases often involve the 'promise' of a future marriage (betrothal), rather than an imminent marriage; and 13% of cases involved victims aged 16 to 17. This highlights that young teenagers are at significant risk of forced marriage.
- 18% of cases involved victims aged 18 to 21. This demonstrates the vulnerability of young adults to FM.
- 16% of cases involved victims aged 22 to 25; 15% of cases involved victims aged 26 to 30; and 25% of cases involved victims aged 31 and over.
- Overall, the data consistently shows a higher prevalence of FM among young adults, especially those aged between 18 and 25, and a significant number of victims under the age of 18.
- **Project Choice data:** Project Choice data aligns with GMP and FMU data; indicating that a substantial number of their clients were young, with 29% being aged 17 and under and 31% between 18 and 24.
- **Service provider perspectives:** While young women and girls are disproportionately affected, service providers noted an emerging trend suggesting an increased risk for older women in forced marriage cases.
- One service provider highlighted that there was an increased risk of FM among women aged 55 and over.
- **Insights for commissioners on age of FM victims:** GMP and the FMU data consistently identifies young adults, particularly those aged 18-25, as a significantly affected group in cases of forced marriage. This supports the broader finding that young women and girls are the most vulnerable to this harmful practice.
- Project Choice data provides an additional layer of understanding by highlighting that a notable proportion of victims are under 18 years old. This demonstrates the critical need for early intervention and support services specifically tailored for children and adolescents who may be at risk of or experiencing forced marriage. In 2023, the FMU reported that 12% of their cases involved victims aged 15 and under, and 13% involved victims aged 16 to 17, further emphasising the risk to young teenagers. GMP data between 2019 and 2024 also shows a significant number of FM victims in the 10-19 age group.
- Interestingly, the qualitative data from service providers reveals a contrasting emerging trend: an increased risk of forced marriage among older women, with one provider specifically noting a heightened risk for women aged 55 and over. This suggests a more complex picture than what the quantitative data alone might present.
- Therefore, the analysis reveals that while young women and girls, particularly those aged 18-25, are disproportionately affected by forced marriage, it is vital for commissioners to recognise the vulnerability of children under 18 and the emerging risk for older women. Commissioning strategies should therefore aim

to provide support and preventative measures that address the needs of all these age groups affected by forced marriage in Greater Manchester.

Age of victims in FGM cases

- **NHS Data (FGM Enhanced Dataset 2023-2024):** The FGMED is the primary source for understanding the age of FGM victims in England. The FGMED provides data on the age at which FGM was undertaken and the age at attendance in healthcare settings where FGM was identified.
- From April 2023 to March 2024, there were 6,655 individual women and girls who had an attendance where FGM was identified. These accounted for 14,355 total attendances reported at NHS trusts and GP practices where FGM was identified. The number of total attendances during 2023-24 has increased from 12,475 in 2022-23.
- The average age at attendance where FGM was identified was 33 years. Of these, for people where FGM was undertaken under the age of 18, it occurred at least 10 years ago in 98 per cent of cases.
- For majority of cases (53%), the age at which FGM was undertaken is either not recorded or not stated/known. Where the age is known, the majority of victims are under 10 years.
- **Service provider perspectives:** Service providers noted concerns that FGM data is often not collected and recorded consistently by public services. For example, some focus group participants felt that FGM is often ‘lumped together’ with HBA and FM, which obscures the specific needs and vulnerabilities of FGM victims.
- **Insights for commissioners on age of FGM victims:** The FGM Enhanced Dataset (FGMED) data reveals a significant disparity between the age at which FGM is identified (with an average of 33 years) and the age at which it was performed (mostly under 18). This substantial time difference highlights a critical need for interventions that address both the immediate and long-term health needs of women and girls who have undergone FGM.
- Furthermore, the FGMED data indicates that in the vast majority of cases (98%) where FGM was undertaken under the age of 18, it occurred at least 10 years prior to its identification in a healthcare setting. This strongly suggests that FGM is a practice primarily carried out on children that has long-lasting impacts extending into adulthood. The fact that the average age at attendance where FGM was identified was 33 years further supports this.
- These insights highlight the importance of preventative measures aimed at children and young girls, alongside the necessity of providing appropriate healthcare and support for adult women living with the consequences of FGM. Commissioners should consider the need for services that can identify and support individuals who may have undergone FGM many years prior, as well as those who may be at immediate risk.

Intersectionality of HBA, FM, and FGM victims in Greater Manchester

Victims of HBA, FM, and FGM in Greater Manchester experience multiple and intersecting forms of discrimination and vulnerability, highlighting that a "one-size-fits-all" approach to support is inadequate. Services must be tailored to meet the specific needs of each victim, acknowledging their individual circumstances and intersecting identities. This concept of intersectionality is crucial, because it recognises that different aspects of a person's identity, such as gender, ethnicity, disability, and immigration status, combine to create unique experiences of oppression and vulnerability.

Key intersectional factors

- **Gender:** The research consistently demonstrates that women and girls are disproportionately affected by HBA, FM, and FGM. Data from Greater Manchester Police (GMP) indicates that 88% of HBA victims and 94% of FM victims are female. Project Choice data also shows that 94% of their HBA clients are female. While the focus on women and girls is important, it is important to acknowledge that men and boys can also be victims of these abuses.
- **Ethnicity:** HBA and FM disproportionately affect those from South Asian communities, while FGM is more prevalent in Black African communities. However, it is important to recognise that these practices are not confined to any one ethnic group. Data from GMP indicates that 83% of HBA victims between 2019 and 2024 identified as Asian. Similarly, 93% of FM victims recorded by GMP identified as Asian. NHS data shows that the majority of FGM cases are linked to women and girls who were born and had FGM performed in an African country. The research also notes that there are emerging groups of victims and highlights the need to look beyond traditional stereotypes. In particular, the experiences of victims from within Charedi communities is largely absent from statistical data, likely due to underreporting.²²
- **Age:** Younger women and girls are disproportionately affected by HBA and FM. GMP data reveals that 71% of HBA victims are aged 29 years or under. The average age of women and girls when FGM was identified was 33 years; where the age at which FGM was performed is known, the majority of victims were under 10 years old. Despite this trend, there are indications that older women are also at risk, with one service provider highlighting an increased risk of FM among women aged 55 and over.
- **LGBTQ+ identity:** The research demonstrates that LGBTQ+ individuals are also victims of HBA and FM, and that their vulnerability to HBA-related crimes may be heightened. It is therefore essential to engage with LGBTQ+ organisations to ensure that services are inclusive and meet their unique needs.

²² Jewish Representative Council. (2023). Working Together: Community Strengths and Assets in Greater Manchester. In conjunction with Salford, Bury, and Trafford Councils. Mobilise Public Ltd, with the Institute for Jewish Policy Research. Available at <https://archive.jpr.org.uk/object-3514>

- **Immigration status:** Victims with no recourse to public funds (NRPF) face significant barriers to accessing support. Their insecure immigration status is often exploited by perpetrators to maintain control. As one focus group participant noted, there is a challenge around "*no recourse to public funds*", and individual boroughs are beginning to put in "*little pots of funding*" to help.
- **Disability:** Victims with disabilities are identified as a vulnerable group. The Forced Marriage Unit (FMU) notes that victims with mental capacity concerns were more likely to be male (63%) and older (70% over the age of 26) than in average cases.
- **Other vulnerabilities:** Victims may also have intersecting vulnerabilities related to language proficiency, mental health needs, and economic factors. The research shows that those who do not speak English may face additional barriers, and that interpreters need to be culturally aware, noting "*It's so important that we have, start giving like, interpreters that people using or the local authority are using have an understanding of what 'honour'-based violence and forced marriage is and the wordings on core elements, protective orders on 'honour'-based violence and so forth*".
- **Examples of intersectional vulnerabilities:** Project Choice data highlights the intersectional vulnerabilities of HBA victims, revealing that, of the 771 HBA-related referrals they engaged with, 23% were accessing mental health support, 18% had no access to public funds, 7% had disabilities, and 4% identified as LGBTQ+. These statistics demonstrate that victims often experience multiple forms of marginalisation simultaneously. One service provider highlighted that challenges increase with each additional layer of complexity. For example, a "*male victim who's also no recourse to public funds or on a spousal visa,*" a "*male victim who is also gay,*" or a "*trans male,*" all face significantly more barriers to accessing services.
- **Challenges in addressing intersectionality:** Services are often designed for a "standard" victim and fail to meet the needs of those with multiple and intersecting vulnerabilities. This is further complicated by the fact that "*people didn't want to speak to somebody who didn't understand their cultural context,*" which highlights the importance of cultural sensitivity. Service providers also consistently emphasised the devastating and interconnected impacts of HBA, FM, and FGM on victims' lives, noting that these harmful practices extend far beyond physical violence and often involve a complex web of emotional, psychological, social, and economic abuse.
- The lack of resources and capacity within services also means that victims with multiple vulnerabilities often face long waiting times for support. As one service provider states, "*the more, like intersectional we get, the more challenging it is to find a service that is appropriate*".
- The need to move beyond stereotypes and embrace an intersectional approach is a recurring theme in this scoping and research exercise. This includes ensuring that services are culturally competent, accessible, and tailored to meet the unique needs of all individuals who experience HBA, FM, and FGM.

Geographical location of victims in Greater Manchester

Although victims of HBA, FM, and FGM are present throughout Greater Manchester, our analysis of reported cases indicates a geographical concentration of HBA and FM within specific boroughs. This finding suggests that while region-wide accessibility of support services is essential, targeted interventions in these identified areas are vital. Additionally, the research reveals a strong correlation between victim residence and ethnically diverse boroughs. Therefore, to ensure effective delivery of support services, it is imperative to consider victim residence, rather than solely relying on crime reporting locations.

Key findings on geographical location

- Greater Manchester as a whole:** Greater Manchester is the second-largest city region in the country, with a population of over 2.8 million people, made up of ten local councils. The region is ethnically diverse, with over a quarter of residents identifying with a minoritised racial or ethnic background, and nearly 200 languages spoken. This diversity is a key consideration when addressing HBA, FM, and FGM, and it means that support services need to be culturally appropriate and accessible to all.
- HBA crime distribution:** Data from Greater Manchester Police (GMP) shows that between 2019/20 and 2023/24, a total of 1,466 HBA crimes were reported across Greater Manchester. The City of Manchester accounted for the most HBA crimes (central n=128, north n=203, south n=107), followed by Oldham (n=232), Rochdale (n=176), and Bolton (n=173). This suggests a concentration of reported HBA crimes in these areas, but all boroughs reported cases.
- A breakdown of the geographical location of HBA victims from GMP is shown in Table 8.

Table 8: HBA crimes per district

	2019/20	2020/21	2021/22	2022/23	2023/24	Total
Bolton	17	37	39	42	38	173
Bury	8	13	19	19	25	84
City of Manchester Central	8	23	34	26	37	128
City of Manchester North	33	32	41	53	44	203
City of Manchester South	20	24	18	17	28	107
Oldham	22	58	62	36	54	232

Rochdale	20	35	54	45	22	176
Salford	2	16	23	25	12	78
Stockport	11	19	23	15	18	86
Tameside	4	17	17	15	18	71
Trafford	9	27	15	8	12	71
Wigan	4	18	11	14	10	57
Total	158	319	356	315	318	1466

Source: GMP (2024)

- **FM crime distribution:** Similar patterns are seen in the reporting of FM crimes. The city of Manchester recorded the most FM crimes (central n=17, north n=32, south n=12), followed by Oldham (n=40), Bolton (n=15), and Rochdale (n=9). These figures, again, reflect the geographic concentration of reported FM crimes within the region.
- A breakdown of the geographical location of FM victims from GMP is shown in Table 9.

Table 9: Forced marriage crimes per district

	2019/20	2020/21	2021/22	2022/23	2023/24	Total
Bolton	1	1	2	2	9	15
Bury	0	0	2	2	2	6
City of Manchester Central	1	2	2	5	7	17
City of Manchester North	9	0	5	6	12	32
City of Manchester South	2	3	0	3	4	12
Oldham	0	3	10	9	18	40
Rochdale	0	2	0	5	2	9
Salford	0	0	1	1	0	2
Stockport	0	1	1	1	3	6
Tameside	0	0	0	3	2	5
Trafford	0	0	0	1	0	1

Wigan	1	0	0	3	1	5
Total	14	12	23	41	60	150

Source: GMP (2024)

- **FGM crime distribution:** Specific details on the geographical distribution of FGM cases within Greater Manchester are not available. However, the North West has consistently been the third-highest region in the UK for FGM cases. NHS data shows that between April 2023 and March 2024, 1,090 individual women and girls with FGM were recorded in the North West, making it the third-highest region after London and the Midlands.

2.6 Types of abuse experienced

So called “honour” based abuse (HBA) shares many similarities with other forms of child abuse or domestic violence. It can be inflicted in various ways and to differing degrees, ranging from subtle monitoring of a victim’s behaviour to premeditated violence or killings.

The key difference between HBA and other forms of domestic abuse is the number of perpetrators involved and their motivation for harming the victim. HBA victims, most often girls and women, are warned or punished when they are perceived (or it is implied by gossip) to be behaving 'dishonourably,' thereby bringing ‘shame’ onto their family.

Examples of behaviour that might be perceived as "shameful" or "dishonourable" are listed in Box 1. Notably, females may be accused and punished for any of these behaviours, while males are more likely to be punished for the last three examples.

Box 1: Examples of ‘shameful’ or ‘dishonourable’ behaviour perceived to break honour codes:

- Loss of virginity outside marriage.
- Extramarital relationship.
- Insulting a family member.
- Seeking a divorce.
- Rebelling against traditional forms of behaviour, dress, or occupation.
- Refusing or leaving a forced marriage.
- Homosexuality and/or transgender identity.
- Criticising community leaders or practices.
- Apostasy (actual or perceived).²³

²³ Studies with apostates, individuals who reject or cease to follow a religious faith, recognise them as a hidden population of abuse victims. Apostasy-related harm is often associated with HBA, which occurs across the Eastern Mediterranean, Middle East, and North Africa, and is also seen in some Protestant Christian subcultures. Crucially, such abuse is common to all Abrahamic religions, rather than Islam alone. See: Parekh, H., & Egan, V. (2020). *Apostates as a Hidden Population of Abuse Victims*. *Journal of*

Home Office statistics provide insight into the types of HBA victims have experienced in England and Wales.²⁴ Between 2019 and 2024, a total of 13,213 HBA offences were recorded by the police, categorised by offence type. Of these, 2.6% (324 cases) were for FGM, and 5.9% (779 cases) were for forced marriage offences. During this five-year period, 12,093 other HBA-related offences were tagged, the average proportion of which, by offense category, were as follows:

- Controlling and coercive behaviour: 17.5%
- Assault without injury: 16.2%
- Assault with injury: 15.2%
- Threats to kill: 8.6%
- Kidnapping: 7.8%
- Malicious communications: 6.4%
- Rape of a female aged 16 and over: 6%
- Harassment: 4.8%
- Stalking: 5%
- Cruelty to children/young persons: 2%
- Public fear, alarm, or distress: 1%
- All other offences: 11.6%

These figures highlight the diverse range of HBA offenses committed against victims. To better understand victims' lived experiences, research studies have classified these offenses into four broad categories: 1) symbolic, 2) psychological, 3) social, and 4) physical violence, each outlined below.

Symbolic violence

Symbolic violence involves the imposition of social and gender norms on victims. Girls are socialised to be obedient and learn that their chastity is a symbol of family honour. Symbolic violence includes nonverbal messages, body language, and emotional cues that convey how a victim is expected to behave. Symbolic violence is often subtle and can be internalised by victims from a young age. This type of violence shapes a victim's understanding of their role and place within the family and community.

There are no formal statistics on symbolic violence as it is often subtle and not directly reported as a crime. However, research studies provide insight into the pressures resulting from symbolic violence directly linked to codes of honour within families and its impact on the most vulnerable: young South Asian women. Research conducted in Manchester found that South Asian women aged 16-24 are more likely to self-harm

Interpersonal Violence, 36(23–24), 11681–11703. Available at:
<https://journals.sagepub.com/doi/10.1177/0886260519898428>

²⁴ Home Office (2024). *Statistics on so called 'honour-based' abuse offences, England and Wales*. Available at: <https://www.gov.uk/government/collections/statistics-on-so-called-honour-based-abuse-offences-england-and-wales>

than white women of the same age group and are significantly more likely to report family relationship problems.^{25 26} These included:

- The concept of family honour.
- Changing roles and status of women.
- Pressures on women to behave according to community and religious values.
- Family friction and tension.
- Communication and generational problems.
- Different degrees of acculturation within families.

Research conducted in Manchester on Charedi women's maternal health indicated that 'sexual intercourse is viewed as part of marital duty'. These perspectives are associated with strict modesty codes applied to Charedi girls, such as limited access to public libraries and restrictions on internet use.²⁷

Psychological violence

More overt than symbolic violence is psychological violence, which can involve emotional and mental abuse intended to manipulate and control victims.

Like other forms of child abuse or domestic violence, HBA may involve a victim being subjected to verbal abuse, such as insults and threats. Perpetrators may also use emotional manipulation, guilt, and emotional blackmail to control the victim's behaviour and prevent them help-seeking.

Unlike other forms of child abuse or domestic violence, HBA often includes collective controlling and coercive behaviour, such as the everyday monitoring of a victim's behaviour. Community gossip and public shaming can be a powerful tool of collective coercive control, impacting victims through constant surveillance inside and outside their homes. While this form of psychological violence can be subtle, it can have a cumulative and eroding impact on victims, who may be controlled through restrictions on their freedom, such as where they can go, who they can talk to, and what they are allowed to do.

The extent of this problem is highlighted by Home Office statistics, which reveal that controlling and coercive behaviour was the most common HBA-related offence recorded by police, accounting for a fifth of the offences. Over a five-year period, in all

²⁵ Cooper, J., Husain, N., Webb, R., Waheed, W., Kapur, N., Guthrie, E., & Appleby, L. (2006). Self-harm in the UK: Differences between South Asians and Whites in rates, characteristics, provision of service and repetition. *Social Psychiatry and Psychiatric Epidemiology*, 41, pp. 782–788. Available at: <https://link.springer.com/article/10.1007/s00127-006-0099-2>

²⁶ Chew-Graham, C. A., Bashir, C., Chantler, K., Burman, E., & Batsleer, J. (2002). South Asian women, psychological distress and self-harm. *Health & Social Care in the Community*, 10(5), pp. 339–347. Available at: <https://research.manchester.ac.uk/en/publications/south-asian-women-psychological-distress-and-self-harm-lessons-fo-2>

²⁷ Taragin-Zeller, L., & Kasstan, B. (2021). 'I didn't know how to be with my husband': State-religion struggles over sex education in Israel and England. *Anthropology & Education Quarterly*, 52(1), pp. 5–20. Available at: <https://anthrosource.onlinelibrary.wiley.com/doi/pdf/10.1111/aeq.12358>

but one year, controlling and coercive behaviour consistently remained the most commonly reported HBA-related offence.

While these statistics illustrate the prevalence of different forms of psychological violence, research studies have identified three levels at which coercive control can operate in the context of HBA²⁸:

- **Family level:** Control exerted within the immediate family, such as restrictions on a victim's movements, communications, and relationships.
- **Community level:** Control exerted by the wider community, often through gossip and surveillance, which can reinforce family-level control. This can have an accumulative and eroding impact on victims, who may be constantly monitored by relatives, peers, neighbours, and community members, both locally and in other regions, in person or online.
- **Macro Level:** Broader cultural and societal norms that support and normalise controlling behaviours, often relating to gender roles and expectations.

In the case study presented in Box 2, three South Asian victims (a mother and her two daughters) from Greater Manchester described their lived experience of controlling and coercive behaviour as a “living hell.” In Crown Court, the Judge referred to the “toxic and oppressive regime” created for them by their father and husband. This case illustrates how controlling and coercive behaviour can manifest in the context of HBA and its devastating impact on victims.²⁹

Box 2: Case study: Collective coercive control following disapproval of marriage choices

Background: Salamat Khan, a 64-year-old man from Oldham, was convicted of coercive control alongside his son, Abbas Khan, following their treatment of his wife and two of his daughters. The Crown Prosecution Service believed Mr Khan to be the first father convicted of this specific offence. The case highlights the severe emotional and psychological abuse inflicted upon family members when attempts at enforcing traditional practices, specifically arranged marriages, were resisted.

Key Features of the abuse: The coercive behaviour, which occurred between December 2015 and June 2018, stemmed from Mr. Khan's disapproval of two of his daughters marrying men of their own choice. As a consequence, these daughters were effectively "cast out" from the family and deemed "dead" to them. This stance then extended to two other unmarried daughters, Madina and Maryha Khan, upon whom Mr Khan imposed an increasingly restrictive "traditional" regime.

²⁸ Mayeda, D. T., Cho, S. R., & Vijaykumar, R. (2019). Honor-based violence and coercive control among Asian youth in Auckland, New Zealand. *Asian Journal of Women's Studies*, 25(2), pp. 159–179. Available at: <https://www.tandfonline.com/doi/full/10.1080/12259276.2019.1611010>

²⁹ BBC News (2019). *Oldham man who made his daughters' lives hell spared jail*. Available at: <https://www.bbc.co.uk/news/uk-england-manchester-49370983>

The abuses included:

- **Severe restrictions on freedom:** Madina and Maryha were not permitted to leave the house in the evening or to meet their friends.
- **Control over domestic duties:** They were made to undertake all cooking and cleaning for Mr. Khan.
- **Banning contact with sisters:** They were forbidden from seeing their two sisters who had married partners not "approved of" by their father.
- **Financial coercion:** Mr. Khan demanded that properties held in the names of female relatives be transferred to him and his son, Abbas.

Multiple perpetrators: A significant feature of this case, pertinent to understanding HBA, is the involvement of multiple perpetrators. Salamat Khan's son, Abbas Khan, aged 34 at the time, actively participated in the coercive control of his sisters. He echoed his father's sentiments, stating that their "rebel sisters" were not welcome in the family home because "They made their choices". Furthermore, Abbas Khan was also found guilty of common assault on his mother, Zahida Begum, during an argument regarding the property transfer, pushing her with such force that a cabinet fell off the wall.

Impact on victims: The sustained coercive control had a profound impact on the victims:

- **Daughters:** Madina and Maryha reported feeling as though they were "living in a prison" due to the extreme restrictions placed upon their lives. This vividly illustrates the severe emotional and psychological distress caused by the abuse.
- **Mother:** Zahida Begum, Mr. Khan's wife of 50 years, was placed in an exceptionally difficult position, feeling "torn" between her husband and her daughters, who she described as her "only friends" in the UK. She also became a direct victim of her son's violence.

Pertinent details: The case highlights how disapproval of marriage choices that deviate from traditional expectations can trigger HBA within families, leading to severe restrictions and the severing of familial ties. It demonstrates that coercive control, a form of psychological abuse, can be a key tactic employed in situations where family expectations around marriage are challenged. The involvement of multiple family members as perpetrators, as seen with Salamat and Abbas Khan, is a recognised characteristic of 'honour'-based abuse, where the upholding of perceived family honour can relate to control over female relatives' lives and choices, including marriage. The case further highlights the complex dynamics within families experiencing such abuse, where the mother, despite being a victim herself, may feel conflicted in her loyalties.

The case study presented in Box 3 details the abuse suffered by Caroline Moher, a woman from Salford, who endured coercive control from her former husband, Alan Moher, through his refusal to grant her a Jewish divorce. In court, his actions were

recognised as a deliberate attempt to "manipulate and control her all in the knowledge that it would substantially impact her mental health and in some respects also impact her physical health".³⁰ Caroline's situation is not unique, with reports indicating that over 100 women in the UK, particularly within the orthodox Charedi Jewish community, are believed to be trapped as "chained wives" in similar religious marriages.³¹ This case illustrates how the withholding of a religiously mandated divorce document can manifest as coercive control, inflicting significant harm on the victim even after a civil divorce.

