



University of  
**Nottingham**  
Rights Lab

# The impact of Covid-19 and Covid-related restrictions on forced marriage

Data report

April 2022



**KARMA NIRVANA**  
Supporting victims of honour-based abuse  
and forced marriage

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# Summary of findings

We analysed three sources of forced marriage (FM) data to understand the impact of Covid-19 and Covid-related restrictions on FM. The data sets were calls to the government’s Forced Marriage Unit (FMU); calls to the charity Karma Nirvana, who run the national helpline for forced marriage and honour based abuse; and data from Family Courts about Forced Marriage Protection Orders (FMPOs).

Following the introduction of the “stay at home” guidance in March 2020, calls to national FM helplines substantially decreased. However, they then decreased further in subsequent lockdowns. There is little evidence that one specific Covid-19 related restriction caused this suppression, but we find it was the overall effect of the pandemic and restrictions.

Data shows that very few schools (or other education providers) are calling helplines (either at the FMU, or KN) directly. However, they appear to be providing networks of support which lead to other people making contact. This said, the data suggests that the increased risks of FM created by Covid-19 and Covid-related restrictions were more-significantly experienced by children. Indeed, we are concerned that children were increasingly invisible in the pandemic.

Relatedly, FMPOs were affected by the pandemic, but different age groups were affected in different ways. Orders granted to those under 18 fell dramatically before increasing again in late 2020. Orders granted to adults, however, have shown a consistent decline since restrictions were introduced.

The three data sets show different pictures of how people at risk of FM, and those already experiencing FM, were affected during the pandemic. This suggests that each of the data sets correspond to different constituencies, and although there may be an overlap, there are distinct users of the government’s services and third sector provision.



# Background

## Our research

We are a team of researchers at the Rights Lab, a University of Nottingham Beacon of Research Excellence. Since October 2020, we have been studying the impact of Covid-19 and Covid-related decision-making in all four nations of the UK on those vulnerable to, or already experiencing, forced marriage (FM), and those working to support them.<sup>1</sup> This research was funded by the ESRC as the project “Assessing the Impact of Covid-19 on People Vulnerable to, or Already Experiencing, Forced Marriage” (ES/V015370/1), PI Helen McCabe (October 2020-April 2022).

We hypothesise that Covid-19 itself, and the related restrictions on, for instance, movement (including international travel), attending school, and household mixing, will have had an impact on rates of FM in the UK, and on the ability of those at risk to seek timely support. In this report, we present our findings from quantitative data collected on this topic so far.

We draw on data from our project partner, Karma Nirvana (KN), who run the national helpline for FM and honour based abuse; from the UK government’s FM Unit (FMU); from the Ministry of Justice (regarding FM Protection Orders (FMPOs)<sup>2</sup>); and from other public data-archives, regarding (for instance), Covid-related restrictions, Covid-19 cases, and international travel.

## Forced marriage in the UK before the Covid-19 pandemic

There is no baseline data regarding the prevalence of FM in the UK, either pre-pandemic, or during it. People vulnerable to, or already experiencing, FM are an extremely hard-to-reach population for researchers. We are, therefore, always relying on proxies to try and determine both prevalence and impact. As proxies, we have data published by the FMU on cases they handled each year, data from the Ministry of Justice on FMPOs requested and awarded each year, and the data shared with us by KN about the number of calls they receive year-on-year.

From this, we can sketch the following picture of the situation regarding FM before the Covid-19 pandemic began at the end of 2019.

### The Forced Marriage Unit (FMU)

The FMU is a joint Home Office and Foreign, Commonwealth and Development Office unit, and leads the government’s work on FM policy, outreach and casework. It was founded in 2005 and operates both within the UK and overseas. Support is provided to any individual in the UK, and to any British national, including dual nationals, overseas.<sup>3</sup>

### Demographics of victims

Pre-pandemic, the FMU received an average of 1,350 calls per year.<sup>4</sup> 79.5% of victims in cases handled by the FMU were female (and 20.5% male).<sup>5</sup> Between 1 and 2% of cases handled each year involved a victim who identified as LGBT+.<sup>6</sup>

Just over 100 cases every year involved victims with learning disabilities, which is about 8% of cases.<sup>7</sup> In these cases, the victim was more likely to be male (53% of cases, on average); and to be aged 22-40.<sup>8</sup>

The age-range with the highest percentage of cases, year-on-year, is 18-21.<sup>9</sup> On average, 15% of victims were aged 15 or younger each year: there was a rise in this percentage up to 2018, but this dropped in 2019. Victims over the age of 31 made up a slowly-increasing proportion of cases handled by the FMU before the pandemic. The estimated median age of victims remained fairly constant pre-pandemic, it was 23 in 2016 and 2017, 20 in 2018 and 22 in 2019.

Figure 1: Percentage of victims in each recorded age-range handled by the FMU 2014-2019 (years with comparable age-ranges), with mean percentage for all years. (Source: FMU Statistics).