Box 3: Case study: 'Chained Wife': Withholding religious divorce as coercive control

Background: Alan and Caroline Moher separated in 2016 and obtained a civil divorce. However, Alan Moher refused to grant Caroline a "get", a Jewish divorce document required under orthodox Jewish law for her to be considered divorced within their religious community. This meant she was unable to remarry, have more children, or enter into a relationship with another man according to her faith. Mr Moher, from Salford, was later jailed after admitting coercive behaviour between 2016 and 2021 linked to withholding the "get".

Key features of the abuse:

- **Coercive control:** Mr Moher withheld the "get" to maintain control over his ex-wife's life, knowing it would significantly impact her mental and physical health. He offered her a lower financial settlement in the civil divorce if she did not pursue the "get". The court also heard of previous instances of his psychological and emotional abuse, including a text message following her suicide attempt and telling her to "curl up and die" after receiving a solicitor's letter.
- **Religious and social constraints:** The requirement of a "get" within orthodox Judaism created a situation where he could exploit religious law to control his former wife, highlighting how religious and social norms can be misused in coercive ways. Without the "get," Caroline remained a "chained wife" ("Agunot") within her community's religious framework, even after the civil divorce.

Impact on victim: Caroline described the experience of being still religiously married to her ex-husband as feeling like being in a "straitjacket" and dependent on her "captor" for freedom. The withholding of the "get" had a substantial negative impact on her mental health, contributing to a suicide attempt, and prevented her from moving on with her life within her religious community.

³⁰ BBC News (2022). *Man jailed for not granting Jewish divorce to wife*. Available at: <https://www.bbc.co.uk/news/uk-england-manchester-60957813>

³¹ BBC News (2021). *'My husband refused a divorce for nine years'*. Available at: <https://www.bbc.co.uk/news/uk-58334745>

Pertinent details: This case highlights how the withholding of a religiously mandated divorce document can be deployed as a tool of coercive control, even following a civil divorce. It demonstrates how perpetrators can exploit religious or cultural practices and norms to exert power and restrict the autonomy of their former partners. In the context of HBA, FM, and FGM, this case illustrates how control can extend beyond physical violence to encompass the manipulation of religious and social frameworks to inflict harm and restrict fundamental rights, such as the ability to remarry within one's faith. The significant negative impact on Caroline Moher's mental health, including a suicide attempt, underlines the severe consequences of such coercive actions. Furthermore, this "landmark case" led to recognition within statutory guidance under the Domestic Abuse Act that the withholding of a "get" can constitute domestic abuse, highlighting the evolving understanding of coercive control within legal frameworks. This case also reveals the potential for a victim to remain trapped within a religious framework even after legal proceedings, highlighting the importance of considering religious and cultural contexts when addressing abuse.

Social violence

Social violence encompasses daily 'honour'-based expectations that restrict a victim's actions and interactions.

Like other forms of child abuse or domestic violence, HBA may include isolation from family and friends, whereby victims may be cut off from their support networks, making them more dependent on and controlled by their abusers. It may also include limiting access to education and employment opportunities to reduce a victim's autonomy and financial independence.

Unlike other forms of child abuse or domestic violence, HBA is often linked with forced marriage, where victims are coerced into marriage against their will, often resulting in significant emotional and physical consequences. Sexual abuse is a frequent component of forced marriage, as victims may be forced into sexual activity with their spouse.

The extent of this problem is illustrated by official statistics. As detailed in section 2.5, between 2019 and 2024, the Home Office recorded 125 to 201 forced marriage offences each year.^{32,33} During the same period, the Forced Marriage Unit (FMU) recorded between 283 and 1,355 cases annually where they provided advice or support. From 2011 to 2023, the FMU has recorded a total of 13,909 cases where they

³² Home Office (2023). *Statistics on so called 'honour-based' abuse offences, England and Wales, 2022 to 2023*. Available at: <https://www.gov.uk/government/statistics/so-called-honour-based-abuse-offences-2022-to-2023/5117ed88-dd93-4f1c-a7b9-ce3e26006846>

³³ Home Office (2024). *Statistics on so called 'honour-based' abuse offences, England and Wales, year ending March 2024*. Available at: <https://www.gov.uk/government/statistics/so-called-honour-based-abuse-offences-year-ending-march-2024/statistics-on-so-called-honour-based-abuse-offences-england-and-wales-year-ending-march-2024>

offered assistance, highlighting the scale of the issue. While these statistics illustrate the prevalence of forced marriage, research studies report on the often-terrifying lived experience of victims, who are typically coerced into marriage against their will.³⁴

Forced marriage is associated with:

- **Mental health issues:** Victims often experience significant mental health problems, such as depression, anxiety, and post-traumatic stress disorder.
- **Self-harm and suicide ideation:** There is a higher likelihood of self-harm and attempts at suicide among victims of forced marriage compared to their counterparts.
- **Physical health problems:** Victims may suffer from physical health issues due to the stress and trauma associated with forced marriage.
- **Social isolation:** Victims often face social isolation, as they are cut off from friends and family.

Other abusive elements that may be uniquely associated with HBA, and/or forced marriage include:

- **Transnational marriage abandonment (TMA) or "stranded spouses":** TMA refers to situations where an individual is brought to another country for marriage, then abandoned without resources, leaving them isolated and vulnerable. TMA primarily affects women who may be left in another country, often detained against their will, with their documents withheld or destroyed, making them unable to return to the UK. Both forced marriage and TMA involve controlling and coercive behaviour. Victims of forced marriage may face abandonment if they resist or attempt to leave the marriage, while those abandoned transnationally are often left without support and legal protection.
- **Dowry abuse** is also linked with transnational abandonment and is commonly reported by South Asian victims of "honour" abuse. It can include physical, emotional and financial abuse or harassment, and can take place before, during or after the marriage.

The tragic case of Nadia Menaz from Greater Manchester, described in the case study (Box 4) is a further illustration of how family pressures and the threat of forced marriage can severely impact a victim's mental health, and can even result in death.³⁵

Box 4: Case study: Forced marriage

Background: Nadia Menaz, a 24-year-old model and former army cadet from Oldham, took her own life after enduring significant pressure and distress. She was married in an Islamic ceremony to Umar Rasool, but this union was not legally recognised in the UK.

³⁴ Khan, R. (2024). *The Psychology of Honor Abuse, Violence, and Killings*. Routledge. Available at: <https://doi.org/10.4324/9781003299950>

³⁵ Oldham Evening Chronicle (2015). *Tragic mum's life of trauma*. Available at: <https://www.oldham-chronicle.co.uk/news-features/8/news-headlines/94926/tragic-mum%E2%80%99s-life-of-trauma>

Her family disapproved of her marriage and allegedly attempted to force her into another marriage.

Key features of the abuse:

- **Forced marriage attempt:** Nadia's family was allegedly trying to force her into a different marriage, leading her to seek a Forced Marriage Protection Order against them.
- **Family disapproval:** Her family did not approve of her marriage to Umar Rasool.
- **Legal and family pressures:** Nadia was due to testify in court against her brother for assault and was under pressure from the Forced Marriage Protection Order, impacting her mental health.
- **Mental health:** Nadia suffered from severe depression and frequently self-harmed and was being treated by psychiatrists.
- **Conflicting family accounts:** Nadia's parents initially denied knowledge of the protection order, but later admitted they knew about it. They also claimed she was killed by a third party, not by her own hand.
- **Traumatic history:** Nadia had a history of trauma from her childhood, including finding out her 'parents' were actually her aunt and uncle, and also being the victim of a sexual assault.

Impact on victim: Nadia experienced significant distress and mental anguish as a result of her family's disapproval of her marriage to Umar and their alleged attempts to force her into another marriage. This intense family pressure and the threat of a forced marriage led Nadia to seek a Forced Marriage Protection Order against her family, indicating her profound fear and desire to avoid the unwanted marriage. Tragically, the cumulative effect of this pressure and distress culminated in Nadia's death by suicide. Her history of trauma likely exacerbated her vulnerability in this situation. The case tragically illustrates the devastating emotional and mental toll that forced marriage and the lack of acceptance of her chosen partner had on Nadia.

Pertinent details: Nadia experienced significant familial opposition to her marriage to Umar Rasool, a union conducted under Islamic rites but not legally recognised in the UK. This disapproval allegedly manifested in attempts by her family to compel her into a different marriage, leading her to pursue a Forced Marriage Protection Order. Alongside this, Nadia faced the additional strain of impending court testimony against her brother for assault. Her documented history of severe depression, self-harm, and ongoing psychiatric care indicates a pre-existing vulnerability that was likely exacerbated by these circumstances. Conflicting accounts emerged from her parents regarding their knowledge of the protection order and the cause of her death, which was ultimately ruled a suicide. Further compounding her distress was a history of significant personal trauma, including revelations about her parentage and experience of sexual assault. Tragically, the confluence of these factors – the alleged attempts at forced marriage, familial disapproval, legal pressures, and underlying trauma – created a context of intense and ultimately unbearable strain for Nadia.

Physical Violence

Physical violence can range from physical chastisement to injurious violence and premeditated killings. Home Office statistics show that, between 2019 and 2024, assault (with and without injury) was the second and third most prevalent type of HBA-related offence, following controlling and coercive behaviour. During this period, 13,213 HBA offences were recorded, with 16% being for assault with and without injury.

While there is no official data on ‘honour’ killings or ‘honour’ abuse related deaths, in Greater Manchester, the research exercise revealed several tragic cases that highlight the reality of this form of physical violence. These cases involved young South Asian women who were targeted by male family members for perceived breaches of "honour" codes. The perpetrators were frequently fathers, husbands, or brothers who claimed they were justified in their actions.

- **Shahida Mohammed**, 24, was murdered by her father in 2001 after he found her with a boyfriend. He stabbed her multiple times, claiming he had been provoked by her behaviour. He was jailed for life for the crime.
- **Uzma Arshad**, 32, was killed by her husband in 2006, along with their three children. He claimed he felt "totally justified" in killing them because he believed his wife had brought shame on the family through an affair.
- **Saiba Khatoon**, 26, was stabbed to death by her lover in 2012. She was also pregnant, and the murder occurred after her sister revealed her pregnancy to the perpetrator's wife. He claimed to have "snapped" during a fight and was jailed for a minimum of 21 years.
- **Rania Alayed**, 25, was murdered by her husband in 2013 for, he claimed, seeking independence and adopting a Western lifestyle. He was convicted of murder and received a life sentence. Her remains were found in 2025.
- **Hadir Al-Enezi**, 26, went missing in 2019, and is believed to have been murdered for having a secret relationship with another man. The investigation is ongoing.
- **Nadia Menaz**, 24, took her own life in 2015 after being pressured to enter a forced marriage. Her family denied trying to force her into a marriage, but she had taken out a Forced Marriage Protection Order against them.

These cases highlight the spectrum of abuse and violence linked to ‘honour’ killings, demonstrating the potentially fatal consequences for women perceived to have violated family and community codes of behaviour.

The tragic impact of physical violence related to HBA can also span generations and affect multiple family members. This is illustrated in the case of sisters Chamman Nisa and Siama Riaz, detailed in Box 5, which highlights the devastating and often fatal consequences for women seeking independence.

Box 5: Case study: Suspected 'honour' killings in Manchester

Background: Chamman Nisa, 21, and Siama Riaz, 33, were sisters residing in Manchester, both of whom experienced tragic deaths linked to suspected HBA. Chamman was found drowned in 2011, and Siama was murdered by her husband in 2017. Siama also struggled with her mental health following Chamman's death.

Key features of the abuse in Siama's case:

- **Family involvement/coercive control:** Prior to her murder, Siama was subjected to a 'family meeting' where she was 'taunted and humiliated' by members of Mohammed Choudhry's family regarding her affair.
- **Family control/isolation:** Choudhry's brother began to 'control' Siama's behaviour and who she could contact, isolating her and demonstrating family-driven coercive control.
- **Coercive control:** She described her husband's controlling behaviour as 'mental torture' contributing to her overall suffering.
- **Shame:** Siama experienced intense 'shame', a common factor in HBA cases, related to the perception of her actions bringing dishonour.
- **Extreme domestic violence:** Siama's murder, characterised by 75 stab wounds, signifies extreme domestic violence and a complete disregard for her life.

Key Features of the abuse in Chamman's case:

- **Cultural conflict:** Chamman was known to wear Western fashion, which contrasted with cultural expectations. This defiance of dress code expectations could have been perceived as a breach of family or community codes, potentially increasing her vulnerability.
- **Refuge seeking:** She sought refuge in a women's shelter.
- **Potential indicators of HBA/forced marriage:** Chamman expressed fears to the police of being forcibly sent to Pakistan. This, combined with her seeking refuge, suggests potential concerns about forced marriage or HBA.
- **Contextual family factors:** Her sister's subsequent murder by her husband introduces a potential pattern of abuse within the family or community.
- **Open verdict:** Her death was recorded with an open verdict.

Impact on victims: Both Chamman Nisa and Siama Riaz experienced profound negative impacts on their lives stemming from suspected 'honour'-based abuse. Chamman's fear of being forcibly sent to Pakistan was so intense that she sought refuge, indicating a significant loss of safety and autonomy within her family. Her subsequent drowning, though recorded as an open verdict, coupled with a note suggesting suicidal ideation, points to the severe psychological distress and despair she endured. Chamman's desire to embrace Western fashion and defy expectations

suggests a struggle for personal freedom and identity that was met with familial pressure.

Siama's experience was marked by an unhappy marriage from which she sought solace outside of it. Her sister's tragic death also had a significant impact on her mental health, indicating the intergenerational and interconnected nature of harm within families facing 'honour'-based abuse. Ultimately, Siama suffered a brutal and violent death at the hands of her husband for what he likely perceived as a breach of "honour," demonstrating the fatal consequences of these harmful codes. Both sisters were actively seeking happiness and independence, but tragically, their lives were cut short due to circumstances strongly linked to 'honour'-based violence. Their cases highlight the devastating emotional toll and the denial of fundamental rights, including the right to choose one's path in life, that victims of suspected 'honour'-based killings endure.

Pertinent details: Chamman Nisa's case raises serious concerns regarding potential forced marriage and acute psychological distress. Her expressed fear of being forcibly removed to Pakistan, coupled with her decision to seek refuge, indicates a significant perceived threat. The discovery of a note suggesting suicidal ideation points to severe mental anguish. The unresolved nature of her death, recorded with an open verdict, necessitates careful consideration of her stated fears within the context of her circumstances. The conflict surrounding her chosen attire suggests potential familial tensions related to cultural expectations.

Her sister, Siama Riaz's, subsequent violent death reveals a pattern of extreme violence within the family context, even without a definitive attribution of 'honour'-based motives. These cases collectively illustrate the severe risks women may face when seeking autonomy within restrictive cultural environments, and raise the possibility of potential systemic failings in protecting vulnerable women. The documented involvement of extended family members in Siama's experience demonstrates the collective nature of control and violence, highlighting the potential for abuse to extend beyond immediate relationships. The documented 'mental torture' and 'shame' experienced by Siama highlight the complex and multifaceted nature of the abuse. Finally, Siama's mental health decline following Chamman's death emphasises the profound and enduring trauma such incidents inflict upon families.

Given the diverse ways in which HBA manifests, ranging from subtle monitoring to physical violence and even killings, the impact on victims can be devastating and long-lasting, affecting their physical and mental well-being, social connections, and overall quality of life. Victims may experience emotional trauma, anxiety, depression, isolation, and a loss of autonomy, making it difficult for them to seek help or rebuild their lives. Early identification and intervention are key to preventing further harm and providing timely support to those at risk, necessitating a proactive approach that reaches out to communities where these practices are known to occur.

2.7 Identifying & supporting victims ‘at risk’

The significant underreporting of HBA, FM, and FGM, and the devastating impact of these crimes, means that identifying individuals who may be ‘at risk’ of these harmful practices is crucial for providing early intervention and preventing further harm. This requires a proactive approach that goes beyond responding to reported cases and focuses on reaching out to communities where these practices are known to be prevalent.

Factors that increase risk

While HBA, FM, and FGM can affect anyone, certain factors can increase an individual’s vulnerability:

- **Age:** This report identifies young women and girls as disproportionately affected by HBA and FM. However, the scoping and research exercise found that emerging trends suggest an increased risk for older women in forced marriage cases.
- **Gender:** Women and girls overwhelmingly bear the brunt of HBA, FM, and FGM, reflecting deeply ingrained gender inequalities and patriarchal norms. However, it is important to acknowledge that men can also be victims, particularly within the LGBTQ+ community.
- **Ethnicity:** While HBA, FM, and FGM can occur across all ethnic groups, the available data indicates a higher prevalence within certain Greater Manchester communities, particularly those of South Asian and Sub-Saharan African origin.
- **Family history:** Individuals with a family history of HBA, FM, and FGM are at increased risk, as these practices can be deeply ingrained within families and communities.
- **Immigration status:** Individuals with insecure immigration status, particularly those with no recourse to public funds, may be more vulnerable to exploitation and less likely to seek help due to fear of deportation.
- **Sexuality:** LGBTQ+ individuals, particularly those from communities where traditional gender roles and expectations are rigidly enforced, may face increased risk.
- **Disability:** Individuals with disabilities, particularly those with learning disabilities, may be more vulnerable to abuse and exploitation.

Strategies for identification

Proactive outreach and engagement with communities are essential for identifying individuals at risk:

- **Community partnerships:** Building strong relationships with community organisations, faith leaders, and cultural groups can help to build trust and create safe spaces for individuals to disclose concerns. However, these must be

carefully managed to avoid compromising on robust safeguarding and equality standards in favour of a ‘normal for them’ approach.³⁶

- **Awareness campaigns:** To effectively address HBA, FM, and FGM, strategically designed public awareness campaigns are essential. These initiatives should aim to educate individuals across diverse communities about these harmful practices, challenge the underlying harmful social norms, and promote pathways for reporting and seeking support. Particular emphasis should be placed on reaching communities with demonstrably low rates of reporting or those underrepresented in official statistics, as these may indicate a greater need for targeted outreach and engagement. By proactively including a variety of different communities as target audiences, awareness campaigns can ensure broader impact and address the specific cultural contexts and barriers that may prevent disclosure within these groups. This approach acknowledges that HBA, FM, and FGM are not confined to specific demographics and necessitates inclusive strategies to ensure all at-risk individuals are reached and supported.
- **Training for frontline professionals:** Comprehensive and ongoing training is essential for frontline professionals in healthcare, education, social services, and policing. This training must equip professionals with specialised knowledge and skills to identify risk factors and respond appropriately. A key component is enhancing cultural awareness and competency, including understanding cultural contexts and barriers to seeking help. Training should also cover intersectionality, victim identification, risk assessment, culturally sensitive support and referrals, immigration issues, and the need for specifically trained interpreters. Furthermore, it should emphasise disassociating race and culture from safeguarding procedures to avoid inaction due to racial anxiety.³⁷ The effectiveness of training programmes should be regularly evaluated.
- **School-based initiatives:** Schools play a vital role in identifying and supporting students at risk of HBA, FM, and FGM. This can be achieved through awareness programmes for students, comprehensive training for teachers and staff to recognise risk factors and respond effectively, and the establishment of confidential reporting mechanisms. Particular attention should be given to including independent faith schools in these initiatives to ensure consistent safeguarding across all educational settings. Schools should be community-facing, welcoming support from health, charities, and other organisations to speak to young people about violence against women. These initiatives should

³⁶ Fletcher, Y. (2021). ‘Normal’ for them: Controlling the narrative of forced marriage and delegitimising damage. LSE Religion and Global Society. Available at: <https://blogs.lse.ac.uk/religionglobalsociety/2021/02/normal-for-them-controlling-the-narrative-of-forced-marriage-and-deligitimising-damage>

³⁷ Racial anxiety refers to the heightened stress or uncertainty professionals may experience when interacting with individuals from marginalised communities. This can stem from concerns about unintentionally causing offence, navigating cultural differences, or addressing systemic inequalities. See: Godsil, R. D., Tropp, L. R., Goff, P. A., & Powell, J. A. (2014). *The Science of Equality: Addressing Implicit Bias, Racial Anxiety, and Stereotype Threat in Education and Health Care*. Perception Institute. Available at: <https://perception.org/publications/science-of-equality-vol-1>

form part of a long-term education programme aimed at children and young people, providing preventative education that connects with public awareness campaigns and informs young people about available support services. Effective implementation requires evidence-based programmes and the upskilling of educators. Signposting to support services within all educational contexts is also essential. Addressing gaps in current educational provision, particularly in independent faith-based schools regarding diversity and relationships education, is crucial for enhancing pupils' understanding of abuse and their rights.

Supporting at-risk individuals

Drawing upon the examples of good practice identified through the valuable contributions of participants in focus groups, surveys, and consultations, the following outlines a comprehensive approach to supporting individuals at risk of HBA, FM, and FGM. Recognising the importance of their lived experiences and professional insights, it is important to provide holistic and individualised support that mitigates potential harm and empowers them to seek safety and recovery. This requires a victim-centred approach that respects their agency and acknowledges their unique circumstances and intersecting identities. The following key elements are vital in supporting at-risk individuals:

- **Safety planning:** Collaboratively developing tailored safety plans is essential. These plans should provide practical strategies for escaping dangerous situations, accessing emergency support, and mitigating immediate risks, taking into account the individual's specific vulnerabilities and potential triggers.
- **Emotional support and counselling:** Providing timely access to specialist emotional support and counselling is vital to help individuals cope with the trauma of abuse, build resilience, and address the psychological and emotional impacts of their experiences. This support should be delivered by professionals with an understanding of the complexities of HBA, FM, and FGM.
- **Legal advice and advocacy:** Ensuring access to specialist legal advice and advocacy is critical for navigating complex legal issues, including immigration status, family law, child protection, and obtaining protection orders. Independent advocacy can empower victims to understand their rights and make informed decisions.
- **Safe accommodation:** In situations where immediate safety is compromised, providing access to secure and appropriate safe accommodation, such as refuges or emergency housing, is of utmost importance. This accommodation should be sensitive to the specific needs of diverse victim groups and available across the entire region.
- **Culturally responsive services:** Support services should be critically and actively responsive to the specific needs of diverse communities, involving language interpretation and culturally appropriate advocates. While partnerships with community organisations, including faith-based

organisations, can be valuable in building trust and understanding, it is important to approach these collaborations with a critical awareness of potential power imbalances and ensure they do not inadvertently overlook or reinforce harmful practices. Services must prioritise the safety and autonomy of individual victims, ensuring access to independent advocacy and actively working to challenge harmful cultural norms that perpetuate HBA, FM, and FGM, rather than simply mirroring existing community structures.

- **Peer support:** Facilitating access to peer support networks, delivered by individuals with lived experience of HBA, FM, and FGM, can offer invaluable understanding, empathy, and practical guidance. This can help reduce isolation, build trust, and empower victims in their recovery. Investment in and expansion of tailored peer support programmes is essential.
- **Financial and practical assistance:** Addressing the economic abuse often associated with HBA, FM, and FGM by providing access to financial assistance, advice on managing finances, and practical support with essential needs can be fundamental for enabling individuals to achieve independence and safety.
- **Immigration support:** For victims with insecure immigration status, specialist immigration advice and support is vital to address their unique vulnerabilities and barriers to accessing services. Professionals need to be aware of policies such as No Recourse to Public Funds (NRPF) and the limitations they impose.
- **Support for specific needs:** Services must be tailored to meet the specific needs of diverse groups, including children and young people, male victims, and LGBTQ+ individuals, who may face additional barriers and require specialist support. An intersectional approach is essential to address the multiple vulnerabilities these individuals may experience.
- **Building trust:** Service providers must prioritise building trust and rapport with at-risk individuals through a sensitive, patient, and non-judgmental approach. Recognising that disclosure is a process that may take time is essential.

Effective support for at-risk individuals requires a multi-agency approach involving collaboration and clear referral pathways between statutory and voluntary sector services.

2.8 Perpetrators

Several features distinguish ‘honour’-based abuse (HBA), forced marriage (FM), and female genital mutilation (FGM) from other types of domestic/child abuse. ‘Honour’-related crimes often involve multiple perpetrators and are usually carried out with the support/approval of family and/or community members. In justifying these crimes, perpetrators often allege that a person (i.e., the victim, typically female) has acted dishonourably or is at risk of doing so.

Who are the perpetrators of HBA?

In Greater Manchester, a diverse city-region with a complex interplay of cultural norms, HBA manifests in ways that often involve a network of perpetrators. Understanding the

roles and potential motivations of these individuals is crucial for effective intervention and support for victims.

- **Family members as key perpetrators:** The research consistently indicates that family members are most frequently identified as perpetrators of HBA, FM, mutilation (FGM). This includes immediate family such as partners, parents (fathers and mothers), and siblings (particularly brothers), as well as extended family members and in-laws.
- **Male relatives:** Data from Greater Manchester Police (GMP) suggests that in HBA and FM cases, male relatives often act as primary abusers. This can include husbands/partners (current or former), fathers, brothers, uncles, sons, and cousins. As seen in tragic cases within Greater Manchester, such as those of Shahida Mohammed, Uzma Arshad, Saiba Khatoon, Rania Alayed, Hadir Al-Enezi, and Nadia Menaz, young women were often targeted by male family members for perceived breaches of ‘honour’ codes. GMP data from 2019-2024 shows that the highest risk groups for FM suspects are those in the 40-49 and 50+ age ranges, suggesting the involvement of parents and older relatives.
- **Female relatives:** It is also important to recognise the significant role that female family members can play in perpetrating or condoning HBA. Mothers and mothers-in-law are most often reported in this context, but sisters, aunts, and female relatives-in-law can also be involved. Research examining case files of female HBA perpetrators in the UK found that mothers were involved in 52% of cases, often using controlling behaviour and emotional manipulation, while mothers-in-law were more likely to use physical violence and entrapment.³⁸ These female relatives may act as controllers, collaborators, or may themselves be coerced into participating in the abuse. Their involvement can include using gossip and psychological abuse to condone the actions of male relatives.
- **The role of community members:** Beyond immediate and extended family, community members can also be implicated in perpetrating or condoning HBA. This can manifest as collective coercive control, where community gossip and surveillance exert powerful pressure on victims. This constant monitoring, whether in person or online, by relatives, peers, neighbours, and other community members, can have an accumulative and eroding impact on victims, creating a climate of fear and silence that makes seeking help incredibly difficult. The desire to protect the perceived ‘honour’ of the wider family or community can lead individuals to condone or even participate in abusive behaviours.

Perpetrator motivations in ‘honour’-based abuse

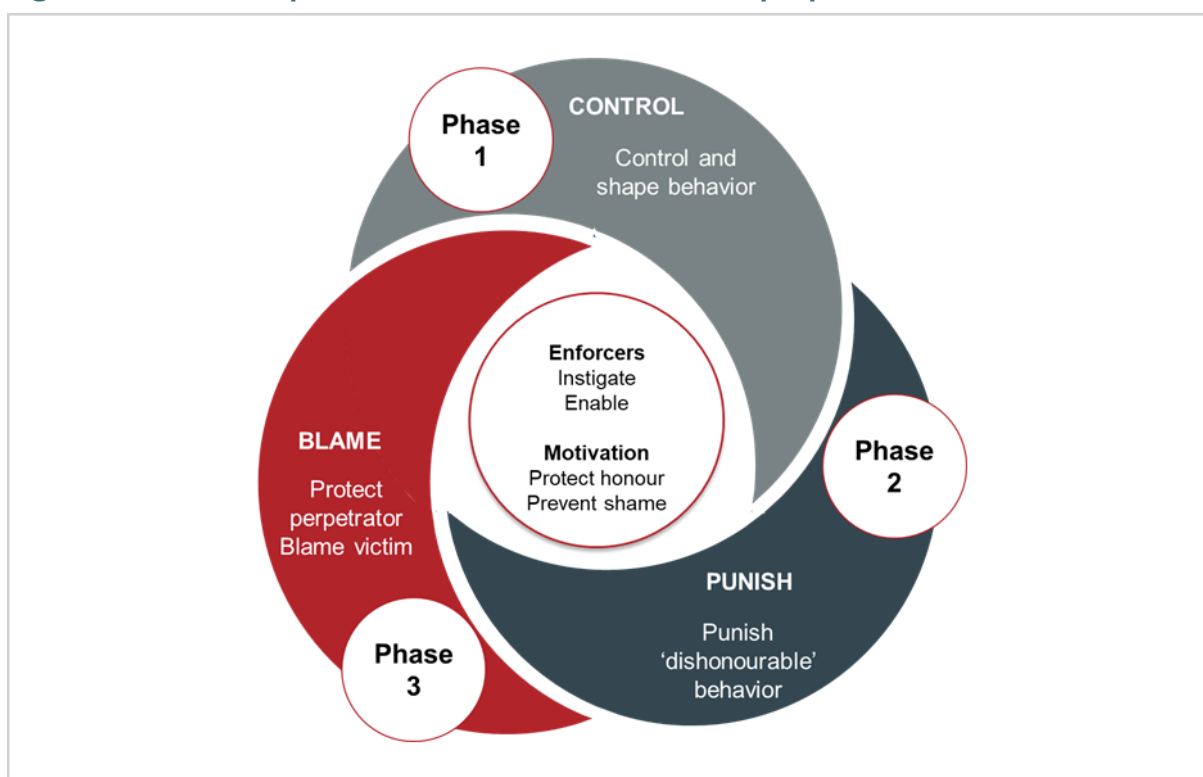
Understanding the motivations behind HBA is crucial to effectively tackling these harmful practices within Greater Manchester. While a simplistic view might attribute such abuse solely to cultural or religious traditions, a deeper analysis reveals a complex

³⁸ Bates, L. (2018). *Females perpetrating honour-based abuse: controllers, collaborators or coerced?* *Journal of Aggression, Conflict and Peace Research*, 10(4), 293–303. Available at: <https://doi.org/10.1108/JACPR-01-2018-0341>

interplay of factors rooted in a distorted sense of ‘honour’ and a powerful desire to control the behaviour and choices of individuals, particularly women and girls. Perpetrators often operate within a framework where the perceived reputation of the family and/or community takes precedence over individual rights and safety. This report recognises that the term ‘honour’ is often placed in quote marks to reflect victims' lived experiences of abuse and how perpetrators exploit this concept to rationalise their actions.

To provide a more nuanced understanding of these motivations, the three-phase model of ‘honour’ abuse perpetration (see Figure 4) offers valuable insights. This model outlines the progressive stages through which abuse can escalate, each driven by distinct underlying factors.

Figure 4. The three- phase model of “honour” abuse perpetration



Source: *The Psychology of Honor Abuse, Violence, and Killings* by Roxanne Khan, published by Routledge, 2025. ISBN: 9781032290812. Available at [Routledge](https://www.routledge.com/9781032290812).

Phase 1: Control and shape behaviour

In the initial phase, the primary motivation of those involved, often termed enforcers, is to proactively control and shape the behaviour of family members, particularly girls and women, to align with rigid gendered ‘honour’ codes. These codes often place a significant emphasis on female chastity and obedience to male authority. Enforcers, who can include fathers, brothers, and other male relatives, are driven by a desire to ensure that female relatives maintain their virginity and fidelity, thus upholding the family's ‘honour’ in the eyes of the community. Simultaneously, there is an expectation for boys and men to embody hypermasculine behaviours to protect the perceived

chastity of their female relatives. This phase involves a constant process of monitoring, scrutiny, and subtle coercion aimed at internalising these ‘honour’ codes. The motivation here is often preventative, seeking to avoid any behaviour that could be interpreted as ‘dishonourable’ and bring ‘shame’ upon the family. Both girls and boys are expected to publicly demonstrate adherence to these codes.

Phase 2: Punish ‘dishonourable’ behaviour

If a perceived breach of the ‘honour’ code occurs, or is even implied through gossip, the motivation shifts towards punishment. Instigators and enablers, who may act separately or collectively, are driven by the need to redress the perceived ‘dishonour’ and restore the family's public reputation. A wide range of behaviours can be deemed to break the ‘honour’ code, as demonstrated in the case studies in Section 2.6 of this report, including perceived loss of virginity outside marriage, extramarital relationships, rebelling against traditional norms, seeking divorce, or rejecting a forced marriage. The emotion of shame plays a significant role in this phase, with perpetrators often expressing a desire to be cleansed of the ‘shame’ brought upon them by the victim's actions. While they may claim to love and protect family members, this desire can be overridden by the perceived need to restore ‘honour’. Punishment methods can range from verbal threats and intimidation to severe physical violence, including premeditated killing, sometimes characterised by excessive force or ‘overkill’. Even those who may be pressured into punishing a victim may find their reputation enhanced within the community for restoring family ‘honour’. It is important to note that while females are often punished for a broader range of perceived infractions, males may be targeted for behaviours such as rejecting a forced marriage or for their sexual orientation.

Phase 3: Protect perpetrators and blame victims

In the final phase, the motivation centres on protecting the perpetrators and the wider enforcer network from the consequences of their actions, while simultaneously blaming the victim for the abuse. This phase is activated if the abuse is at risk of being exposed, either within the family and community or to external authorities. Strategies employed can include spreading misinformation, falsely incriminating the victim or those who try to help them, concealing the perpetrator, destroying evidence, and reframing the perpetrator's actions as justifiable or even as making them a victim. This aligns with psychological concepts such as neutralisation theory and moral disengagement, where perpetrators rationalise their violence by denying responsibility, denying injury, denying the victim, condemning the condemners, and appealing to higher loyalties. By blaming the victim, perpetrators seek to further absolve themselves of guilt and reinforce the narrative that their actions were necessary to restore ‘honour’.

It is important to recognise that various family members can be involved in perpetrating HBA, each with potentially differing roles. Brothers, for instance, are frequently reported as perpetrators, often playing a significant role in policing their sisters' behaviour and carrying out punishments. Mothers and mothers-in-law also play core roles, sometimes acting as controllers through emotional manipulation or collaborators by condoning or

even instigating abuse. In some instances, female perpetrators themselves may be victims of coercion. The involvement of multiple perpetrators is a distinctive feature of HBA.

In conclusion, the motivations behind ‘honour’-based abuse are multifaceted and deeply rooted in a desire for control and the upholding of a distorted concept of family and community ‘honour’. The three-phase model highlights the progression from controlling behaviour to punitive measures and ultimately to the protection of perpetrators through victim-blaming. It is vital to understand that these actions, while often justified by perpetrators through cultural or religious rhetoric, are fundamentally about power and control and should not be mistaken for legitimate cultural or religious practices. Furthermore, focusing solely on cultural explanations risks overlooking individual differences and psychosocial factors that contribute to perpetration. Effective strategies to address HBA in Greater Manchester must therefore acknowledge this complexity and move beyond simplistic explanations.

Data on perpetrators

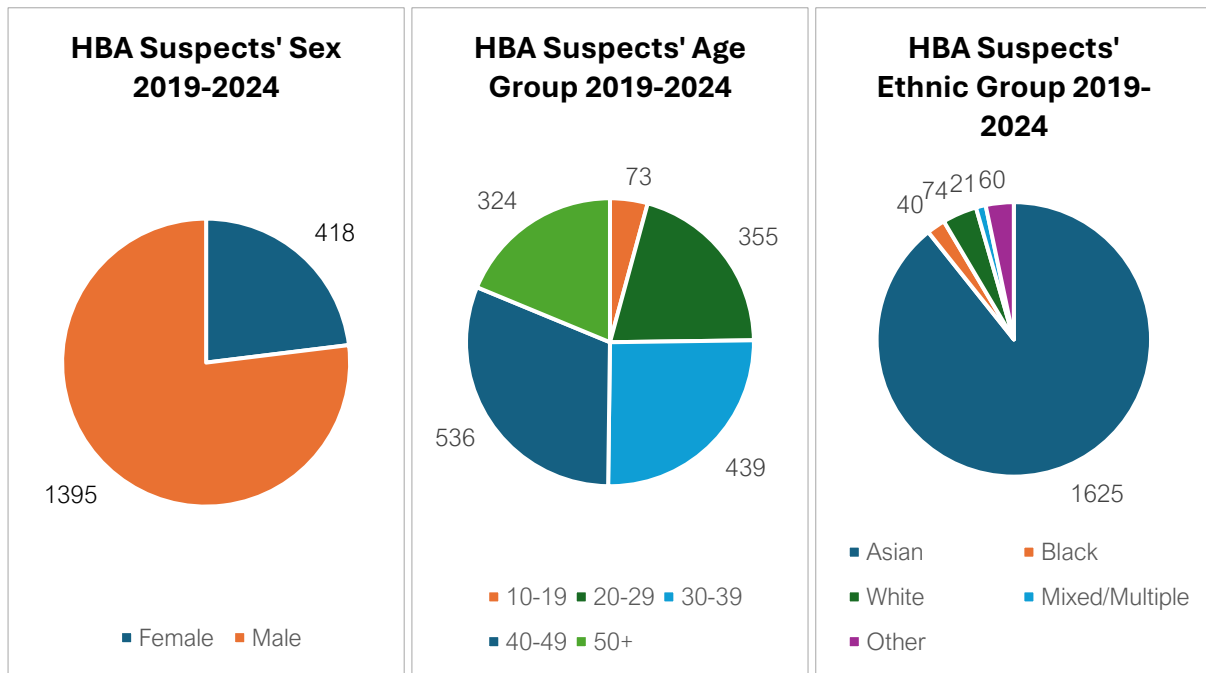
Following the insights into the motivations driving those who perpetrate HBA, FM, and FGM, the following sections present the available data. It is important to note at the outset that research in Greater Manchester, mirroring national trends, has yielded limited comprehensive data specifically concerning perpetrators. This scarcity of detailed information hinders a complete understanding of the profiles, methods, and networks of individuals involved in these harmful practices within the region. Consequently, while the data presented offers some valuable indicators, it is important to recognise that our understanding of perpetrator behaviours remains incomplete, which poses challenges for developing targeted interventions and strategies aimed at holding them accountable and preventing future harm in Greater Manchester.

Data on HBA perpetrators

- **Greater Manchester Police (GMP) data:** Data gathered by GMP, as part of the scoping and research exercise, shows that between 2019 and 2024, the majority of suspects, where known, in HBA cases were male (77%).
- The age groups of HBA suspects show that the highest risk groups are those in the 30-39 years (25%), and the 40-49 years age (31%).
- There are fewer suspects in the younger (10-19 years) age group. However, it is important to note that approximately 14% of suspects' ages were unknown.
- The GMP data regarding the ethnic groups of HBA suspects, where known, indicates that the highest risk group is individuals identifying as Asian (British, Pakistani, Bangladeshi, Chinese, Other). This group accounts for a total of 89% suspects, a significantly larger number than other ethnicities.
- While the Asian community shows the highest number of suspects, other ethnic groups are also represented: 4% of suspects identified as White (British, Irish, Gypsy or Irish Traveller, Roma, Other); 3% as "Other Ethnic Group (Arab); 2% as Black (British, Caribbean, African, Other); and 1% as Mixed/Multiple.

- Additionally, the ethnicity was unknown for 11% of suspects. Though the numbers are lower compared to the Asian community, the data highlights that HBA is not limited to one ethnic group.
- A breakdown of the sex, age, and ethnic group of HBA suspects from GMP is shown in Figure 5:

Figure 5. HBA suspects' sex, age and ethnic group (where known) 2019-2024

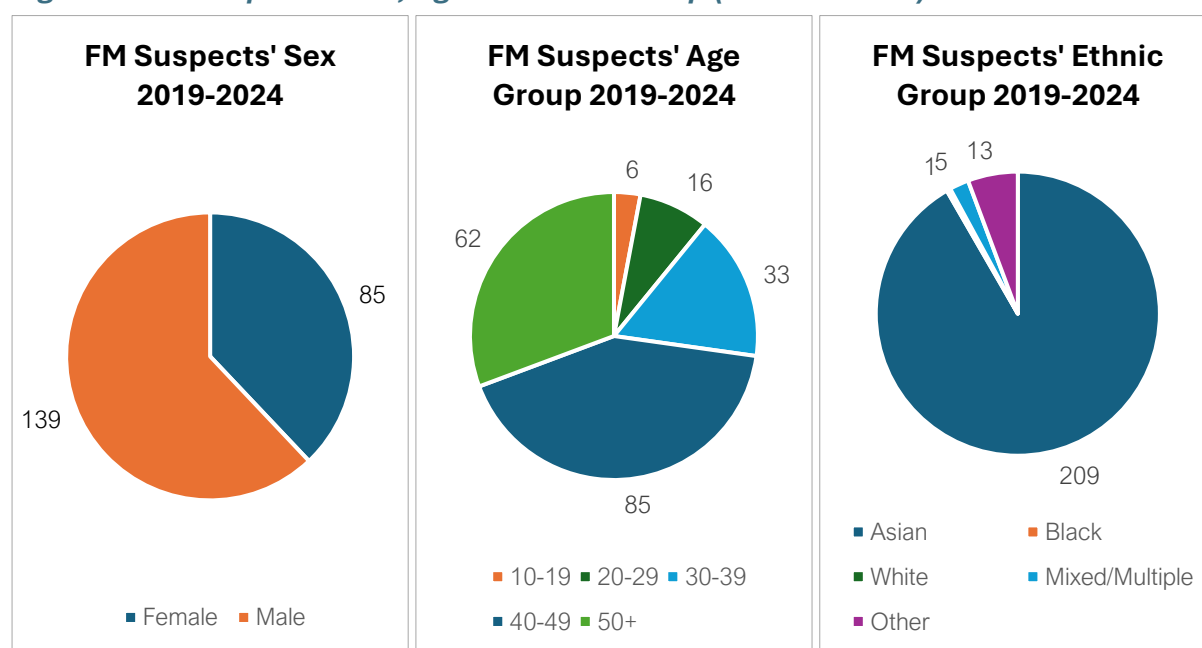


Source: GMP (2024)

Data on FM perpetrators

- **Greater Manchester Police (GMP) data:** While the GMP data indicates that the majority of FM suspects were male (62%), a notable proportion were female (38%). This is different to HBA offences, which are largely male. The higher percentage of female suspects in FM cases suggests that FM perpetration is less gendered than HBA crimes.
- The data shows that the highest risk groups for FM suspects are those in the 40-49 years age range (31%), and those aged 50+. Given that the highest risk group of victims is 10-19 years old, it's reasonable to infer that perpetrators are likely to be fathers, mothers, and older relatives.
- The GMP data shows that the highest risk group (92%) is individuals identifying as Asian (British, Pakistani, Bangladeshi, Chinese, Other). This aligns with the broader trend of FM disproportionately affecting those from South Asian communities. However, it is important to remember that FM can occur across all ethnic and cultural groups, and this data may not fully capture the diversity of perpetrators.
- A breakdown of the sex, age, and ethnic group of FM suspects from GMP is shown in Figure 6.

Figure 6. FM Suspects' Sex, Age and Ethic Group (where known) 2019-2024



Source: GMP (2024)

Data on FGM perpetrators

A significant obstacle to understanding and addressing FGM in the United Kingdom is the severely restricted availability of comprehensive data on its perpetrators. This scarcity of data is primarily due to the extremely low number of successful prosecutions since the practice was criminalised in 1985. Notably, for a considerable period following the law's enactment, there were no successful convictions for this grave offense. The first successful prosecution in the UK for performing FGM only occurred in February 2019. Following this landmark case, the number of successful prosecutions has remained exceptionally low. As of 2021, there had been only this single conviction for performing FGM within the UK. The subsequent convictions in October 2023 and September 2024 for assisting FGM abroad and conspiracy to commit FGM, respectively, while crucial, highlight the continued rarity of successful legal outcomes in FGM cases. This prolonged absence of successful prosecutions for over three decades after criminalisation has been a primary driver of the limited data available on FGM perpetrators.

The few successful prosecutions, while significant milestones, offer limited insight into the broader picture of FGM perpetration in the UK:

- February 2019: First conviction for performing FGM:** This landmark prosecution saw a mother convicted for performing FGM on her three-year-old daughter within the UK.³⁹ This marked the first successful prosecution for the

³⁹ The Guardian (2019). *Mother of three-year-old is first person convicted of FGM in UK*. Available at: <https://www.theguardian.com/society/2019/feb/01/fgm-mother-of-three-year-old-first-person-convicted-in-uk>

direct act of performing FGM in the UK, highlighting the potential role of parents in the perpetration of this crime.

- **October 2023: Conviction for assisting FGM abroad:** The Crown Prosecution Service (CPS) reported the conviction of a woman for assisting in the FGM of a three-year-old British child, where the procedure took place in Kenya.⁴⁰ This was the first conviction for assisting FGM that occurred outside the UK against a UK resident, illustrating the involvement of individuals in arranging FGM across borders.
- **September 2024: Conspiracy to commit FGM and forced marriage:** The CPS detailed the case of a man convicted of conspiracy to commit FGM and forced marriage.⁴¹ He orchestrated the travel of a young girl to Iraq for FGM and forced marriage. This first-of-its-kind conviction in England and Wales for conspiracy to commit FGM underscores the potential involvement of male family members and the intersection of FGM with other forms of abuse. He was sentenced to 4 and a half years imprisonment.

These three landmark cases, while vital in demonstrating that perpetrators can be brought to justice, remain isolated instances and highlight the persistent lack of comprehensive data on FGM perpetration in the UK.

Given that the highest risk group of victims is under 10 years old, it is reasonable to infer that perpetrators are highly likely to be individuals in close familial relationships with these young girls, most notably mothers and fathers. The intimate nature of the crime against such young and vulnerable individuals strongly suggests parental involvement in either directly performing the act or arranging for it to be carried out.

However, this inference must be approached with caution due to the severely limited data available. Drawing definitive conclusions about the demographics and motivations of FGM perpetrators based on so few prosecutions carries the risk of oversimplification and potential bias.

As highlighted previously (Section 2.3), one of the key challenges in estimating the prevalence of FGM is the significant role played by elder women within communities where the practice occurs. Often mothers themselves, as well as other senior female relatives, are the individuals who frequently perform or actively arrange for FGM to take place. This dynamic illustrates the complex social and cultural factors that can drive the perpetuation of FGM within families and communities, and the potentially influential role of elder women.

The extremely limited prosecution data on FGM perpetrators in the UK necessitates a cautious approach when attempting to identify their characteristics. While the age of

⁴⁰ Crown Prosecution Service (2023). *Woman convicted of aiding FGM of young girl abroad in legal first*. Available at: <https://www.cps.gov.uk/cps/news/woman-convicted-aiding-fgm-young-girl-abroad-legal-first>

⁴¹ Crown Prosecution Service (2024). *Jail for legal first female genital mutilation conspiracy*. Available at: <https://www.cps.gov.uk/east-midlands/news/jail-legal-first-female-genital-mutilation-conspiracy>

the highest-risk victim group (under 10) logically points towards the potential involvement of parents, particularly mothers and fathers, this remains an inference based on the nature of the crime rather than extensive empirical evidence from prosecutions. Additionally, the acknowledged role of elder women within communities in performing or arranging FGM adds another layer of complexity. The continuing scarcity of successful prosecutions remains a critical obstacle to building a more comprehensive understanding of who perpetrates FGM in the UK and developing more effective prevention and intervention strategies.

Barriers to prosecution

One significant factor impacting prosecution is the young age of many victims at the time the abuse occurs. This is particularly true for FGM, which is overwhelmingly performed on girls under 10 (where the age is known). Similarly, HBA and FM often affect younger individuals. This immaturity means that many victims are unlikely to recognise they are victims of a crime, and may not disclose their experiences until well into adulthood. This delay can severely impact the availability of evidence and witnesses, making successful prosecution difficult.

Beyond the issue of delayed reporting, there are numerous other significant barriers to prosecution:

- Underreporting remains a critical obstacle. Victims are often afraid of the severe repercussions from their families and communities if they were to report. This fear, compounded by potential shame and cultural pressures, results in a low number of cases ever reaching the authorities.
- Even when cases are reported, a lack of adequate victim support and protection can lead victims to withdraw their cooperation. Without assurance of their safety and appropriate resources, pursuing prosecution can feel too risky and re-traumatising for the victim.
- The complexities surrounding cultural sensitivity also present considerable hurdles. Professionals may be hesitant to correctly identify and classify cases as HBA, FM, or FGM due to a lack of clear definitions and a fear of being perceived as racist or culturally insensitive. This can lead to misclassification as general domestic abuse, obscuring the specific nature and drivers of the abuse. Furthermore, a lack of understanding among professionals about the cultural context of these harmful practices can result in missed opportunities for effective intervention and support, which are crucial for a victim to engage with the justice system.
- The lack of a clear and consistent statutory definition of HBA across the UK creates further difficulties for police and other agencies in identifying, recording, and ultimately prosecuting these cases. The inconsistent application of HBA-related identifiers by police forces means many incidents are likely recorded under broader categories like domestic abuse, leading to an underestimation of the true prevalence and potentially hindering appropriate prosecution pathways. There can also be a reluctance to explicitly label cases as HBA even when

indicators are present, potentially due to the aforementioned concerns about cultural sensitivity.

- From the victim's perspective, there can be a strong reluctance to involve external authorities in what is perceived as a private family matter, driven by a desire to protect family honour and reputation.
- Language barriers and a lack of access to culturally competent interpreters with specific training on HBA, FM, and FGM can severely impede a victim's ability to report the abuse and effectively engage with the investigation and prosecution process.
- A victim's insecure immigration status can generate significant fear of engaging with the police and statutory services, further contributing to underreporting and hindering prosecution. The No Recourse to Public Funds (NRPF) policy exacerbates this vulnerability by limiting access to essential support and safe escape routes, indirectly impacting their ability and willingness to pursue legal action.
- Mistrust of police and statutory services is another significant impediment. Survivors may have had negative experiences or perceive the authorities as unhelpful or unsympathetic, making them reluctant to come forward or cooperate with investigations.
- Finally, the lack of adequate protection and safe accommodation for victims can force them to prioritise their immediate safety over pursuing prosecution, potentially leading them to withdraw their support for a case.

As the scoping and research exercise demonstrates, the barriers to prosecuting HBA, FM, and FGM are multifaceted and interconnected, stemming from individual fears, societal pressures, systemic issues within the justice system, and a lack of consistent understanding and response from professionals. Addressing these barriers requires a comprehensive and culturally sensitive approach that prioritises victim safety and empowerment alongside robust legal frameworks and consistent enforcement.

Addressing perpetrator behaviour

While the scoping and research exercise found that there is limited information about successful work with perpetrators, it offered valuable insights into the challenges and potential approaches:

- **Challenging harmful norms:** It is essential to challenge the harmful social norms and beliefs that underpin HBA, FM, and FGM. This requires addressing the root causes of these practices, including gender inequality, patriarchal attitudes, and the misuse of culture and religion to justify abuse.
- **Education and awareness:** Regarding addressing perpetrator behaviour through education and awareness, a key suggestion from a focus group participant was to educate community leaders to disseminate information in a culturally appropriate and sensitive way, addressing "traditional views" that underpin HBA. This highlights the importance of community engagement in shifting attitudes and promoting gender equality, as also emphasised in the

broader discussion around culturally responsive services and working with community organisations. Feedback mechanisms should be established to ensure ongoing learning and improvements, and impact can be assessed through metrics such as increased community knowledge, positive changes in attitudes, and data on the reach and effectiveness of campaigns.

- **Working with men and boys:** Engaging men and boys in challenging patriarchal attitudes and promoting respectful relationships is vital. This involves creating spaces for dialogue, promoting positive role models, and challenging harmful masculinity norms. Greater Manchester has launched a gender-based violence plan for men and boys, recognising the need to engage men in addressing violence against women and girls.
- **Accountability and justice:** Holding perpetrators accountable for their actions through effective policing and prosecution is essential for deterring future abuse and protecting victims. However, achieving justice can be challenging. A participant in a focus group discussion highlighted the reluctance to label cases as HBA, even when there are strong indicators. This hesitancy, coupled with victims' reluctance to come forward, can lead to a watering down of the issue and a lack of strong messages from institutions like the police.
- **Holistic family approach:** While recognising the risks involved, some service providers believe in the potential of a holistic family approach. One focus group participant emphasised the importance of supporting family members who are not perpetrators but are affected by the abuse. She suggests providing a basic understanding of how to help these individuals while maintaining a safe distance from the perpetrator.
- **Culturally sensitive interventions:** Recognising the cultural context of HBA, FM, and FGM is essential. This involves working with community leaders and faith-based organisations to challenge harmful interpretations of tradition and promote positive change. One focus group participant highlighted the importance of delivering training in a way that does not “other” particular groups. She advocates for framing HBA within the broader context of violence against women and girls to avoid blaming specific communities. Another stakeholder added that naming the practices that are problematic rather than attributing them to a specific community can be a helpful way to promote understanding.

Addressing the issue of perpetrators requires a multipronged approach that combines prevention, intervention, and support services. By working to change societal attitudes and behaviours, supporting victims, and holding perpetrators accountable, GMCA can work towards creating a society where these harmful practices are no longer tolerated.

2.9 Key considerations for effective service delivery

A significant challenge in effectively addressing HBA, FM, and FGM is the inherent difficulty in accurately determining their prevalence due to underreporting and inconsistent data collection. Commissioners must therefore recognise that reported cases likely represent only a fraction of the actual need. This limitation in current data collection significantly impedes a comprehensive understanding of these issues. Commissioners and service providers should work collaboratively to improve data recording mechanisms, ensure consistency in definitions of HBA, FM, and FGM across all agencies, and mandate the recording of ethnicity data to better identify trends and inform service needs. This will contribute to a more accurate picture of victimisation and enable more effective resource allocation.

The diversity of victims is a key consideration. While data indicates that South Asian women and girls are disproportionately affected by HBA and FM, and individuals from Black African communities by FGM, services must avoid making assumptions. Support must be accessible and culturally sensitive to all individuals across Greater Manchester, including men and LGBTQ+ individuals, and should adopt an intersectional approach that acknowledges the interplay of vulnerabilities such as age, ethnicity, immigration status, disability, and sexual orientation.

Service delivery models need to recognise that abuse in HBA, FM, and FGM contexts is multifaceted, extending beyond physical violence to encompass significant emotional, psychological, social, and economic harm, often involving coercive control. Training for all professionals must equip them to identify these diverse forms of abuse, and services should provide holistic support that addresses the complex and interconnected needs of victims.

Proactive identification of individuals ‘at risk’ is paramount for early intervention. Commissioners and service providers should support initiatives that facilitate safe and culturally appropriate outreach to communities where these practices are known or suspected to occur. Understanding triggers, such as disapproval of marriage choices, can inform preventative strategies and targeted support.

When addressing perpetrators, it is vital to acknowledge that they are often family members acting with perceived community support. While male relatives are frequently the primary abusers in HBA and FM, the involvement of female family members must not be overlooked. Due to the current scarcity of detailed data on perpetrators, further research is needed to better understand their profiles and motivations within the Greater Manchester context to inform targeted intervention and accountability measures. Given that victims, and indeed potentially perpetrators and affected families, reside across all ten boroughs of Greater Manchester, commissioners must ensure that services are geographically accessible across the entire region, and that inconsistencies in provision between different areas are addressed. This includes

ensuring access to specialist support and culturally sensitive services regardless of where a victim lives.

Furthermore, the complex family dynamics inherent in cases of HBA, FM, and FGM necessitate a nuanced and sensitive approach to service delivery. Commissioners across all services should therefore support the development of interventions that are equipped to understand and address the often conflicting loyalties and intense pressures experienced by various family members, while unequivocally prioritising the safety and agency of the victim. This may involve carefully considering and implementing safe and appropriate family-based support strategies alongside dedicated individual victim services, recognising that perpetrators may be within the family network.

Therefore, to translate the insights from this analysis into tangible improvements, commissioners across all statutory and voluntary services must commit to a unified and strategic approach. This necessitates not only establishing sustainable and long-term funding models to ensure the viability of specialist support, but also actively fostering the development of clear and effective multi-agency referral pathways to streamline victim access to appropriate care. Additionally, a crucial responsibility lies in supporting the development of comprehensive and culturally competent training for all professionals who may encounter victims of HBA, FM, and FGM, ensuring a consistent and informed response across the entire service spectrum. A sustained commitment to community engagement and awareness-raising efforts is also vital to challenge harmful norms and encourage help-seeking behaviours at the grassroots level. By embracing these interconnected priorities, Greater Manchester can forge a more responsive, inclusive, and ultimately more effective service landscape. This will enable the region to better meet the diverse needs of all victims and actively work towards the prevention of these harmful practices.

3. Victim services & gaps in provision

3.1 Section overview

This section provides a comprehensive look at the current landscape of support services available to victims of ‘honour’-based abuse (HBA), forced marriage (FM), and female genital mutilation (FGM) across Greater Manchester. It examines the roles of both voluntary, community, faith and social enterprise (VCFSE) organisations and statutory bodies in delivering this support. While acknowledging the vital contributions of existing services and highlighting examples of good practice, the research also brings to light significant challenges and inconsistencies in provision, including issues around funding, accessibility, cultural appropriateness, and the need for specialised training for professionals. Ultimately, this section stresses the necessity for a more unified and robust approach to ensure that all victims in Greater Manchester receive the timely and effective support they require.

This section will examine the current state of victim support frameworks relevant to HBA, FM, and FGM within Greater Manchester. It will offer an overview of the legislative and strategic context that shapes the provision of services for victims of these harmful practices, including key pieces of legislation such as the Domestic Abuse Act 2021.

Following this, the section will map out the landscape of service provision across Greater Manchester, detailing the contributions of both the VCFSE and statutory agencies. It will explore the range of services offered, from specialist support provided by VCFSE organisations with local knowledge and cultural understanding to the broader provisions of statutory bodies and initiatives like Greater Manchester Victim Services (GMVS).

Furthermore, the section will critically examine the challenges faced in providing effective support to victims. This will include a discussion of issues such as:

- Inadequate and inconsistent funding, particularly affecting VCFSE organisations and their ability to provide long-term, sustainable support. Short-term funding cycles create instability and difficulties in retaining experienced staff.
- Inconsistencies in access to services across the Greater Manchester region, highlighting gaps in provision for specific victim groups, including children and young people, male victims, those with no recourse to public funds (NRPF), and those needing safe accommodation or immigration support.

- Difficulties in ensuring culturally appropriate services that are sensitive to the diverse needs and experiences of victims from various communities. This includes the fundamental need for competent and culturally aware interpreters with specific training in the terminology related to HBA, FM, and FGM.
- The lack of standardised definitions and understanding of HBA, FM, and FGM across different agencies, which can hinder effective data collection and service delivery.
- The importance of specialised training for professionals across all relevant sectors to ensure they are equipped to recognise and respond effectively to the needs of victims.

Despite these challenges, the section will also highlight examples of good practice identified through the research. These examples will showcase effective approaches to supporting victims and addressing these harmful practices, such as centring the victim's voice, delivering training and awareness programmes, facilitating peer support, building trust, and fostering multi-agency working.

Essentially, Section 3 aims to provide a clear picture of the current strengths and weaknesses within the victim support landscape in Greater Manchester, setting the stage for the recommendations outlined later in the report. It underscores the urgent need for improvements to ensure consistent, accessible, and culturally sensitive support for all victims of HBA, FM, and FGM in the region.

3.2 Overview of victim support frameworks

The Domestic Abuse Bill, introduced in 2020 and enacted as the Domestic Abuse Act 2021, “the Act” represents a significant milestone in the UK’s approach to tackling domestic abuse. The Act provides a comprehensive statutory definition of domestic abuse, encompassing physical violence, emotional, coercive, and economic abuse. It established the Office of the Domestic Abuse Commissioner, introduced Domestic Abuse Protection Notices and Orders, and mandated local authorities to support victims in safe accommodation. This landmark legislation aims to enhance awareness, protect victims, and ensure they receive the necessary support.

The Domestic Abuse Act sits within a broader framework of changes aimed at improving support for victims. A range of commissioning resources have been developed,⁴² and national expectations have been set for effective service commissioning to tackle violence against women and girls. Notable initiatives include

⁴² Women’s Aid. *Commissioning Resources*. Available at: <https://www.womensaid.org.uk/what-we-do/commissioning-resources>

the Victims' Services Commissioning Framework (2013) and the VAWG Commissioning Toolkit (2021).^{43, 44}

Additionally, the Code of Practice for Victims of Crime (Victims' code), first published in 2005, was updated in 2024 to introduce the Victims and Prisoners Act, aiming to enhance support for victims of crime and improve their experience within the criminal justice system.⁴⁵ The Victim Services Commissioning Guidance was also published in 2024.⁴⁶ This was designed to support commissioners in providing local support services to victims of crime in England and Wales, and includes details on the commissioning cycle, the provision of services, and examples of best practices.

These guidelines, supported by the EU Victims Directive introduced in 2015, set minimum standards for services provided to victims of crime in England and Wales, ensuring services are effectively tailored to individual needs. Victims' rights have been further strengthened under the long-awaited Victims and Prisoners Act 2024, which clarifies that victims are entitled to their rights within the Victims' code, rather than merely suggesting they should receive them.

However, victim support frameworks are not without criticism. While the Domestic Abuse Act was welcomed by the survivors, campaigners, and domestic abuse organisations who worked to make this new law possible, it has drawn criticism^{47, 48} for failing to deliver equal protection and support for women with insecure legal status. Any immigrant on a visa who specifies they have no recourse to public funds (NRPF), for example a student visa, is not entitled to access specialist support (e.g., refuges), which makes it far more difficult to escape an abusive relationship. This criticism is echoed in Greater Manchester's GBV Strategy (2021, p.5) in which Andy Burnham stated "...whilst welcome, [the Act] still fails to address some fundamental issues, such as the needs of victims and survivors from ethnic minority communities who often have no recourse to public funds."

This is particularly important because HBA, FM, and FGM are deeply intertwined issues that disproportionately affect women and girls with no recourse to public funds (NRPF). These women often face significant barriers to seeking help due to their insecure immigration status, which perpetrators may exploit to maintain control and prevent

⁴³ Ministry of Justice (2013). *Victims' Services Commissioning Framework*. Available at:

<https://www.gov.uk/government/publications/victims-services-commissioning-framework>

⁴⁴ Home Office (2022). *Violence Against Women and Girls' Services: Commissioning Toolkit*. Available at:

<https://www.gov.uk/government/publications/violence-against-women-and-girls-national-statement-of-expectations-and-commissioning-toolkit>

⁴⁵ Ministry of Justice (2024). *The Code of Practice for Victims of Crime in England and Wales*. Available at:

<https://www.gov.uk/government/publications/the-code-of-practice-for-victims-of-crime>

⁴⁶ Ministry of Justice & Association of Police and Crime Commissioners (2024). *Victims' Services Commissioning Guidance*. Available at: <https://www.gov.uk/government/publications/victim-services-commissioning-guidance/victim-services-commissioning-guidance>

⁴⁷ SafeLives (2024). *Victims and Prisoners Bill becomes law*. Available at: <https://safelives.org.uk/news-views/victims-bill-becomes-law>

⁴⁸ Southall Black Sisters (2023). *Open letter on immigration changes (50 co-signatories)*. Available at: <https://southallblacksisters.org.uk/news/open-letter-on-immigration-changes>

them from accessing support services. Addressing NRPF is key to ensuring that victims of HBA and FM can safely disclose abuse and receive the necessary protection and support.^{49, 50}

While these changes are useful in specifying the entitlements of victims, they cannot offer guidance in terms of how these should be delivered. The commissioning landscape for victim support is multi-layered, with responsibilities shared between Police and Crime Commissioners (PCCs) and local authorities, guided by legislation such as the Domestic Abuse Act 2021 and local strategic priorities. The Act places specific duties on local authorities regarding the provision of accommodation-based domestic abuse support services. PCCs, on the other hand, hold a broader strategic responsibility for commissioning a range of victim support services across their force area, informed by assessments of victims' needs, including those of children and individuals with protected characteristics, as outlined in their local Victim and Witness Strategies (a statutory duty under the Victims' Code). This involves strategically coordinating and targeting services where victims need them most, collaborating with local authorities, health services, and other partner agencies to ensure a shared understanding of available support and to identify gaps in service provision. While local authorities have specific duties under the Domestic Abuse Act regarding accommodation, PCCs play a vital role in strategically commissioning and coordinating a wider ecosystem of victim support, including community-based services, advocacy, and emotional support, often working in partnership with local authorities to ensure a comprehensive and effective response.

Given this multi-layered commissioning landscape, involving distinct yet overlapping responsibilities for PCCs and local authorities, the need for a cohesive and integrated strategy becomes paramount. One expert noted that to sustainably commission services and effectively prevent and address issues like HBA, FM, FGM for marginalised communities with intersectional needs, a whole system approach is essential. This approach recognises that the complexities of victim support, particularly for those with multiple vulnerabilities, require a comprehensive method that integrates various services and stakeholders to work together cohesively.

The Welsh Government's Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) National Strategy 2022-2026⁵¹ serves as an example of such an approach. Key aspects of the Welsh Government's strategy include:

⁴⁹ Thiara, R. K. (2019). *Safe and Secure: The No Recourse Fund*. Southall Black Sisters. Available at: <https://southallblacksisters.org.uk/app/uploads/2023/01/safe-secure-report.pdf>

⁵⁰ Lidubwi, N. (2024). *Understanding Forced Marriage: A Critical Analysis*. Available at: <https://bawso.org.uk/wp-content/uploads/2024/05/Bawso-Understanding-Forced-Marriage-Report-Digital.pdf>

⁵¹ Welsh Government (2022). *Violence Against Women, Domestic Abuse, and Sexual Violence (VAWDASV) National Strategy 2022-2026*. Available at: <https://www.gov.wales/violence-against-women-domestic-abuse-and-sexual-violence-strategy-2022-2026-html>

- **A comprehensive, single strategy:** The VAWDASV strategy aims to end violence against women and girls, domestic abuse, and sexual violence in Wales through a multi-agency and multi-disciplinary approach.
- **Blueprint for action:** A "blueprint" model promotes a shared course of action through collaborative working. It establishes a shared governance structure that reflects joint ownership across devolved and non-devolved bodies, as well as partnerships between public, private, and specialist sectors. This blueprint seeks to coordinate investment and activity between partners and drive delivery through peer support.
- **National partnership board:** A Ministerial-led National Partnership Board offers oversight of the strategy's delivery and provides a forum for shared decisions and commitments.
- **Multiple workstreams:** Sub-groups or work-streams focusing on specific areas report to the Partnership Board to oversee work on key actions. These include addressing street harassment, workplace harassment, tackling perpetration, sustainable commissioning, and the needs of older people, children, and young people. A working group for survivor voice is also included.
- **Sustainable commissioning:** The strategy seeks to develop a system of sustainable commissioning to provide stability and confidence for service providers. This involves optimising needs assessment, strategic planning, and procurement.
- **Key objectives:** The strategy aims to challenge public attitudes towards violence, increase awareness of healthy relationships, focus on holding perpetrators accountable, prioritise early intervention, train professionals, and provide equal access to high-quality services for victims.

The VAWDASV strategy emphasises a whole-society approach, tackling male violence, promoting equality, amplifying the survivor's voice, and implementing public health and trauma-informed approaches. It also recognises the importance of addressing intersectionality and aligning with other strategic plans related to equality and disability rights.

3.3 Service provision in Greater Manchester

The overview of victim support frameworks in section 3.2 specifies victim entitlements without guidance on how to deliver them. Individual Police and Crime Commissioners, local authorities, and partner agencies determine the form of local victim support and strategically coordinate services.

Illustrating the significant demand on these services, findings from a limited online survey distributed to 21 service providers across Greater Manchester indicated that the four organisations providing quantifiable data collectively support approximately 57 individuals affected by HBA, FM, and FGM on a daily basis. While the low response rate to this specific question necessitates caution in extrapolating these figures, even considering just three of these services providing lower figures of 3, 3, and 11 (removing

the outlier of 40), the average daily support for these services is around 6 individuals. If this average were consistent across all 21 surveyed services, the potential daily support for HBA, FM, and FGM victims could exceed 120. Notably, Greater Manchester Victim Services (GMVS), the largest victim support service in the region, did not provide data, suggesting the actual scale of daily support is likely to be substantial and may be underestimated by this limited survey data.

With that local context of significant potential demand in mind, the following section will explore the range of services that the VCFSE and the statutory sector provide in Greater Manchester, highlighting how these services address the needs of victims of HBA, FM, and FGM.

Voluntary, Community, Faith and Social Enterprise (VCFSE) service provision

VCFSE organisations play a vital role in Greater Manchester by providing multifaceted support to victims of domestic abuse, including HBA, FM, and FGM. These organisations often serve as the primary point of contact for victims who do not report crimes to the police, offering services that are both specialised and responsive to the diverse needs of the community.

Overview of service provision

VCFSEs deliver a range of services tailored to address varying types of ‘honour’ crimes and the evolving needs of those affected. These services include:

- **In-person support:** This encompasses counselling services that provide a safe space for victims to process their experiences and develop coping strategies, group work that offers victims a sense of community and shared experience, reducing feelings of isolation, advocacy where VCFSEs champion victims' rights and needs, ensuring they receive fair treatment and access to essential services, and practical assistance such as help with housing, legal matters, and accessing financial support. Some VCFSEs also provide culturally specific support, such as hair and beauty products, clothing, and food in refuges.
- **Remote support:** This includes telephone helplines and email support, offering immediate support and information to victims who may not be ready or able to access in-person services.
- **Support for others:** VCFSEs also provide extended support to those assisting victims, including friends, family, and professionals, recognising the wider network involved in safeguarding individuals at risk.
- **Training and awareness:** A key function of VCFSEs is the delivery of training and awareness programmes within the community and to organisations. This includes providing in-depth training in HBA, FM, and FGM for their own staff and often extending this expertise to interpreters, police, probation officers, teachers, and health service professionals. This aims to improve understanding of the issues and ensure more effective responses across sectors.

Scope of support provided by VCFSEs

The support provided by VCFSEs is wide-ranging and addresses the complex needs of victims:

- **Emotional support:** As mentioned, counselling services are crucial in providing a safe and confidential environment for victims to process trauma, build resilience, and develop coping mechanisms.
- **Advocacy:** VCFSEs play a vital role in advocating for victims' rights with various agencies, ensuring their voices are heard and their needs are met. This can involve navigating complex legal and social welfare systems.
- **Practical assistance:** This is a cornerstone of VCFSE support, addressing immediate and longer-term needs. Examples include assistance with securing safe accommodation, navigating legal processes related to protection orders or immigration, and accessing financial aid or benefits. The provision of culturally specific items in refuges further demonstrates their tailored approach.
- **Group work:** By bringing together individuals with shared experiences, group sessions combat isolation and foster a sense of solidarity and mutual understanding, empowering victims through peer support.
- **Helplines and email support:** These accessible avenues provide immediate and confidential support, offering a lifeline to those who may be in crisis or are not yet ready to engage in face-to-face services.

Unique strengths of specialist VCFSEs

Many of the VCFSEs in Greater Manchester possess unique attributes that enable them to effectively support victims of HBA, FM, and FGM:

- **Training:** All staff within specialist VCFSE organisations receive in-depth training in HBA, FM, and FGM, whether in-house or through external providers.
- **Local knowledge and cultural understanding:** VCFSEs, particularly 'By and For' organisations, have in-depth knowledge of local communities and cultural nuances, enabling them to reach reluctant, marginalised, and hard to reach victims.
- **Building trust:** VCFSEs are often better positioned to build trust with victims due to their cultural competence and community ties.
- **Community engagement:** These organisations work within communities, linking with religious groups and community centres, to enhance their understanding of local issues and build relationships with community members.
- **Culturally sensitive support:** VCFSE organisations can provide services in a way that respects and understands the cultural background of the victims they serve.
- **Understanding of intersectionality:** VCFSE services understand the diverse needs of individuals with intersecting vulnerabilities.

The importance of 'By and For' organisations

'By and For' organisations play a pivotal role in the domestic abuse sector, particularly in supporting minoritised and otherwise marginalised victims. These organisations are run by individuals who share similar characteristics or experiences as the communities they serve, which allows them to offer a unique level of empathy and understanding. This shared experience fosters trust and ensures that survivors feel safe and supported without fear of judgment.⁵²

However, when considering the ethnicity of victims in HBA cases, it is also important to address the risks associated with 'By and For' services in high-control groups. These services can inadvertently reinforce control by assuming victims should only receive support from providers within their own community, potentially concealing or denying harmful practices.

Despite the potential risks highlighted in certain high-control environments, one of the key strengths of 'By and For' organisations remains their cultural competency. They possess an in-depth understanding of local communities and cultural nuances, which enables them to reach reluctant, marginalised, and hard-to-reach victims. For example, minoritised women are disproportionately impacted by HBA-related crimes, facing systemic inequalities at every stage of their involvement with statutory services. 'By and For' organisations are better equipped to address these inequalities and provide culturally appropriate responses.

Research has shown that specialist services, including 'By and For' organisations, are effective in enabling victims and survivors to feel safer and more in control of their lives. According to a report by the Domestic Abuse Commissioner,⁵³ the majority of minority groups wanted access to a specialist 'By and For' organisation to provide them with the help they needed. This included 67% of Black and minoritised survivors, 68% of LGBT+ survivors, and 55% disabled survivors.

'By and For' organisations also play a vital role in addressing systemic gaps in the domestic abuse sector. For instance, the Drive Partnership highlights the importance of engaging effectively with racially minoritised communities and ensuring that perpetrator responses are underpinned by a focus on increasing the safety of Black and minoritised victim-survivors.⁵⁴ These organisations work to improve cultural competency across mainstream services and support the critical role of culturally specific services.

⁵² Gilbert, B. (2020). *Exploring the experiences of domestic abuse survivors working in the field of domestic abuse support: Assisting recovery or re-victimisation revisited?* *Journal of Gender-Based Violence*, 4(1), pp. 73–87. Available at: <https://eprints.worc.ac.uk/9074>

⁵³ Domestic Abuse Commissioner (2023). *A Patchwork of Provision: How to meet the needs of victims and survivors across England and Wales*. Available at: <https://www.gov.uk/government/publications/a-patchwork-of-provision-mapping-report>

⁵⁴ Drive Partnership (2023). *Changing systems and shifting power: The vital role of racially minoritised experts and by-and-for organisations*. Available at: <https://drivepartnership.org.uk/publication/changing-systems-and-shifting-power-the-vital-role-of-racially-minoritised-experts-and-by-and-for-organisations>

'By and For' organisations are essential in supporting diverse victim groups, including Black and minoritised women, LGBTQ+ individuals, and those with no recourse to public funds (NRPF). These organisations provide a range of services including counselling, practical assistance, advocacy, and group work, which evolve to meet the complex challenges faced by their communities. The Annual Progress Report from the Domestic Abuse Safe Accommodation National Expert Steering Group 2022-2023⁵⁵ reveals the tangible impact of these efforts, noting that 26,830 individuals with at least one specialist characteristic received support in safe accommodation—a significant rise from 11,740 in the previous year. This marked progress reflects how 'By and For' organisations, alongside local authorities, PCCs, and other stakeholders, play a pivotal role in realising the aims of the Domestic Abuse Act 2021, ensuring that victims with complex and specific needs access essential support services.

Examples of VCFSE initiatives

- **Project Choice:** This initiative carried out strategic work within boroughs to support responses to HBV and FM, collecting and sharing detailed data on victims and identifying key trends and gaps within Greater Manchester. They also provided critical interventions such as 106 Forced Marriage Protection Orders, 152 instances of homeless prevention, 46 Domestic Violence Disclosure Cases, and added 136 entries to the HBV database.
- **Culturally specific services:** Some of the VCFSEs consulted as part of this research exercise provide culturally specific hair and beauty products, clothing, and food in refuges.
- **Multi-lingual support:** VCFSEs often produce marketing and support literature in multiple languages to improve accessibility and awareness. For example, one VCFSE provider produced literature in eight languages to reflect the communities they serve.

VCFSEs as a bridge to statutory services

VCFSEs frequently act as a vital bridge linking victims to statutory services, offering support that is both sensitive and informed. VCFSE provisions enhance the likelihood that victims will receive assistance, and are particularly important because HBA, FM, and FGM disproportionately affect women and girls, often with no recourse to public funds (NRPF) as well as other intersecting vulnerabilities.

In conclusion, VCFSE organisations in Greater Manchester provide essential, multifaceted support to victims of HBA, FM, and FGM. Their unique strengths, including local knowledge, cultural understanding, and community engagement, enable them to reach and support victims who may otherwise fall through the cracks. The VCFSE

⁵⁵ Department for Levelling Up, Housing & Communities (2024). *Annual Progress Report from the Domestic Abuse Safe Accommodation National Expert Steering Group 2022 to 2023*. Available at: <https://www.gov.uk/government/publications/delivery-of-support-in-domestic-abuse-safe-accommodation-annual-progress-report-2022-23/annual-progress-report-from-the-domestic-abuse-safe-accommodation-national-expert-steering-group-2022-to-2023>

sector's ability to deliver support that is tailored to the specific needs of diverse communities makes them indispensable in Greater Manchester. By offering services such as counselling, practical assistance, and advocacy, VCFSEs address the emotional, social, and practical needs of victims, facilitating their recovery and empowerment. Acknowledging the vital role of VCFSEs, it is recommended that 'By and For' organisations be recognised as lead delivery partners, rather than simply assisting with cases from minority communities.

Statutory sector service provision

The statutory sector in Greater Manchester comprises several key agencies that hold crucial responsibilities in addressing 'honour'-based abuse (HBA), forced marriage (FM), and female genital mutilation (FGM). These agencies operate within a framework of legislation and strategic priorities, including the Greater Manchester Gender-based Violence Strategy (2021) and the Domestic Abuse Act 2021, with a mandate to protect individuals, facilitate access to help, and ensure safety.

Overview of service provision

- **Greater Manchester Police (GMP):** GMP's core responsibility involves responding to reported crimes, conducting investigations related to HBA, FM, and FGM, and making initial risk assessments using tools like DASH. They also play a vital role in referring victims to specialist support services. Recommendations have been made for a centralised unit to ensure consistency and for officers to understand the nuances distinguishing these abuses from general domestic abuse.
- **Greater Manchester Victim Services (GMVS):** As the provider of blanket victim support across the region, GMVS, delivered by Catch 22, receives referrals from statutory agencies, including the police, to offer support to individuals affected by various crimes, including HBA, FM, and FGM.
- **Local authorities:** Under the Domestic Abuse Act 2021, local authorities have a statutory duty to provide accommodation-based support for domestic abuse victims. Their responsibilities also extend through social services, which hold a safeguarding duty for individuals at risk of HBA, FM, and FGM, necessitating collaboration with support services. They are also tasked with developing local GBV strategies based on local needs.
- **National Health Service (NHS):** Healthcare professionals in the NHS, including GPs and hospital staff, are essential for identifying potential victims through recognising signs of abuse, providing medical care, and linking individuals with appropriate support services.
- **Educational institutions (schools and colleges):** These institutions have a safeguarding responsibility for children and young people who may be vulnerable to HBA, FM, or FGM. Their role includes awareness-raising, identifying and reporting potential cases, and understanding referral pathways.

- **Probation Service:** The Probation Service, through its Victim Contact Scheme, ensures that victims of offenders sentenced to significant custodial terms receive information and support regarding the criminal justice process.

Scope of support provided by statutory services

The statutory agencies in Greater Manchester offer a range of support services to individuals affected by HBA, FM, and FGM. Building upon the roles and responsibilities of the key agencies identified previously, this section outlines the specific types and breadth of support available:

- **Responding to and investigating crime:** The Greater Manchester Police (GMP) are the primary responders to reported incidents of HBA, FM, and FGM. Their scope of support includes conducting initial investigations, gathering evidence, and ensuring the safety of victims in the immediate aftermath of a report. They are also responsible for undertaking DASH risk assessments to understand the level of threat and inform safeguarding measures. Furthermore, GMP makes referrals to specialist support services to ensure victims receive ongoing assistance.
- **Providing blanket victim support:** Greater Manchester Victim Services (GMVS) offers a broad range of support to victims of crime, including those affected by HBA, FM, and FGM. This can encompass emotional support, practical assistance, referral to specialist services, and help navigating the criminal justice system. Referrals to GMVS are made by various statutory agencies, including the police, as well as self-referrals.
- **Ensuring safe accommodation and safeguarding:** Local authorities have a statutory duty to provide accommodation-based support for victims of domestic abuse, which can include those experiencing HBA and FM. Their social services departments are responsible for safeguarding individuals, particularly children and vulnerable adults, who are at risk of or have experienced HBA, FM, or FGM. This involves assessing risk, implementing protection plans, and working with other agencies to ensure safety and well-being. Local authorities also have a remit to develop local strategies to address gender-based violence, informed by local data and needs.
- **Delivering healthcare and identifying victims:** The National Health Service (NHS) provides essential medical care to victims of HBA, FM, and FGM. Healthcare professionals, such as GPs and hospital staff, are also in a position to identify potential victims through recognising signs and indicators of abuse and can provide initial support and referrals to specialist services. The NHS also collects data on FGM to understand its prevalence.
- **Safeguarding and raising awareness in education:** Educational institutions, including schools and colleges, have a crucial role in safeguarding children and young people at risk of HBA, FM, and FGM. This includes raising awareness among students and staff, identifying potential cases, following statutory reporting procedures, and understanding how to make appropriate referrals.

- **Providing information and support within the criminal justice system:** The Probation Service, through its Victim Contact Scheme, offers information and advice to victims of offenders who have received custodial sentences for related offences. This service aims to keep victims informed about the progress of the case and their rights within the criminal justice system.

Data collection and information sharing within the statutory sector

The landscape of data collection and information sharing regarding HBA, FM, and FGM within the statutory sector in Greater Manchester presents a complex picture marked by significant limitations. A central challenge identified through discussions with local stakeholders and national experts is the lack of consistent recording mechanisms across different statutory agencies and even within different boroughs. Service providers have highlighted that each local authority may collect data differently, or in some instances, may not systematically record information on these specific forms of abuse at all. This inconsistency hinders the ability to develop a comprehensive understanding of the prevalence and nature of HBA, FM, and FGM across the region and impedes the identification of specific victim types and their support needs. As one participant in a focus group noted, there is a need for *"a unified data collection instead of one borough doing one thing and another borough doing one thing"*.

The absence of standardised definitions for HBA, FM, and FGM across all statutory agencies further complicates data collection efforts. Without a shared understanding of what constitutes these harmful practices, it becomes difficult to ensure that incidents are consistently identified and recorded. This lack of consensus on terminology can lead to underreporting or misclassification, with some cases potentially being categorised under broader terms like domestic abuse without specifically flagging the ‘honour’-based element or the context of forced marriage or FGM.

Furthermore, the issue of mandatory ethnicity recording in public services, including the police, has been raised as a significant gap in data collection. One national expert emphasised that despite ongoing efforts, there is still no mandate for recording ethnicity at the first point of contact with public services. This lack of comprehensive demographic data makes it challenging to accurately assess the needs and demands of different communities and can obscure the specific populations most affected by these harmful practices. While some data on country of birth is collected within the FGM Enhanced Dataset (FGMED), its completeness has been noted as a limitation, with a significant percentage of cases having an unknown country of birth recorded.

Regarding information sharing, while some service providers reported generally close links and productive relationships with statutory partners such as Independent Domestic Violence Advisors (IDVAs), health services, and housing providers, challenges remain in ensuring effective and consistent information sharing between all relevant agencies. Protocols for sharing sensitive information must navigate data protection regulations while prioritising the safety and well-being of victims.

Collaboration with specialist services

This section highlights the vital role of partnerships between statutory agencies and specialist Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations in delivering effective support for victims of HBA, FM, and FGM in Greater Manchester. Effective collaboration is key for ensuring culturally sensitive and tailored responses that meet the diverse needs of affected communities.

The focus group discussions highlighted both the challenges and the clear benefits of such collaborative approaches. Participants repeatedly emphasised the limitations of working in silos. As one participant noted, "*nobody's owning that certainly in [region stated]*", indicating a need for shared responsibility and joint efforts.

However, examples of good practice demonstrate the potential of multi-agency working when specialist services are actively involved. The Rochdale Working Group was frequently cited as a successful model. As one focus group participant explained, "*at those groups what happens is all the different services work together. You can...peer review different cases...discuss individual cases...have a contact rather than having to try and phone and you can't get hold of anybody and there's no one answering your emails*". This direct interaction and shared understanding facilitated by such collaborations are invaluable.

Furthermore, the expertise and cultural competency of specialist 'By and For' organisations are paramount. One participant highlighted that "*people didn't want to speak to somebody who didn't understand their cultural context*", demonstrating the critical need for services rooted in community understanding. This report acknowledges that specialist services, including 'By and For' organisations, are effective in enabling victims to feel safer. Therefore, as recommended in this report, these organisations should be recognised as lead delivery partners, actively participating in multi-agency forums and decision-making processes to ensure culturally informed responses.

Clear and effective referral pathways are essential for ensuring victims can access the appropriate specialist support without delay. Focus group participants expressed frustration with existing informal mechanisms. As one participant pointed out, "*the experience I've had working...is people...go, oh, you're a specialist. You deal with it...and then it gets bounced back*", illustrating the need for more structured and understood referral processes. Recommendation 4 of this report specifically calls for strengthening these pathways between statutory agencies and specialist VCFSE services. This includes mapping current pathways, identifying gaps, and establishing clear protocols for information sharing and seamless transitions of cases.

Making information about these pathways readily available to both professionals and potential victims is also a crucial step towards improving access to specialist support. Ultimately, prioritising collaboration with specialist services and establishing clear referral pathways are fundamental to creating a coordinated, culturally sensitive, and effective system of support for victims of HBA, FM, and FGM in Greater Manchester.

The necessity of training and awareness within statutory agencies

A consistent and compelling theme throughout the research is the critical necessity of comprehensive and ongoing training and awareness initiatives within all statutory agencies in Greater Manchester regarding HBA, FM, and FGM. Focus group participants repeatedly highlighted a significant lack of understanding and awareness among many professionals about the complexities and specificities of these harmful practices. One participant noted the potential for "pushback" even when resources are available due to a lack of understanding.

Concerns were raised about professionals' fears of being perceived as racist or culturally insensitive, which can sometimes lead to inaction. To counter this, training must explicitly disassociate race and culture from safeguarding procedures to ensure appropriate interventions. The training needs identified extend beyond general awareness and include specific elements such as consistent terminology, cultural competency, intersectionality, understanding the specific needs of diverse communities, victim identification, culturally sensitive support, clear referral pathways, and immigration issues. The importance of training for interpreters working with victims was also highlighted to ensure accurate communication.

Participants advocated strongly for a standardised training package to be implemented across Greater Manchester to ensure consistency in messaging and a shared understanding of best practices. One participant suggested "a kind of standardised package so we're all singing off the same hymn sheet". The positive impact of specialised training was illustrated by the increased confidence and effectiveness of practitioners in addressing FGM after specific guidance and training were introduced.

The GMCA report explicitly recommends comprehensive and specialised training for all professionals interacting with victims of HBA, FM, and FGM. This includes developing such training for key professionals in healthcare, education, social services, and policing. The effectiveness of these training programmes should be regularly evaluated and updated. The GMCA's Gender-based Violence Delivery Plan also highlights the need for learning and development to ensure frontline officers understand the differences between various forms of abuse, including 'honour'-based violence, and the importance of trauma-informed workforce development.

Ultimately, investing in robust and ongoing training and awareness initiatives is fundamental to equipping professionals with the knowledge, skills, and confidence necessary to effectively identify, support, and safeguard individuals at risk of HBA, FM, and FGM.

3.4 Challenges in providing support

Reflective of the broader national picture, both statutory and VCFSE services across Greater Manchester face significant challenges in providing effective support to HBA, FM, and FGM victims. Key themes identified in the scoping and research exercise are highlighted in this section.

Several service providers expressed concerns about the adequacy and accessibility of support services for specific victim groups. They reported that inadequate support is currently available for:

- Children and young people.
- Male victims.
- Those with no recourse to public funds (NRPF).
- Victims needing safe accommodation.
- Victims needing immigration support.
- Individuals who do not speak English.
- Those who need help outside of working hours.

The focus group discussions echo these concerns, highlighting the need for services to adopt an intersectional approach and consider the diverse needs of individuals with intersecting vulnerabilities.

Long waiting lists were also highlighted as a significant challenge in providing support. Analysis of the focus group discussions reinforces this point, noting that limited resources and capacity within both statutory and VCFSE services contribute to these extended waiting times.

The focus group and survey participants identified several key challenges related to (a) definitions and understanding, (b) service capacity, (c) financial constraints within the VCFSE sector, and (d) referral mechanisms, as a major challenge in providing sustainable and effective support. These are discussed in detail below:

Definitions and understanding

A recurring concern revolves around the inconsistent understanding and recognition of these specific forms of abuse across different statutory bodies. Service providers have reported a significant variation in the level of awareness among professionals regarding HBA, its underlying causes, and the distinct support needs of those affected.

- The lack of a clear and consistent statutory definition of HBA in the UK means that statutory agencies may have varying interpretations of what constitutes this abuse. This inconsistency directly impacts service provision by leading to inconsistent identification of victims and potentially inappropriate responses. For example, if police officers or social workers do not fully understand the nuances of HBA, they may not recognise the seriousness of a situation or provide the necessary specialist support.
- The varied understanding of HBA, FM, and FGM across different statutory agencies also hinders effective referral pathways to specialist VCFSE services. If frontline professionals in statutory agencies are unclear on the definitions and indicators of these abuses, they may not recognise when a referral to a specialist service is needed or may make inappropriate referrals. This can result in victims not receiving timely or appropriate support.

- Inconsistent definitions and recording practices across statutory agencies lead to "fuzzy data" and a lack of comprehensive understanding of the prevalence and nature of these abuses. This directly affects service provision by making it difficult for commissioners and service providers to accurately assess the scale of need and allocate resources effectively. Without reliable data, it is challenging to plan and commission services that are appropriately tailored to the needs of different communities and victim profiles.
- The hesitancy of some professionals to correctly classify cases due to a lack of clear definitions and fears of being perceived as racist or culturally insensitive can lead to misclassification of cases as general domestic abuse. This misclassification obscures the specific 'honour'-based element or the context of these forms of abuse, potentially leading to a lack of understanding of the specific risks and support needs of these victims within mainstream services.
- The lack of standardised terminology also poses challenges for training professionals in both sectors. Without a shared understanding of key terms and definitions, it is difficult to develop and deliver effective training programmes that equip professionals with the necessary knowledge and confidence to identify and support victims. This lack of consistent training further contributes to the varied understanding across agencies and impacts the quality of service provision.
- Furthermore, the inadequacy of the general domestic abuse definition to fully encompass the complexities of HBA means that services designed solely around this definition may fail to address the unique motivations of perpetrators and the specific challenges faced by victims of HBA. This can lead to gaps in service provision that do not adequately meet the distinct needs of this victim group.

Capacity within services

Specialist VCFSE services play a critical role in providing support for HBA, FM, and FGM victims. However, their ability to provide effective support depends on the capacity of other organisations to offer suitable services. VCFSE providers raised issues regarding other services' skills, knowledge, and expertise as a challenge in helping victims.

- For example, one VCFSE provider stated, *"Not all professionals recognise the seriousness of these issues and can be racist. For example, a woman who was fleeing DA/HBA was told to return to her country of origin if she was at risk in the UK - the risk of HBA from her family abroad was not considered"*. Another provider noted, *"...Lack of understanding and compassion from other professionals"*.
- Another participant noted that, *"Some [police] will have an understanding and advocate whilst others just pass on numbers without explaining or close the cases. Officers should stop giving out personal advice and remain professional and conduct DASH every time. Survivors often complain about poor communication from the police and lack of belief. There have been positive*

occasions where officers have put up survivors in B&Bs, but then unfortunately left them with no further guidance or support”.

- Fears of being seen as racist or culturally insensitive emerged as a key theme among service providers in the focus group discussions, particularly for those working in local authority and police-based services. For instance, one statutory provider stated, *"We need to acknowledge that fears of racism sometimes paralyse us. It's a challenge to be effective advocates without perpetuating stereotypes"*.
- This suggests a potential lack of culturally competent and specialised knowledge within mainstream statutory services to adequately support individuals from diverse backgrounds facing these unique forms of abuse.
- The focus group discussions also highlighted the need for ongoing training to address these concerns and improve cultural sensitivity. As one VCFSE provider noted, *"Training should not be a one-time thing. Continuous learning is essential to stay competent, especially in dealing with the nuances of cultural sensitivity"*.
- Finally, the ability of VCFSEs to support victims was also compromised by a lack of suitable language services. One provider stated, *"There is the issue of language - not all services have bilingual staff or access to interpreters. Furthermore, some interpreters have increased the risk and told victims to return to the perpetrator/s"*.
- This concern regarding the quality and cultural awareness of interpreters is echoed in the thematic analysis. Several focus group participants emphasise the need for interpreters who understand HBA, forced marriage, and the legal terminology used in these cases.

Financial constraints within the VCFSE sector

- Survey and focus group participants raised concerns about VCFSE funding. They noted that short-term funding cycles create instability, making it difficult to retain staff and plan for the future. One provider stated, *"We can't provide effective services if we're constantly worrying about funding cuts. It's a real obstacle in delivering sustainable support"*. Another said, *"It would be helpful to have coordinated, long-term funding. It would also be helpful to have clarity about how long funding will last, as extensions of funding can be done last minute, which means you are not able to retain staff. It would be helpful to have some information sharing from commissioners, as they have oversight in terms of what exists and what is funded within GM"*.
- Analysis of the focus group discussions reveals a pervasive sense of frustration among service providers regarding the lack of long-term funding commitments. Participants emphasise that the reliance on short-term project-based funding hinders the development of comprehensive strategies and undermines service continuity.
- Additionally, the reliance on project-based funding for specialist services can also impact data continuity. As highlighted in focus group discussions, when

specific projects conclude due to lack of sustained funding, valuable data collection mechanisms and the understanding they provided can be lost, leading to a situation where the sector feels it is "back to square one".

Referral mechanisms

- Referrals into VCFSE services may come through self-referral or from a variety of agencies, including the police, local authority, social services, health services, GMVS, and other VCFSE providers. Several organisations questioned the effectiveness of existing informal referral mechanisms, citing concerns about unmet needs for victims of HBA, FM, AND FGM. The referral process was seen as hindered by a lack of individual and/or organisational understanding of these crimes and the support available locally.
- For instance, one VCFSE provider said, *“Health and Social Services have more of a duty to safeguard those at risk of HBA, FM, and FGM than support services in the charity and voluntary sector. They need to be confident in recognising and responding to these issues and take more responsibility by working with support services to ensure that victim's support needs are met instead of just referring on”*. Another provider noted, *“Agencies need to learn the signs; to recognise the immediacy of the situation and act straight away. They should know about local service provision, who to contact and how to act; Have literature in multiple languages and access to interpreter services”*.
- As a result, victims can be let down by the referral process, failing to receive appropriate specialist support. The need to encourage strong working relationships between the statutory and VCFSE sectors was seen as essential to ensure effective referral mechanisms and ensure services are appropriate for every victim seeking assistance.
- Analysis of the focus group discussions further supports this point, highlighting the disconnect between VCFSE organisations and statutory agencies regarding referrals. One focus group participant’s experience of being perceived as the sole expert responsible for handling HBA, FM, and FGM cases illustrates the need for clearer referral pathways and shared responsibility among agencies.

3.5 Examples of good practice

Despite the numerous challenges, the scoping and research exercise revealed several examples of good practice in supporting HBA, FM, and FGM victims across Greater Manchester. These practices, implemented by both statutory and VCFSE services, demonstrate the potential for creating a more effective and responsive system for victims.

Victim voice

Understanding victims' needs is key to developing relevant, inclusive, and accessible services. Service providers highlighted that HBA, FM, and FGM cannot be tackled in isolation, and that engaging victims and the agencies responsible for supporting them

as co-producers in the process of designing and implementing interventions is essential to ensuring provision evolves and responds to the changing and intersecting needs of victims.

Analysis of the focus group discussions highlights the need for services that centre the voices and lived experiences of those affected by harmful practices. This approach recognises that victims are best positioned to identify the challenges they face and to contribute meaningfully to shaping the services intended to support them.

Examples and quotes from the research that illustrate the importance of centring victim voice

On focus group participant's reflection on a misguided attempt to identify HBA cases by simply sending all domestic abuse cases from minority communities highlights the dangers of making assumptions about victims' experiences and the importance of seeking their input directly.

- Another participant's advocacy for the inclusion of diverse voices – including those from Black African, Romanian, and Irish Traveller communities – highlights the need to move beyond stereotypical representations of HBA, FM, and FGM and to ensure that service design and delivery are informed by the experiences of those most affected.
- The general call for specialised services that are culturally sensitive and staffed by individuals who understand the unique needs and contexts of victims from specific communities further emphasises the importance of centring victim voice in service delivery.
- Project Choice specifically demonstrated the value of this approach. Feedback from a professional noted that the support they received from Project Choice was *“person-centred, kind and inclusive for the gentleman in the darkest time of his life.”* Additionally, Project Choice received feedback from service users, highlighting that the support system they provided was *“invaluable and important”*, as it was separate from their abuser's sphere and provided them with a safe space.

These examples, and the case study in Box 6, demonstrate the importance of actively engaging with victims in all stages of service planning, development, and evaluation. By prioritising their insights and perspectives, service providers can create more relevant, effective, and empowering support systems that genuinely meet the complex needs of HBA, FM, and FGM victims.

Box 6: Case study: Greater Manchester Victim Services (GMVS)

This case study has been anonymised to protect the victim's identity. While the details of Amber's (not her real name) experiences are real, identifying details have been changed.

- **Referral type:** Police referral.
- **Victim profile:** Female service user, early 20's.
- **Crime type:** Common Assault and Battery also recorded as Domestic Abuse.

Initial contact and referral:

Amber contacted the police from a property associated with a family member who was temporarily residing abroad in another region. An argument occurred between Amber and another close family member (identified as a suspect in the case), during which Amber was threatened with physical assault.

Fearing assault, Amber called the police. Upon their arrival, she disclosed receiving threatening text messages from the family member abroad, referencing known HBA incidents to convey disapproval of her chosen marriage partner. It was also brought to police attention that Amber's relationship with the family member present at the property was unstable. Safeguarding concerns arose from Amber's belief that her family had a connection to HBA in the region where the family member was temporarily residing.

Police removed Amber from the property, and she moved in with a trusted family member. GMP made a referral to Social Services. No arrest took place for the suspect due to Amber not supporting the allegation, as she believed it would escalate the situation. Amber requested more time to decide whether to provide full details of the crime. An urgent response marker was placed on the address where she had relocated to by GMP to safeguard Amber. An urgent response marker was placed on the address where Amber relocated to by GMP for safeguarding.

Support offered: Two call attempts were made to Amber, but the provided mobile number was switched off. No voicemail was left due to uncertainty about Amber's exact location and who might have access to her device. The case was initially closed due to the inability to contact her after these attempts.

The crime was then re-referred to Greater Manchester Victim Services (GMVS) by GMP a few weeks later with the same crime reference number and date.

The case was allocated, and an initial call was attempted using the number in the referral. Amber answered, confirmed her date of birth, and indicated it was a suitable time to talk.

The GMVS staff member introduced themselves and explained the services offered, including the purpose of the call – to provide support. Amber mentioned disagreements with her family but did not specify individuals related to the incident. She noted having moved outside the area where her family lived and having no contact with family associates. At that time, she did not disclose her current region of residence and felt unable to do so over the phone.

Amber was informed about the types of support available from GMVS, such as emotional support, advice, resources, signposting, and crime prevention measures.

Amber stated she had moved on and currently felt not at risk. She also disclosed regular contact with Police Officers who provided updates and checked on her well-being.

Amber was again advised of the support GMVS could offer, including emotional support, advice regarding the crime, safety planning (crime prevention), and signposting. Amber was encouraged to contact GMVS if her situation changed.

Outcome:

- Amber was removed from the original address to live with another relative.
- GMP liaised with a local police force in conjunction with another police force regarding the date of Amber's wedding to her chosen partner in case of a possible disturbance.
- DNA sampling Kit and Fingerprint Form completed by GMP.
- A safe word was created at Amber's request for use when officers called.
- Target hardening⁵⁶ was carried out on Amber's property.

Client feedback: Amber thanked the GMVS staff member for the call, stating she felt fine and happy to continue without their support. She also noted that she would contact GMVS should anything change or if she feels she requires support.

Good practice highlighted by the case study: The case study highlights several key issues relevant to supporting victims of HBA, demonstrating good practices:

- **Identification of HBA:** The case demonstrates that while an initial crime may be classified as common assault and battery, the police also recognised the HBA element, which is crucial for identification of victims and appropriate service referrals. This highlights the need for consistent and accurate identification of HBA.
- **Victim-centred approach:** There is an emphasis on respecting the victim's agency and individual circumstances, highlighting the importance of victim-centred approaches.
- **Flexibility of services:** The client was advised to contact GMVS again if she changed her mind, recognising that victims' needs can change over time and that support should be available if needed in the future. This demonstrates the importance of flexibility and sensitivity in addressing victims' needs and preferences.
- **Multi-agency approach:** The clients ongoing contact with police officers demonstrates that a multi-agency approach can provide necessary support to victims, which aligns with the recommendations from the focus groups, and the value placed on multi-agency working by service providers.

⁵⁶ *Target hardening* refers to the practice of increasing the security of a property to make it more resistant to criminal activities. Measures may include installing stronger locks, security cameras, alarms, and other physical enhancements designed to deter potential offenders.

Training and awareness

Both statutory and VCFSE service providers noted that awareness and understanding of HBA, FM, and FGM should be embedded across all services and staff to ensure effective prevention, identification, and intervention.

The analysis of the focus group discussions strongly supports this position, with participants consistently highlighting the need for specialised training to address knowledge gaps, improve cultural sensitivity, and build confidence among professionals in handling these complex cases. This training should extend beyond basic awareness to encompass a deeper understanding of the cultural contexts, the nuances of terminology, and the specific needs of diverse communities affected by these harmful practices.

Examples and quotes from the research illustrate the need for enhanced training and awareness:

- **Lack of understanding among professionals:** Several participants in the focus group discussions highlighted the limited awareness and understanding of HBA, FM, and FGM among many professionals, which can lead to missed opportunities for intervention and support
- One VCFSE provider noted: *“There can be a reticence, fear or reluctance to work with HBA, FM, and FGM as it is viewed as more complicated than other forms of DA, and therefore this leads to other professionals either missing the risk or feeling like only a specialist service can deal with it. This can mean that some the basics can be missed for survivors.”*
- Another VCFSE provider expressed concern about the use of children as interpreters, indicating a lack of awareness of the potential risks and ethical implications: *“There was [...] a lack of awareness by statutory services who, in some cases, used children to interpret for parents.”*
- **Confusion and inconsistencies in terminology:** The discussions also revealed confusion and inconsistencies in the terminology and definitions related to HBA, FM, AND FGM, further emphasising the need for standardised training to establish a shared understanding and facilitate effective communication among professionals.
- One focus group participant observes: *“we struggle don't we with a lack of any statutory definition...there isn't one defining one.”*
- This lack of clarity can create challenges for professionals in identifying and responding to these issues appropriately.
- **The need for specialised training across sectors:** Participants identified specific training needs across various sectors:
- Another participant advocates for training that addresses the intersectionality of HBA, FM, and FGM with violence against women and girls: *“whatever goes in the training that has to be clear so it doesn't ‘other’ particular groups.”*
- A further participant highlights the need for training interpreters working with victims: *“has that interpreter had specific training on domestic abuse ... honour-*

based violence and so forth?" She stresses the importance of ensuring interpreters understand the nuances of terminology and can accurately convey information.

- Another emphasises the need for training on immigration issues for professionals working with victims: *"additional training in general on immigration for domestic abuse services...that's a really massive one."*
- **Existing training initiatives:** The participants acknowledged existing training initiatives, such as those developed by Project Choice and NESTAC, but highlighted the lack of sustained funding as a barrier to continuity and expansion.
- They advocated for a standardised training package that can be implemented across Greater Manchester to ensure consistency.
- One participant suggests *"a kind of standardised package so we're all singing off the same hymn sheet if you like. So, there's the same messages going out across GM."*
- Another emphasises the need for an overarching strategy for Greater Manchester, ensuring adequate resources and consistent implementation - that can feed into localities.

The focus group discussions and service provider feedback stress the need for comprehensive and ongoing training programmes that equip professionals with the knowledge, skills, and confidence to effectively address HBA, FM, AND FGM.

By investing in robust training and awareness initiatives, GMCA and service providers can foster a more informed, responsive, and supportive environment for victims of HBA, FM, AND FGM. This, in turn, can contribute to the broader goal of preventing these harmful practices and promoting the safety and well-being of all individuals and communities in Greater Manchester.

Peer support

The scoping and research exercise strongly highlights the value of peer support in empowering victims and facilitating their recovery. Peer support, delivered by individuals with lived experience of HBA, FM, AND FGM, offers a unique level of understanding, empathy, and practical guidance that can be invaluable for those navigating the complex challenges associated with these harmful practices. This support can be particularly beneficial for victims who may feel isolated, stigmatised, or reluctant to engage with formal services due to cultural barriers, fear of judgment, or lack of trust in authorities.

Participants in the focus groups and surveys offer compelling evidence and insights into the positive impact and critical need for peer support:

- **Power of shared experience:** Service providers consistently highlight the transformative potential of peer support in helping victims regain control, build confidence, and navigate the support system.

- A VCFSE provider states: *"Peer support can provide a level of understanding that professionals may struggle with. It's a powerful tool in helping victims regain control."*
- Another participant highlights the profound impact of peer mentoring in her work with FGM survivors: *"speaking to someone who has actually been through it and then been trained to speak to individuals and speak to their own community leaders has been really groundbreaking for our particular service."*
- She further highlights the importance of cultural understanding in peer support: *"I couldn't access as many people or as many different levels within the community without the peer mentors, and not only because of the language barrier, but also that cultural understanding"*
- **Addressing gaps in provision:** Participants in the focus groups recognise the current scarcity of peer support services, particularly those tailored to the specific needs of diverse communities.
- They advocate for increased investment in peer support programmes, ensuring that victims have access to this vital resource.
- **Models of success:** The scoping and research exercise identified successful models of peer support already in operation in Greater Manchester, highlighting their potential for replication and expansion.
- The Guardian Project's peer mentoring programme, focused on FGM, demonstrates the effectiveness of this approach in empowering survivors and engaging community leaders.
- NESTAC's model of training peer mentors, including those from diverse linguistic and cultural backgrounds, offers a promising solution to addressing language barriers and promoting culturally sensitive support.
- **Challenges and opportunities:** While acknowledging the benefits of peer support, participants also identified challenges related to funding, sustainability, and training.
- They stress the need for long-term funding commitments to ensure the stability and continuity of peer support programmes.
- Standardised training for peer mentors is essential to ensure quality and consistency in service delivery.
- Service providers also advocate for increased awareness among statutory agencies about the value of peer support, encouraging referrals and collaboration.

The evidence strongly suggests that peer support is a fundamental component of a comprehensive and effective response to HBA, FM, AND FGM. By investing in and expanding peer support programmes, GMCA and service providers can create more accessible, culturally sensitive, and empowering support systems that enable victims to heal, rebuild their lives, and contribute to the prevention of these harmful practices.

Building trust

Taking time to build trust and rapport with the victim is important, accepting they may not be able to describe or disclose all aspects of their situation initially, and that issues may take time to explore fully. This was shown to strengthen their self-empowerment and decision-making and increase engagement of victims in the longer-term.

The scoping and research exercise strongly highlights the critical role of trust in facilitating disclosure and engagement with support services for victims of HBA, FM, and FGM. Building trust requires a sensitive, patient, and non-judgmental approach that recognises the unique vulnerabilities and complex challenges faced by these victims. Many victims may be hesitant to disclose their experiences due to fear of repercussions from their families or communities, shame, stigma, cultural barriers, or lack of trust in authorities. Service providers need to prioritise creating a safe, supportive, and empowering environment where victims feel heard, believed, and respected.

Several key themes related to building trust emerged from the analysis of the focus groups, as well as the wider scoping and research exercise:

- **Recognising the complexity of disclosure:** Service providers highlight the importance of understanding that disclosure is not a one-time event but an ongoing process that can unfold over time as trust develops. Victims may initially reveal only partial information or avoid discussing certain aspects of their situation until they feel safe and confident in the support they are receiving.
- The research emphasises: *"Taking time to build trust and rapport with the victim is important, accepting they may not be able to describe or disclose all aspects of their situation initially, and that issues may take time to explore fully."*
- This highlights the need for patience, empathy, and skilled communication on the part of service providers.
- **Cultural sensitivity and understanding:** The need for culturally sensitive practices that respect the beliefs, values, and communication styles of victims from diverse backgrounds is paramount in building trust. Service providers must be mindful of cultural nuances that may influence a victim's willingness to disclose information or engage with support services.
- One focus group participant's concern about the misinterpretation of information by interpreters who lack specialised training on domestic abuse and HBA highlights the importance of ensuring that cultural and linguistic competency are embedded in service provision:
- *"You know, in terms of honour-based abuse and forced marriage, there isn't someone that we can say, 'OK, actually refer them through' because the things that we have done, we had the counsellor come back to us and say, 'Oh, we don't have that understanding'"*
- **Confidentiality and safety:** Assuring victims of confidentiality and taking steps to protect their safety are essential in fostering trust. Service providers must be

transparent about their policies and procedures regarding information sharing and demonstrate a commitment to prioritising the victim's well-being.

- **Empowerment and agency:** Empowering victims to make their own choices and supporting their self-determination is crucial in building trust and facilitating long-term engagement with services. Service providers should avoid imposing solutions or making decisions on behalf of the victim, instead focusing on providing information, options, and resources that enable them to exercise agency and control over their lives.
- The research emphasises: "*This was shown to strengthen their self-empowerment and decision-making and increase engagement of victims in the longer-term*".

By prioritising these principles, service providers can establish trusting relationships with HBA, FM, and FGM victims, creating a foundation for effective support, empowerment, and advocacy. This trust is essential for enabling victims to access the services they need, break free from harmful situations, and rebuild their lives with dignity and hope.

Multi-agency working

The research findings consistently highlight the importance of multi-agency working in effectively addressing the complex challenges of HBA, FM, and FGM. Successful collaboration requires breaking down silos between agencies, establishing clear lines of responsibility, and creating shared protocols for information sharing, referrals, and case management. Project Choice's active engagement in 241 strategy meetings, 161 MARACs, 44 Child Protection Conferences, and 158 Core Group/LAC Reviews/CIN meetings, showcases a valuable model of how specialist services can collaborate with statutory bodies to improve outcomes for victims.

By working together, statutory agencies, specialist organisations, and community groups can leverage their expertise, resources, and networks to provide a comprehensive and coordinated response that meets the diverse needs of victims and works toward the prevention of these harmful practices.

The analysis of the focus group discussions highlights several key themes related to multi-agency working:

- **Benefits of collaboration:** Service providers consistently highlight the positive impact of multi-agency working in improving service delivery and outcomes for victims.
- Multi-agency working between the VCFSE, Independent Domestic Violence Advisors (IDVAs), police, health, housing, and education sectors was valued by service providers, through either operational integration, advice and/or sharing of information (e.g., MARAC) to inform decision making.
- Participants in the focus groups shared specific examples of successful multi-agency initiatives, such as the Rochdale working group, which fostered collaboration between the police, VCFSE organisations, and other agencies.

- Sharing information and expertise allows for a more holistic understanding of the victim's situation and needs, enabling agencies to develop appropriate and coordinated support plans. One participant notes: *"You can...peer review different cases...discuss individual cases...have a contact."*
- Multi-agency working also facilitates professional development and a shared learning culture among practitioners. This can lead to improved practices, increased awareness, and a more consistent and effective response across different agencies.
- **Challenges to collaboration:** Despite the recognised benefits, participants also identify significant barriers to effective multi-agency working, including:
 - Lack of clear referral pathways and protocols; inconsistent communication and information sharing; limited understanding of HBA, FM, and FGM among some professionals; insufficient funding and resources to support collaborative initiatives; and conflicting priorities and organisational cultures.
- **Recommendations for improvement:** To address these challenges and enhance multi-agency collaboration, participants offer several recommendations:
 - Develop and implement clear referral protocols between statutory agencies and specialist HBA, FM, and FGM services, ensuring that victims are directed to the most appropriate support.
 - Provide mandatory training for all professionals who come into contact with potential victims, equipping them with the knowledge and skills to identify and respond to HBA, FM, and FGM effectively.
 - This training should cover terminology, cultural sensitivity, risk assessment, safety planning, and referral pathways.
 - Establish a centralised unit within GMP to oversee and govern all HBA, FM, AND FGM-related activities, ensuring a coordinated and consistent approach across the police force.
 - Create multi-agency forums or working groups dedicated to addressing HBA, FM, AND FGM, providing a platform for information sharing, case discussion, and collaborative problem-solving.
 - Increase funding for specialist HBA, FM, and FGM services and support collaborative initiatives that enhance multi-agency working. This is in line with recommendations made by The Office of the Domestic Abuse Commissioner.⁵⁷
- **Models for collaboration:** The scoping and research exercise and focus group discussions highlight several successful models of multi-agency working that could be replicated or adapted in Greater Manchester:
 - The Rochdale working group demonstrates the effectiveness of bringing together professionals from different agencies to share expertise, discuss cases, and develop coordinated responses (see Box 6).

⁵⁷ Domestic Abuse Commissioner (2024). *Briefing Paper: 'By and for' funding pot*. Available at: <https://domesticabusecommissioner.uk/wp-content/uploads/2024/10/by-and-for-costings-paper-UPLOAD-FEB-25.pdf>

- The Lotus Hub model, which brings together multiple organisations under one banner to provide a range of services, offers a potential solution for streamlining service delivery and improving accessibility.
- The Guardian Project's peer mentoring programme highlights the value of engaging individuals with lived experience in multi-agency initiatives, leveraging their expertise and cultural understanding to enhance support services.

The evidence from the scoping and research exercise strongly suggests that multi-agency working is essential for effectively addressing HBA, FM, and FGM and providing comprehensive support for victims. By prioritising collaboration, investing in training, establishing clear protocols, and securing adequate funding, GMCA and service providers can create a more coordinated, responsive, and empowering system that protects victims, challenges harmful cultural norms, and promotes the well-being of all communities.

Box 7: Case study: The Rochdale Working Group: A model for multi-agency collaboration in addressing HBA, FM, and FGM

The Rochdale Working Group stands out as a successful model of multi-agency collaboration in Greater Manchester for addressing the complex issues of HBA, FM, and FGM. Identified within the GMCA scoping and research exercise as an example of good practice, the working group fostered a collaborative environment that improved communication, information sharing, and ultimately, support for victims.

Key features of the Rochdale Working Group: The primary strength of the Rochdale Working Group lay in its ability to bring together professionals from various sectors, including the police, VCFSE organisations, and other relevant agencies. This multi-agency approach was key in breaking down silos and ensuring a more coordinated response to HBA, FM, and FGM.

One focus group participant, representing GMP, highlighted the practical benefits of this collaboration during a focus group discussion: *"at those groups what happens is all the different services work together. You can...peer review different cases...discuss individual cases...have a contact rather than having to try and phone and you can't get hold of anybody and there's no one answering your emails, so it's just really whether or not that's a potential action to consider as something we should do"*. This quote highlights how the working group facilitated direct communication and peer support among professionals, streamlining processes and ensuring that cases were reviewed with a comprehensive understanding from different perspectives. The ability to easily contact other professionals within the network addressed a significant barrier often faced by those working to support victims.

Benefits of collaboration and shared expertise: The Rochdale Working Group provided a platform for the sharing of expertise and resources. Professionals from different backgrounds could contribute their unique knowledge and understanding of HBA, FM, and FGM, leading to more informed decision-making in individual cases. The

ability to "peer review different cases" allowed for a collective assessment of risk and the development of more effective safety plans. This collaborative environment also likely contributed to professional development and a greater understanding of the nuances involved in these forms of abuse.

Recognition as a model for replication: The success of the Rochdale Working Group has been recognised as a valuable model that could be replicated or adapted across other boroughs in Greater Manchester. The positive feedback from participants in the GMCA scoping and research exercise indicates that the principles of multi-agency working and shared expertise fostered by the Rochdale model are seen as essential for improving the overall response to HBA, FM, and FGM in the region. One focus group participant also alluded to the desire to "*mimic what you [another participant] had in Rochdale in that sense where we can have that working, especially in looking on cases and stuff*", further emphasising the perceived effectiveness of the Rochdale approach.

While one participant did not directly comment on the Rochdale Working Group in the focus groups, her emphasis on the need to break down silos between agencies and establish clear lines of responsibility aligns with the core principles that made the Rochdale model successful. Her observation that "*nobody's owning that certainly in Rochdale*" suggests that perhaps the working group addressed this very issue within that locality, making it a notable exception.

For Greater Manchester commissioners and service providers: Building on the Rochdale Working Group's value, actively facilitate regular multi-agency forums across all boroughs/sub-regions. Ensure consistent representation from police, health, social services, education, and the VCFSE sector (especially 'By and For' organisations) to enable expertise sharing, peer case review, and coordinated responses. These forums require clear terms of reference, dedicated resources, and mechanisms to inform strategic planning and service delivery. Service providers are strongly encouraged to proactively participate, contributing knowledge for a more integrated and effective regional approach to HBA, FM, and FGM.

Culturally appropriate services

Participants in this scoping and research exercise consistently highlighted the critical need for culturally appropriate services that are sensitive and responsive to the diverse experiences of HBA, FM, and FGM victims across Greater Manchester. Developing such services necessitates a thorough understanding of the cultural nuances, beliefs, and communication styles prevalent within various communities to ensure support is accessible, empowering, and unbiased.

The breadth of this need is highlighted by Project Choice's work with clients from 33 different ethnicities, demonstrating the wide range of cultural backgrounds services must be equipped to support. Yasmin Khan (Halo Project) further emphasised the importance of integrating local services into support networks. National providers, she

noted, often lack the crucial local intelligence, established trust, and awareness of emerging groups within large metropolitan areas that are essential for effective victim support.

Acknowledging the practical limitations of individual professionals reflecting the entirety of Greater Manchester's diverse population, Project Choice stressed the importance of identifying and collaborating with third-party organisations possessing the specific cultural competencies to identify ethnic nuances. This recognition underscores that each community and individual client will have unique experiences that may manifest and present differently. This emphasis on culturally appropriate service provision was a recurring and significant theme throughout the focus group discussions and the broader scoping and research exercise, leading to several key considerations:

- **Understanding the cultural context** is vital for effective service provision. HBA, FM, and FGM occur within specific cultural frameworks that significantly shape victims' experiences, their understanding of abuse, their help-seeking behaviours, and how they engage with support services. Service providers must therefore cultivate a nuanced understanding of these cultural contexts to prevent misinterpretations, avoid implementing unsuitable interventions, and ensure they do not inadvertently further marginalise victims.
- **Building trust and rapport** is paramount in supporting victims of HBA, FM, and FGM, a process significantly enhanced by cultural sensitivity (as highlighted in Section 2). Victims from minority communities may hesitate to disclose information or seek help from service providers lacking understanding or respect for their cultural background and values.
- **Language and communication** present significant barriers for victims seeking support. Access to high-quality, culturally competent interpreters is essential. These interpreters should possess linguistic proficiency alongside specialised training in HBA, FM, FGM, domestic abuse, and relevant legal terminology to avoid critical misinterpretations, a risk highlighted by another participant: *"It's so important that we have, start giving like, interpreters that people using or the local authority are using have an understanding of what honour-based violence...is...and the wordings on core elements, protective orders...and so forth"*.
- **Increasing representation and diversity** within service provider workforces is important for ensuring victims feel seen, heard, and understood. Staff who reflect the cultural and linguistic backgrounds of the communities served can significantly enhance trust, facilitate communication, and promote culturally sensitive practices. As one participant argued, *"I think the...added value of where minoritised communities or organisations, specialists, BME organisations [are] picking up some of this work...[is] I think it's harder to...lob that accusation [of racism]."*
- **Examples of good practice:** The scoping and research exercise identified several examples of good practice in culturally appropriate service delivery

across Greater Manchester: the production of multilingual marketing and support literature to improve accessibility; the provision of culturally specific items like hair and beauty products, clothing, and food in refuges to enhance comfort and reduce re-traumatisation; and the development and implementation of faith-sensitive responses that respect victims' religious beliefs and practices.

- **Addressing challenges:** Despite positive examples, the research also highlighted significant challenges in providing culturally appropriate services, including a lack of funding and resources for specialised services targeting specific cultural groups, limited availability of culturally competent interpreters and bilingual staff, professionals' fears of being perceived as racist or culturally insensitive hindering effective intervention, and the tendency to stereotype certain communities, leading to bias and the neglect of victims from other backgrounds.

By prioritising culturally appropriate services, GMCA commissioners and service providers can create a more equitable, accessible, and effective system of support that meets the unique needs of HBA, FM, and FGM victims from diverse backgrounds. This approach is essential for ensuring that all victims have the opportunity to access the help they need, regardless of their cultural or linguistic background.

4. Conclusions

Commissioned by the Greater Manchester Combined Authority (GMCA), this scoping and research exercise provides a comprehensive overview of the support service landscape for victims of ‘honour’-based abuse (HBA), forced marriage (FM), and female genital mutilation (FGM) in Greater Manchester. Recognising the absence of reliable national information on these critical issues, the GMCA proactively undertook this significant research exercise, demonstrating a clear commitment to improving its strategic response to supporting victims across the region.

This in-depth study involved extensive engagement with local stakeholders and consultation with national experts. The research has mapped existing services and identified crucial gaps, while also illuminating valuable victim and, to the extent possible, perpetrator profiles. This enhanced understanding of who is affected, the nature of the abuse they experience, and the characteristics of those perpetrating these harms has the potential to provide valuable insights that may inform responses to HBA, FM, and FGM within Greater Manchester and potentially across England and Wales, given the region's diverse population and reported high rates of these harmful practices.

The research highlights the valuable contributions of both statutory and Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations, which offer a range of services and demonstrate examples of good practice in supporting victims. However, the exercise also reveals that significant gaps and challenges remain, impeding the consistent and effective delivery of support to all victims. Key conclusions include:

- **Existing services often fail to meet the specific needs of victims.** There are critical gaps in the availability of 24-hour support, access to interpreters, safe accommodation, and services tailored for male and LGBTQ+ victims. The lack of culturally sensitive services is particularly concerning given the diverse needs of victims, with one service, Project Choice, having worked with clients from 33 different ethnicities. This indicates a systemic failure to provide appropriate care that addresses the nuances of different communities.
- **Funding is insufficient and unsustainable,** which severely limits the capacity of services. The current reliance on short-term, project-based funding models undermines the ability of organisations to provide consistent and reliable support. This lack of long-term financial stability prevents services from planning effectively, building expertise, and maintaining essential programmes. The decommissioning of Project Choice, a service that provided strategic work and data collection, is an example of how short-term funding can disrupt vital support systems.
- **There is a lack of clear referral pathways between agencies,** which leads to delays in victims accessing appropriate services. This lack of coordination means that victims may be passed between different organisations without

receiving timely or appropriate assistance. The absence of seamless referral mechanisms also increases the risk of victims being lost within the system, further delaying or preventing them from receiving necessary support.

- **Culturally appropriate services are not consistently available.** Despite the diverse needs of victims from various communities, there is a lack of services that are sensitive to different cultural contexts. This deficiency prevents victims from minority communities from feeling safe and understood by service providers. There is also a lack of understanding of how cultural contexts influence victims' experiences, perceptions of abuse, and help-seeking behaviours.
- **Data collection is inconsistent** due to the lack of standardised terminology and recording practices across different boroughs and agencies. This makes it difficult to accurately assess the prevalence of HBA, FM and FGM and creates "fuzzy data". The inconsistent recording practices also mean that the true scale of the problem is likely underrepresented, hindering effective service planning. The absence of a unified approach to defining and recording HBA, FM, and FGM is a significant barrier to informed and targeted interventions.

Addressing the substantial challenges within the current support system for victims of HBA, FM, and FGM in Greater Manchester, the research urgently highlights the need for:

- **A unified, Greater Manchester-wide strategy with robust data and standardised definitions:** To effectively address HBA, FM, and FGM, a comprehensive strategy must be implemented across all ten boroughs. This requires establishing standardised definitions for consistent recording and reporting, alongside improved and consistent data collection mechanisms that move beyond basic demographics to record other vulnerabilities and forms of abuse. Public services should be mandated to record ethnicity, aligning with government standards for ethnicity data.⁵⁸ This unified approach will replace the current fragmented service landscape and ensure consistent pathways and procedures.
- **Sustainable, long-term funding for specialist HBA, FM, and FGM services:** Ensuring the stability and continuity of essential support requires a shift away from short-term, project-based grants towards sustainable, long-term funding models for specialist HBA, FM, and FGM services. Inadequate and inconsistent funding currently undermines the effectiveness of crucial support.
- **Specialised professional training for enhanced cultural competency and confidence:** Comprehensive and specialised training on HBA, FM, and FGM must be mandated for key professionals across all relevant sectors. This training should aim to improve cultural competency, knowledge, and confidence in handling these complex cases, addressing terminology, intersectionality, and the

⁵⁸ Office for Equality and Opportunity (2023). *Standards for Ethnicity Data*. Available at: <https://www.gov.uk/government/publications/standards-for-ethnicity-data/standards-for-ethnicity-data>

specific needs of diverse communities. The current lack of adequate training leads to misunderstanding and inconsistent responses.

- **Culturally sensitive services tailored to diverse communities:** Service provision must be tailored to meet the specific needs and experiences of victims from various communities. This requires understanding and addressing the cultural nuances, beliefs, and communication styles prevalent within these communities to ensure support is accessible, empowering, and free from judgment or bias. The diverse client base, as exemplified by Project Choice working with 33 different ethnicities, clearly demonstrates this need.
- **Strengthened multi-agency collaboration for a coordinated response:** To overcome the current fragmentation and lack of information sharing, strengthened multi-agency collaboration is essential. This includes establishing clear referral pathways between different agencies and services involved in supporting victims and creating frameworks and benchmarks for effective joint working to ensure a more coordinated and holistic approach.
- **Community engagement and broad awareness-raising programmes:** Initiatives should address the broader range of harmful practices beyond HBA, FM, and FGM, including virginity testing, child marriage, breast ironing, hymenoplasty, and Child Abuse Linked to Faith and Belief (CALFB). Active community involvement is crucial for building trust, raising awareness, ensuring that services are appropriate for different communities, and ultimately encouraging help-seeking behaviours at the grassroots level.

Overcoming the identified critical issues highlighted in this report is essential to establishing a more robust and empowering support system for victims of HBA, FM, and FGM across Greater Manchester. Addressing existing service gaps, inconsistencies, and funding limitations requires a concerted effort focused on key priorities. By prioritising a unified strategic approach, ensuring sustainable resource allocation, fostering skilled and culturally competent professionals, delivering tailored support, enhancing inter-agency collaboration, and actively engaging communities in awareness and prevention, Greater Manchester can forge a more effective and responsive landscape where all victims receive the necessary care and protection. The subsequent recommendations offer a clear direction for achieving this vital transformation.

5. Recommendations

Recommendation 1: Implement a unified, Greater Manchester-wide strategy for addressing HBA, FM, and FGM

This recommendation calls for the development and implementation of a comprehensive strategy across Greater Manchester to address ‘honour’-based abuse (HBA), forced marriage (FM), and female genital mutilation (FGM). This unified approach is essential to move beyond the current fragmented service landscape.

Strategic elements: The strategy must include several key components:

- **Standardised definitions:** The strategy must establish clear and consistent definitions of HBA, FM, and FGM that are uniformly applied across all ten boroughs. This will address the current lack of consensus on terminology that hinders data collection and service provision.
- **Consistent and ongoing data collection:** The strategy should implement uniform data collection mechanisms across all boroughs. This will address the current situation in which each borough reports data differently, or does not report it at all. The lack of consistent recording mechanisms and data hinders the identification of victim types and needs. Emphasis should be placed on establishing data collection as an ongoing process that continuously informs the strategy's implementation and adaptation.
- **Clear multi-agency collaboration guidelines:** Establish well-defined guidelines to foster collaboration among agencies, ensuring consistent pathways and procedures are in place. By addressing the current gaps in communication and coordination, these guidelines will enable more effective and cohesive responses.
- **Focus on prevention and early intervention:** The strategy must prioritise prevention and early intervention programmes, moving beyond reactive measures. This includes working with health services, education, and social care where disclosures are often made.
- **Community engagement:** The strategy should include community engagement strategies and awareness-raising programmes, specifically designed to reach diverse communities and challenge harmful cultural norms.
- **Addressing specific needs:** The strategy should address the needs of male victims and LGBTQ+ individuals. The strategy must also address issues of racism, cultural sensitivity, and the impact of no recourse to public funds.

Measurable outcomes: The success of this strategy should be measured using specific metrics, including:

- A reduction in the number of reported HBA, FM, and FGM incidents.
- Improved data quality.
- Increased referrals to support services.
- Improved satisfaction among victims.

Achievability: This recommendation is achievable by:

- Building on existing work and identifying best practices across the ten boroughs.
- Drawing on the knowledge and expertise of local service providers and community organisations.

Relevance: This recommendation is relevant because it directly addresses:

- GMCA's role as a commissioner of victim services.
- The need for a coordinated and consistent approach across Greater Manchester.
- The limitations of siloed approaches and the need for unified data collection, as identified by service providers.
- The decommissioning of Project Choice, which highlights the need for a unified approach.

Time-bound implementation: The strategy should be developed and ready for implementation within 18 months. Specific targets for achieving outcomes should be reviewed every 6 months, with annual reports.

Responsibilities: This recommendation is aimed at:

- **GMCA** as commissioners, to lead the development and oversee the implementation of the strategy.
- **Local authorities** in each of the ten boroughs, to contribute to and implement the strategy in their areas.
- **Service providers** (both statutory and voluntary), to actively participate in the development and implementation of the strategy, contribute their expertise, and ensure consistent service delivery.

Recommendation 2: Establish sustainable, long-term funding models for HBA, FM, and FGM services

This recommendation addresses the critical need for stable and consistent funding to support specialist services working with victims of 'honour'-based abuse (HBA), forced marriage (FM), and female genital mutilation (FGM) in Greater Manchester. The current funding landscape, characterised by short-term, project-based grants, is unsustainable and undermines the effectiveness of these essential services.

Specific changes: This recommendation calls for a significant shift in how funding is approached:

- **Move away from short-term funding:** The current reliance on short-term, project-based funding must end. This model has been shown to cause instability, disrupt successful initiatives, and prevent effective long-term planning.
- **Strengthen the foundation for sustainable funding through national data advocacy:** Recognising that effective and long-term funding for HBA, FM, and FGM services requires a clear understanding of the scale and nature of these issues, GMCA should proactively lobby and influence national government for significant improvements in data collection. This includes advocating for mandated and standardised ethnicity recording, as highlighted by national experts and focus group participants, alongside other crucial data points. Better national data will provide the robust evidence needed to justify sustained and increased funding allocations at both local and national levels, ensure resources are targeted effectively to meet the needs of diverse communities, and enable the accurate measurement of the impact of funded interventions, ultimately contributing to the sustainability of essential services.
- **Ensure long-term strategic planning:** Funding models should support long-term strategic planning, allowing organisations to develop and implement robust, sustainable programmes and services. This will help to address the root causes of these harmful practices.
- **Increase funding for existing services:** Increased funding is needed for effective existing services such as the Guardian Project, SOS Project, and other specialist services, ensuring they can expand their reach and impact.
- **Allocate funding for specialist support:** Funding should be specifically allocated for specialist counselling and emotional support, peer mentoring, culturally sensitive interpretation services, and culturally competent and specialist refuges.

Measurable outcomes: The success of this funding model can be measured by:

- **Reduced service waiting times:** Ensure victims can access services promptly.
- **Increased capacity of service providers:** Enable service providers to handle a greater number of cases and expand their programmes.
- **Improved staff retention rates:** Stability in funding is essential to retain experienced staff.
- **Reduction in service closures:** Prevent service closures due to funding shortfalls.
- **Minimum 3-Year funding cycles:** All services should be provided with a minimum of 3-year funding cycles.
- **Annual review:** An annual review should be undertaken to ensure quality and sustainability.

Achievability: This recommendation is achievable by:

- **Leveraging existing resources:** Use existing resources and funding streams.
- **Allocating dedicated funding:** Allocate new funding streams specifically for HBA, FM, and FGM services through dedicated budgets.
- **Partnership approaches:** Ensure funding is aligned with the outcomes framework described in GMCA's Gender-Based Violence Strategy.

Relevance: This recommendation is highly relevant because it directly addresses:

- **GMCA's role in commissioning:** It is directly relevant to GMCA's role in commissioning and funding victim services.
- **Challenges with current funding models:** It responds to the challenges of the current funding model, which have been highlighted by service providers.
- **Need for sustainable support:** It addresses the need for sustainable support for specialist 'By and For' organisations that serve Black and minoritised communities.
- **Prevention of harm:** It recognises that a long term approach is required to prevent harm, and that funding should support that.

Time-bound implementation: New funding models should be in place within 2 years, including:

- **Pilot period:** A pilot period should be established in the first year.
- **Full implementation:** Full implementation should occur in the second year.

Responsibilities: This recommendation is aimed at:

- **GMCA:** To allocate adequate and long-term funding.
- **Funders:** To move away from short-term funding approaches.
- **Service providers:** To actively participate in funding discussions.

Recommendation 3: Ensure comprehensive and specialised training for all professionals interacting with victims of HBA, FM, and FGM

This recommendation addresses the critical need for consistent and comprehensive training for all professionals who come into contact with victims of 'honour'-based abuse (HBA), forced marriage (FM), and female genital mutilation (FGM) across Greater Manchester, ultimately ensuring a fundamental level of competence across the workforce to protect and support vulnerable individuals. The current lack of adequate and specialised training leads to misunderstanding, inconsistent responses, and poor safeguarding for victims. As highlighted in the research, many professionals express a limited awareness and understanding of these complex issues, which can result in

missed opportunities for intervention and a failure to build trust with victims. The need for specialised training is emphasised throughout the findings of this scoping and research exercise to equip professionals with the necessary knowledge, skills, and cultural competency to effectively identify and respond to the specific needs of diverse communities affected by HBA, FM, and FGM.

- **Specific training elements:** This recommendation calls for the development and implementation of a standardised training programme that includes:
- **Consistent terminology:** Training must address the complexities of terminology related to HBA, FM, and FGM, ensuring a shared understanding among professionals.
- **Cultural competency:** Training must improve cultural competency, enabling professionals to understand the cultural contexts in which these harmful practices occur.
- **Intersectionality:** The training should address intersectionality, recognising how factors like gender, sexual orientation, immigration status, and cultural background intersect and influence experiences of HBA, FM, and FGM.

Specific needs of diverse communities: Training must address the specific needs of diverse communities, avoiding stereotypes, and ensuring support is tailored to individual circumstances.

- **Identification of victims:** Professionals need to be trained to identify victims, understand the dynamics of abuse, and recognise risk factors, as well as the barriers that prevent victims from seeking help.
- **Culturally sensitive support:** Training should equip professionals to provide culturally sensitive support and make appropriate, timely referrals.
- **Understanding of racism and racial trauma:** Training must address issues of racism and racial trauma, as well as the impact of no recourse to public funds, and how these issues can create further barriers for victims seeking help.
- **Disassociation of race and culture from safeguarding procedures:** Training should disassociate race and culture from safeguarding procedures, to prevent inaction due to racial anxiety among professionals who lack understanding of HBA, FM, and FGM.
- **Safety planning:** Training should include the importance of the 'One Chance' rule,⁵⁹ safety planning, risk assessment indicators, and the impact of revenge and reprisal on victims.
- **Clear referral pathways:** Training must include information on referral pathways and clear processes for handover of cases.

⁵⁹ The 'One Chance' rule highlights the vital and often singular opportunity that professionals have to support potential victims of HBA and FM, and the urgency and responsibility of staff within statutory agencies to recognise their duty when encountering these cases. If a potential victim leaves without receiving the necessary support, a crucial opportunity to intervene—and potentially save a life—may be lost. Therefore, all professionals must be fully aware of their responsibilities and act promptly to provide immediate, effective assistance.

- **Immigration issues:** Training should cover immigration issues for professionals working with victims.

Targeted professionals: This training should target key professionals in all relevant sectors, including:

- Healthcare
- Education
- Social Services
- Police
- The Judiciary
- Interpreters
- Probation Services
- Housing
- Voluntary and Faith sectors
- IDVAs

Measurable outcomes: The effectiveness of this training programme should be measured by:

- **Increased identification of cases:** An increase in the number of HBA, FM, and FGM cases correctly identified and referred to specialist services.
- **Improved skills and confidence:** An improvement in the confidence and skills of professionals working with victims.
- **Annual reviews:** Training should be reviewed and updated annually, with regular evaluations to ensure that content remains relevant.
- **Standardised training package:** A standardised training package should be used across Greater Manchester to ensure consistency.

Achievability: This recommendation is achievable by:

- **Collaboration:** Developing a core training package in collaboration with specialist organisations and incorporating existing best practices.
- **Expert trainers:** Ensuring training is delivered by trained professionals with experience in HBA, FM, and FGM cases.

Relevance: This recommendation is highly relevant because it directly addresses:

- **The need for improved understanding:** It responds to the need for improved understanding and responses to HBA, FM, and FGM cases, as raised by professionals across sectors.
- **Gaps in current training:** It addresses the gaps in current training and ensures consistent and effective responses.
- **The need to prevent harm:** Training is key to the prevention of harm through early identification and intervention, in settings such as health, education, and social care, where disclosures are often made.

- **Consistency of approach:** If all agencies in Greater Manchester were trained with the same package, this would promote a consistent approach.

Time-bound implementation: The training programme should be implemented within a specific timeframe:

- **18 months:** Training packages should be developed, evaluated, and ready for delivery within 18 months.
- **2 years:** All key professionals in relevant sectors should have completed the first training module within 2 years.

Responsibilities: This recommendation is aimed at:

- **GMCA:** As commissioners, to develop and promote the training, and to provide funding for delivery.
- **Training providers:** To deliver specialist training.
- **All relevant sectors and professionals:** All relevant sectors, and all professionals working with vulnerable people to take up training.

Recommendation 4: Strengthen multi-agency collaboration and establish clear referral pathways

This recommendation addresses the critical need for enhanced coordination and communication between different agencies and services involved in supporting victims of ‘honour’-based abuse (HBA), forced marriage (FM), and female genital mutilation (FGM) across Greater Manchester. The current system is often characterised by fragmentation, lack of information sharing, and unclear referral pathways, leading to inadequate and inconsistent support for victims.

Specific actions for collaboration: This recommendation calls for the following actions to strengthen multi-agency collaboration:

- **Establish a tiered system of multi-agency forums:** This will involve creating an overarching Greater Manchester forum dedicated to the HBA, FM, and FGM strategy, alongside local multi-agency forums or working groups in each of the ten boroughs.
 - The overarching GM forum will be responsible for setting the strategic direction, ensuring consistency in the implementation of the unified Greater Manchester-wide strategy, monitoring overall progress, and facilitating the sharing of learning and best practices across all boroughs. This aligns with the need for a coordinated and consistent approach across Greater Manchester.

- Local multi-agency forums will focus on addressing the specific needs and contexts within each borough, fostering collaboration among local statutory agencies (including police, healthcare providers, social services, and educational institutions) and specialist HBA, FM, and FGM services within the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector, and ensuring the effective implementation of the regional strategy at a grassroots level. The success of the Rochdale Working Group demonstrates the benefits and feasibility of such local collaboration. This structure also addresses the current "spotty" and inconsistent service provision across the region.
- Both levels of forums will have standing agenda items on HBA, FM, and FGM, ensuring these issues receive consistent attention and resources. Membership will be diverse, including representatives from relevant statutory and voluntary agencies, community organisations, and potentially individuals with lived experience, to ensure a comprehensive understanding of the issues and effective collaboration.
- Replicate successful models of multi-agency collaboration, such as the Rochdale Working Group, across Greater Manchester, adapting them to local contexts.
- Support a holistic approach to addressing the needs of victims and their families, ensuring agencies are working together to provide a complete support system.
- Ensure that training translates into practical action, focusing on concrete steps agencies can take to support victims.

Specific actions for referral pathways: This recommendation calls for the following actions to establish clear referral pathways:

- Develop clear referral pathways between statutory agencies and specialist HBA, FM, and FGM services within the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector, ensuring victims are directed to the most appropriate support.
- Map existing referral pathways and identify gaps and barriers to effective referrals.
- Establish protocols for information sharing between agencies, ensuring compliance with data protection regulations and a focus on victim safety.
- Develop and disseminate user-friendly information for victims about available support services and how to access them.
- Ensure that referral pathways are victim-centred and trauma-informed, taking into account the specific needs and experiences of individuals affected by HBA, FM, and FGM.

Targeted agencies: This collaboration should involve:

- Police

- Healthcare providers
- Social services
- Educational institutions
- Community organisations
- Voluntary, Community, Faith and Social Enterprise (VCFSE)
- Independent Domestic Violence Advisors (IDVAs)
- Housing

Measurable outcomes: The effectiveness of multi-agency collaboration and referral pathways should be measured by:

- **Increased information sharing:** Increased and effective information sharing between agencies, using secure systems that respect victim confidentiality.
- **Streamlined referral processes:** A reduction in the time it takes for victims to be referred to appropriate services.
- **Reduced waiting times:** Reduced waiting times for victims seeking support.
- **Better coordination of care:** Improved coordination of care and support for victims, ensuring they receive a seamless and consistent service.
- **Reduced repeat victimisation:** Reduction in repeat victimisation.
- **Improved outcomes:** Improved outcomes for victims, measured by their safety, wellbeing, and recovery.
- **Regular evaluations:** Regular evaluations of multi-agency working structures to assess their effectiveness and make improvements as needed.
- **Feedback mechanisms:** Feedback mechanisms should be established to ensure learning and improvements are ongoing.

Achievability: This recommendation is achievable by:

- **Building on existing structures:** Use existing multi-agency structures and build on their strengths.
- **Use existing expertise:** Draw on the expertise of specialist services in designing and implementing referral pathways.
- **Clear communication protocols:** Develop clear communication protocols to ensure all agencies understand their roles and responsibilities.
- **Sharing best practices:** Share best practices from successful initiatives such as the Rochdale Working Group.

Relevance: This recommendation is highly relevant because it directly addresses:

- **The need for coordinated responses:** It responds to the need for coordinated responses and breaking down silos between agencies, a point repeatedly raised by focus group participants.
- **The limitations of siloed approaches:** It recognises the limitations of isolated approaches and the importance of working collaboratively.

- **The need to strengthen referral pathways:** It addresses the need to improve referral pathways, ensuring victims can access the right services at the right time.

Time-bound implementation: New or enhanced referral pathways and collaboration structures should be established within a specific timeframe:

- **18 months:** New or enhanced referral pathways and collaboration structures should be established within 18 months.
- **6-month evaluation:** An evaluation after the first 6 months should be conducted to allow for adjustments.

Responsibilities: This recommendation is aimed at:

- **GMCA:** To facilitate multi-agency working and support the implementation of shared strategies, including the development and oversight of both the overarching GM forum and local multi-agency forums, as well as clear referral pathways and multi-agency collaboration structures between statutory agencies and the VCFSE sector. This includes providing guidance, supporting the establishment of protocols, and monitoring the effectiveness of these pathways and forums across Greater Manchester.
- **All Agencies:** All agencies, including law enforcement, healthcare providers, social services, educational institutions, and community organisations, to actively participate in collaborative initiatives and the tiered forum system, and to promote information sharing.

Recommendation 5: Increase community engagement, awareness-raising, preventative, and educational activities

This recommendation addresses the core need to proactively engage communities, raise awareness, implement preventative, and deliver educational activities about ‘honour’-based abuse (HBA), forced marriage (FM), and female genital mutilation (FGM) across Greater Manchester. It recognises that effective prevention and support require a community-led approach that challenges harmful norms and empowers individuals to seek help. While GMCA fully supports and will facilitate this recommendation, the delivery relies on working with experts, community members, and relevant organisations who are best placed to influence change and build upon existing ongoing work. The design of these programmes and activities should incorporate mechanisms for data collection and agreements on data sharing (where appropriate and ethical) to assess their reach and impact and should be co-designed and delivered with community members and experts.

Specific actions for community engagement: This recommendation calls for the following actions to increase community engagement:

- **Targeted programmes:** GMCA to support the development and implementation of targeted community engagement, awareness-raising, preventative, and educational programmes, especially for those communities where HBA, FM, and FGM are more prevalent, but also within communities that are often overlooked such as Traveller, Romanian, Charedi, and Black African communities.
- **Use of peer mentors:** Support the use of peer mentors and community champions to promote awareness and build trust, particularly with those who may be reluctant to engage with formal services. GMCA to facilitate the training and ongoing support of peer mentors.
- **Community partnerships:** GMCA to foster strong partnerships with community organisations, faith leaders, and cultural groups to create safe spaces for individuals to disclose concerns and to ensure that services are culturally appropriate and accessible.
- **Involve community members:** Actively involve community members in the design and delivery of engagement programmes, ensuring the content is relevant and accessible. Feedback and data from community involvement in design and delivery should be used to improve future initiatives.
- **Lived experience:** Recognise the value of lived experience in engagement and awareness campaigns, leveraging the insights of female and male survivors to inform the approach.
- **Address specific needs:** Tailor engagement strategies to address the specific needs of different communities, recognising the diversity within and between communities.
- **Cultural context:** Acknowledge that HBA, FM, and FGM occur within a specific cultural context that can influence a victim's experience, and ensure services have a nuanced understanding of these cultural contexts.
- **Challenge harmful norms:** Develop and implement educational programmes that challenge harmful cultural norms and promote gender equality within communities. GMCA to support experts in the development and delivery of these programmes.
- **Focus on prevention and early intervention:** Increase the focus on prevention and early intervention rather than just reacting after the fact.

Specific actions for awareness-raising: This recommendation calls for the following actions to improve awareness-raising:

- **Culturally sensitive campaigns:** Develop awareness-raising campaigns that are culturally sensitive, ensuring they maintain depth and relevance while effectively reaching and engaging diverse communities, including those that may be marginalised or perceived as 'hard to reach.' These campaigns should avoid oversimplification, striving instead to respect and reflect the unique cultural contexts and experiences of each audience.

- **Address related practices:** Include information about related practices, such as virginity testing, child marriage, breast ironing and spiritual abuse, as well as the relevant legislation.
- **Multiple languages:** Produce marketing and support literature in multiple languages to improve accessibility.
- **Accessible materials:** Ensure awareness materials are accessible in schools, colleges, universities, job centres, and GP surgeries.
- **Leverage social media:** Use social media platforms to reach a wider audience and to educate the community.
- **Public awareness:** Conduct public awareness campaigns to educate individuals about HBA, FM, and FGM and encourage reporting.
- **Clear messaging:** Ensure the messaging is consistent with commissioned interventions to support victims and tackle perpetrators.
- **Reporting mechanisms:** Make the public aware of reporting mechanisms and the breadth of service provision available to them.

Measurable outcomes: The effectiveness of community engagement and awareness-raising activities should be measured by:

- **Increased knowledge:** An increase in community knowledge and awareness of HBA, FM, and FGM, as well as related practices.
- **Increased reporting:** Increased reporting of incidents to relevant authorities.
- **Increased engagement:** Increased engagement with services by those affected.
- **Change in attitudes:** A positive change in attitudes and beliefs related to HBA, FM, and FGM within communities.
- **Data collection:** Gather data on the effectiveness and reach of campaigns within communities.
- **Feedback mechanisms:** Establish feedback mechanisms to ensure learning and improvements are ongoing.

Achievability: This recommendation is achievable by:

- **Building on existing experience:** Build on the existing experience of Voluntary, Community, Faith and Social Enterprise organisations.
- **Drawing on community knowledge:** Leverage the knowledge of community members, including peer mentors and community champions.
- **Using existing networks:** Use existing networks to promote awareness and engagement.
- **Multi-agency approach:** Use a collaborative approach, working with multiple agencies.

Relevance: This recommendation is highly relevant because it directly addresses:

- **Breaking the silence:** Community engagement is crucial for breaking the silence surrounding HBA, FM, and FGM.

- **Building trust:** It addresses the importance of building trust between communities and services.
- **Addressing harmful cultural norms:** It addresses the cultural norms that can perpetuate abuse.
- **Reaching marginalised groups:** It addresses the need to reach marginalised groups who may be less likely to engage with formal services.

Time-bound implementation: Awareness-raising programmes should be developed and delivered within a specific timeframe:

- **12 Months:** Awareness-raising programmes should be designed and delivered within 12 months.
- **Ongoing Evaluation:** Evaluation of their impact should be ongoing, with annual reviews and adjustments as necessary.

Responsibilities: This recommendation is aimed at:

- **GMCA:** To support and promote community-based initiatives and ensure the reach of campaigns and programmes.
- **Community organisations:** Community organisations, leaders, and peer mentors should actively participate in community-based work and support community members.

6. Annexes

Annex 1: Details of the research methods

This research and scoping exercise adopted a participatory, mixed-methods approach to investigate “honour”-based abuse (HBA), forced marriage (FM), and female genital mutilation (FGM) in Greater Manchester. This approach ensured the research was grounded in the local context, valuing the insights of local stakeholders and prioritising their perspectives throughout the project. The project was conducted between May 2023 and January 2025. The core research team comprised of three researchers from onEvidence Ltd.

Overall aims

The main objectives of this research were to:

- Establish a profile of HBA, FM, and FGM victims in Greater Manchester, to understand the nature and prevalence of these practices, and to identify victims’ support needs.
- Map existing victim services across Greater Manchester to assess support availability and identify gaps.
- Provide actionable recommendations to inform future commissioning of victim services in the region.

Data collection methods

The research employed a variety of methods to collect both primary and secondary data:

- **Rapid review and critical analysis**
 - A review of existing research literature, grey literature, demographic data, and crime statistics related to HBA, FM, and FGM was conducted. This included a review of academic literature, government strategies, and reports.
 - Previously unpublished regional data was accessed, including data from Project Choice (2018-2021) and aggregated crime data from Greater Manchester Police (GMP).
 - This data was subjected to critical analysis to identify trends, gaps, and areas for further investigation.
- **Online survey with service providers**
 - A 33-question online survey was distributed to 20 victim service providers across Greater Manchester, identified through a mapping exercise.

- The survey included both quantitative and qualitative questions to gather information on service provision, collaboration with other services, and their interactions with GMP and GMCA commissioners.
- Seven service providers completed the online survey.
- **Focus group discussions with local stakeholders**
 - Two online focus group discussions were held, with a total of 18 key stakeholders participating. See Table 10.
 - Participants included professionals from health, education, police, housing, training, victim services, and special interest groups.
 - These discussions allowed participants to reflect on preliminary findings from the online survey, share their experiences of working with victims, and provide insights on past, current, and future support services.
 - The focus groups were facilitated by Dr Peggy Mulongo and Meena Kumari.

Consultations with national experts

The research methodology incorporated consultations with three national experts selected for their extensive, specific experience in key areas relevant to HBA, FM, and FGM. These were Yasmin Khan (best practice in service delivery and policy, including her role as Welsh Government VAWG advisor), Dr Maryyum Mehmood (academic expert on gender-based violence, racial injustice, faith, and religion, also associated with the Domestic Abuse Commissioner's Office), and Meena Kumari (expertise in training needs and professional development, also Director of H.O.P.E. Training & Consultancy). Their involvement was integral, significantly enriching the research findings and recommendations by providing vital national perspectives and deep subject-matter expertise.

Drawing on their specialist knowledge, these experts provided ongoing support and guidance that helped shape the research approach and ensure its relevance to current national understanding and challenges. They critically reviewed the draft report, offering feedback that was essential in refining the interpretation of data, strengthening the evidence base, and ensuring accuracy.

Importantly, their insights directly informed the development of actionable and evidence-based recommendations. For instance, discussions with the experts highlighted fundamental issues in the current landscape of commissioning and data collection, noting that existing classification and extraction methods are often unclear and inconsistent, obscuring the true scale of abuse across local authorities. They stressed the critical need for specific, rather than a 'broad brush', approach to training across different professional groups, and strongly advocated for the central role and sustainable funding of 'by and for' services, highlighting that these organisations should be recognised as lead delivery partners due to their local knowledge and cultural understanding. This expert input, drawing on their understanding of best practices,

training requirements, and cultural and religious contexts, was invaluable in ensuring the report's findings and recommendations were grounded in both local realities and national expertise.

The experts further contributed by participating in online consultations and a focus group discussion specifically for reviewing the draft final report. Meena Kumari also co-facilitated focus group discussions with local stakeholders, directly integrating national-level expertise with local perspectives and contributing to the thematic analysis of the discussions.

Data analysis

Data collected through these methods were subjected to different types of analysis:

- **Thematic analysis:** Primary qualitative data from the focus groups was analysed using thematic analysis to identify recurring themes and patterns.
- **Descriptive and diagnostic analysis:** The data from the online surveys were analysed using descriptive (observation and reporting) and diagnostic (insight) analysis.
- **Critical analysis:** Secondary data from the rapid review was subjected to critical analysis.

Participatory approach

- A participatory approach was adopted throughout the project to ensure that the research was grounded in the local context. This method involved local stakeholders in the design of the study, data collection, analysis, and development of the final report.
- The views of local stakeholders were prioritised throughout the process.
- This approach also intended to foster a sense of ownership among the stakeholders, increasing the likelihood of implementation of findings.

Ethical considerations

- A full ethics appraisal was conducted by onEvidence and approved by GMCA before the research commenced.
- All participants were provided with full information sheets and asked to confirm they had read and understood the information before taking part.
- Participants were assured that their participation was voluntary and that all identifiable information would, as far as possible, be removed during data analysis to ensure anonymity in the final report.
- Participants were debriefed after their involvement.

Research team

The core research team for this scoping and research exercise comprised individuals with extensive experience in research, policy, and practice related to HBA, FM, FGM.

The team members were:

- **Dr Roxanne Khan**, Principal Investigator and Report Author: Dr Khan has over two decades of experience in conducting, delivering, and advising on research, policy, and practice related to child abuse, family violence, and domestic homicide. She is the Founding Director of HARM (Honour Abuse Research Matrix) at onEvidence, where she leads multi-partner projects and authors peer-reviewed reports and publications on Honour-Based Abuse (HBA), Forced Marriage (FM), and Female Genital Mutilation (FGM). Additionally, she authored "The Psychology of Honor Abuse, Violence, and Killing" (2024), the first book on this topic for criminal justice professionals, researchers, and policymakers.
- **Paul Morris**, Researcher and Report Author: Mr Morris has five years of experience working on and publishing multiple research and evaluation projects with HBA, FM, and FGM support services and charities across the UK. He also has over 10 years' experience as a project manager, working with public, private, and third-sector clients to coordinate community-based participatory research projects, and develop research impact strategies.
- **Dr Peggy Mulongo**, Investigator and Greater Manchester Context Lead: Dr Mulongo is a national lead FGM consultant and a British Journal of Midwifery award winner in the category of tackling FGM. She is also the Co-Founder of NESTAC. Serving as the project's Greater Manchester context lead and co-facilitator of the focus groups, Dr Mulongo's deep local understanding and ability to foster open discussion were crucial in ensuring the research captured the nuanced realities within the region.

Table 10: Participants in the research and scoping exercise

	Role in project	Agency/Organisation
Research team		
Dr Roxanne Khan	Principal investigator; Report author	onEvidence
Paul Morris	Researcher; Report author	onEvidence
Dr Peggy Mulongo	Co-investigator; GM context lead	onEvidence
GM Stakeholders		
Emma Stonier	Commissioner participant	GMCA
Carol Judge-Campbell	Commissioner participant	GMCA
Sarah Leyland	Focus group participant	GMP - HBA Lead

Rachel Bottomley	Focus group participant	LGBTQ Foundation
Andrew Tyler	Focus group participant	LGBTQ Foundation
Saria Khalifa	Focus group participant	SOS Project NESTAC (former Project Choice)
Ruhena Tarafdar	Focus group participant	Talk Listen Change (former Project Choice)
Helen Platt	Focus group participant	Deputy Designated Nurse Safeguarding Children and Cared for Children NHS Greater Manchester, Chair of Salford HBA Group
Jasmine Mohamed	Focus group participant	Safety4Sisters- GBV Executive
Shabana Baig	Focus group participant	GM Rape Crisis
Andrew Scott	Focus group participant	HMPPS (Probation)
Andrea Lennon	Focus group participant	Education sector
Kate Shirley	Focus group participant	Former Pankhurst Trust (Manchester Women's Aid)
Elaine De Fries	Focus group participant	Pankhurst Trust (Manchester Women's Aid)
Sarah Malik	Focus group participant	The Guardian Project
Delia Edwards	Focus group participant	Domestic Abuse Reduction Manager, Man City Council
Khalda Manzoor	Focus group participant	Rochdale Women's Welfare Association, CEO
Alyson Harvey	Focus group participant	Designated Safeguarding Nurse, NHS GM ICB
Kristy Atkinson	Focus group participant	Designated Safeguarding Nurse, NHS
Claire Baddley	Focus group participant	Salford City Council
Yehudis Fletcher	Interviewee	Nahamu
National advisors		
Yasmin Khan	Consultant – Best practice	HALO Project, CEO Welsh Government Advisor
Meena Kumari	Consultant –Training needs	H.O.P.E Training & Consultancy, Director
Dr Maryyum Mehmood	Consultant – Faith and religion	Founder of The SHIFT (Social, Harmony, Intercultural & Faith Training)

Limitations of the research

The research, while employing a mixed-methods approach, was subject to several limitations that should be considered when interpreting the findings:

- **Data quantity and generalisability:**
 - While a 35% survey response rate (7 out of 20) is considered "good" compared to typical online survey response rates, the small number of respondents limits the generalisability of findings. The low number of survey respondents may not fully capture the diversity of experiences and perspectives of service providers across Greater Manchester.
- The reliance on pre-existing datasets from sources like GMP, the Home Office, and the Forced Marriage Unit is problematic because of inconsistencies in recording practices.
- **Inconsistent definitions and data recording:**
 - The lack of a statutory definition for HBA, coupled with inconsistent application of recording codes by police and other agencies, created a significant barrier to collecting reliable and comparable data. This issue is further complicated by differing terminology and classification practices across various organisations.
 - The non-mandatory nature of some police recording codes means many HBA incidents are likely recorded under broader categories, leading to an underestimation of prevalence.
- **Underreporting of "hidden crimes":** HBA, FM, and FGM are widely acknowledged to be underreported. This means that the research may not have captured the full picture of these issues. Many victims do not disclose abuse due to fear, shame, or lack of trust. The research acknowledges that official statistics likely reflect only a fraction of the actual number of cases.
- **Limited data on perpetrators:** The research gathered limited data on perpetrators, hindering a complete understanding of the dynamics of these harmful practices.
- **Concerns about addressing issues:** Some professionals expressed concern about being perceived as racist or culturally insensitive when addressing HBA, FM, AND FGM, which may have impacted the findings by leading to reluctance to engage fully with the research.

These limitations highlight the complexity of researching these sensitive topics and emphasise the need for ongoing work to improve data collection, service provision, and training for professionals working in this field. The lack of a consistent definition across the region is a key concern that affects all aspects of the research. Overall, the mixed-methods approach, combined with a commitment to participation, ensured a robust and nuanced understanding of HBA, FM, and FGM in Greater Manchester, while also respecting ethical principles and the importance of local knowledge.

Annex 2: Definitions of HBA, FM, and FGM

‘Honour’-based abuse (HBA)

There is no statutory definition of “honour”-based abuse; however, the Crown Prosecution Service (CPS) defines it as: “An incident or crime involving violence, threats of violence, intimidation, coercion or abuse (including psychological, physical, sexual, financial or emotional abuse) which has or may have been committed to protect or defend the honour of an individual, family and/or community for alleged or perceived breaches of the family and/or community’s code of behaviour”.

The term ‘honour’ is placed in quote marks in this report to reflect how victims perceive their experience of abuse and how perpetrators justify their actions. HBA is an umbrella term encompassing various harmful practices, including domestic abuse, forced marriage, and coercive control, often orchestrated or condoned by family or community members. While not a standalone offence, it is recognised within existing legal frameworks that address such forms of abuse. Further details about the offence of HBA can be found on the CPS [website](#).

Forced marriage (FM)

A forced marriage occurs when one or both spouses do not consent but are coerced into marriage. Coercion can take various forms, including physical, psychological, financial, sexual, and emotional pressure. For vulnerable adults lacking the capacity to consent, coercion is not required for a marriage to be considered forced.

Under the law of England and Wales, it is an offence for any person to engage in conduct intended to cause a child to enter into marriage before their eighteenth birthday, regardless of whether the conduct involves violence, threats, coercion, deception, or occurs within or outside England and Wales. Further details about the offence of FM can be found on the Legislation.gov.uk [website](#).

Female genital mutilation (FGM)

To excise is to remove part or all of the clitoris and the inner labia (the lips surrounding the vagina), with or without the removal of the labia majora (the larger outer lips).

To infibulate is to narrow the vaginal opening by creating a seal, achieved through cutting and repositioning the labia. This procedure is often performed for non-medical reasons and is recognized as a form of female genital mutilation under UK law. Further details about the offence of FGM can be found on the legislation.gov.uk [website](#).

Annex 3: Mapping exercise results of services in the region

Table 11: Existing HBA-related services map of Greater Manchester

Organisation/service	24/7 support	Who they support	Location	HBA support types	Offer	Via
Endeavour Project/Paws for Kids Name of service: Domestic Abuse service with Pet fostering T. 01204 394 842 info@endeavourproject.org.uk www.endeavourproject.org.uk	X	Men Women BAMER LGBT NRtPF Pets	BO	HBV FM FGM	Outreach Counselling Advocacy Group work Drop-ins Specialist	F2F T LC E
Bolton MBC Name of service: Community Safety Services T. 01204 331 080 amina.jeewa@bolton.gov.uk https://www.bolton.gov.uk	✓	All	BO	HBV FM FGM	Sign post to services	F2F T LC E
Independent Choices Greater Manchester Name of service: Greater Manchester Domestic Abuse Helpline T. 0800 254 0909 helpline@independentchoices.org.uk www.domesticabusehelpline.co.uk	X	Men Women BAMER LGBT NRtPF	GM	HBV FM FGM	Advocacy Advice	T E
Greater Manchester Rape Crisis Name of service: Greater Manchester Rape Crisis T. 0161 273 4500 help@manchesterrapecrisis.co.uk https://www.manchesterrapecrisis.co.uk	X	Women	GM	South Asian	Information Support	F2F T E V
Olive Pathway Name of service: Domestic Violence & Gender Based Violence (GBV) Specialist Service T. 07958 659203 enquiries@olivepathway.org.uk www.olivepathway.org.uk	X	Women	GM	HBV FM FGM	Outreach	F2F
Safenet Name of service: Safenet Domestic Abuse Services T. 03003033581 contact@safenet.org.uk www.safenet.org.uk	✓	Men Women BAMER Children LGBT NRtPF	BU RO	HBV FM FGM	Outreach IDVA	F2F T LC E V
TRC Sexual Abuse & Rape Support Greater Manchester Name of service: Helpline & face-to-face counselling T. 0161 647 7559 traffordrapecrisis@googlemail.com https://traffordrapecrisis.com/	X	Women BAMER LGBT	BU MA OL RO	Sexual Abuse & Violence	Helpline Counselling	F2F T E

The Pankhurst Trust (incorporating Manchester Women's Aid) PTMWA Name of service: Manchester Women's Aid T. 0161 660 7999 helpline@womensaid.org.uk www.Thepankhursttrust.org	X	Men Women BAMER	MA	HBV FM FGM	Outreach Counselling Advocacy Group work Drop-in Advice	F2F T
Saheli Name of service: Saheli T. 0161 945 4187 help@saheli.org.uk www.saheli.org.uk	X	BAMER	MA	HBV FM	Outreach Counselling Advocacy Group work Advice	T
Manchester City Council Name of service: Independent domestic violence advisory (IDVA) service T. 0161 234 5393 advisory.service@manchester.gov.uk Website	X	Women Men BAMER LGBT NRtPF	MA	HBV FM FGM	Advice Advocacy	F2F T E
Women Matta Name of service: Healthy Relationships T. 0161 232 1778 https://www.womeninprison.org.uk/	X	Women BAMER LGBT	MA TR	HBV FM FGM	Advocacy Advice Group work Drop in	F2F T E
Jigsaw Support Name of service: Oldham Women's Service T. 0300 11 11 212 Threshold-GMWS_team@thp.org.uk www.support.jigsawhomes.org.uk/our-services/	✓	Women	OL	HBV FM FGM	Refuge	F2F T
Victim Support Name of service: Rochdale Community Based Domestic Abuse Service T. 0161 507 9609 Rochdale@victimsupport.org.uk www.victimsupport.org.uk	X	Men Women	RO	All	Outreach Advocacy Advice	F2F T E
Rochdale Women's Welfare Association RWWA Name of service: Rochdale Women's Welfare Association RWWA T. 01706 860 157 khaldha@rwwa.co.uk	X	Men Women Children NRtPF	RO	HBV FM	Outreach Counselling Advocacy Group work Advice Training	F2F T
Stockport Without Abuse Name of service: Stockport Without Abuse T. 0161 477 4294 info@stockportwithoutabuse.org.uk www.stockportwithoutabuse.org.uk	X	Men Women Children	ST	HBV FM FGM	Advice	T
Jigsaw Support Name of service: Bridges Domestic Abuse Service T. 0161 331 2552 Out of Hours – 0800 328 0967 bridges@jigsawhomes.org.uk www.bridgestameside.co.uk	✓	Men Women Children BAMER LGBT NRtPF	TA	HBV FM FGM		F2F T E

Trafford Domestic Abuse Services Name of service: Domestic Abuse Service T. 0161 872 7368 admin@tdas.org.uk https://www.tdas.org.uk	X	Men Women Children LGBT NRtPF	TR	HBV FM FGM	Outreach Counselling Advocacy Group work Advice	F2F T E LC
Wigan Borough Domestic Abuse Service Name of service: Wigan Borough Domestic Abuse Service T. 01942 311 365 admin@diasdvc.org www.diasdvc.org	X	Men Women Children BAMER LGBT NRtPF	WI	All	Outreach Counselling Group work Drop in Advice	F2F T V
NESTAC Name of service: The Guardian Project T. 07862 279289 / 07894 126157 info@nestac.org.uk https://nestac.org.uk/	X	Women	GM	FGM	Support Signposting	F2F T E
Catch 22 Name of service: Greater Manchester Victim Services T. 0800 876 6155 www.catch-22.org.uk	X	Men Women Children BAMER LGBT NRtPF	GM	HBV FM FGM	Support Signposting	T
Angels of Hope For Women Name of service: Angels of Hope For Women Domestic Abuse Service T. 07940 411897 info@angelsofhope.co.uk www.angelsofhope.co.uk	X	Women	MA	HBV FM FGM	Outreach	F2F

Office of the Police and Crime Commissioner for Greater Manchester

GMP Headquarters, Central Park, Northampton Road, Manchester M40 5BP

Phone: 0161 856 1272



onEvidence Ltd

Cotton Court, Preston PR1 3BY

Phone: 01772 348316

www.onevidence.co.uk

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Authored by Dr Roxanne Khan and Mr Paul Morris, onEvidence Ltd

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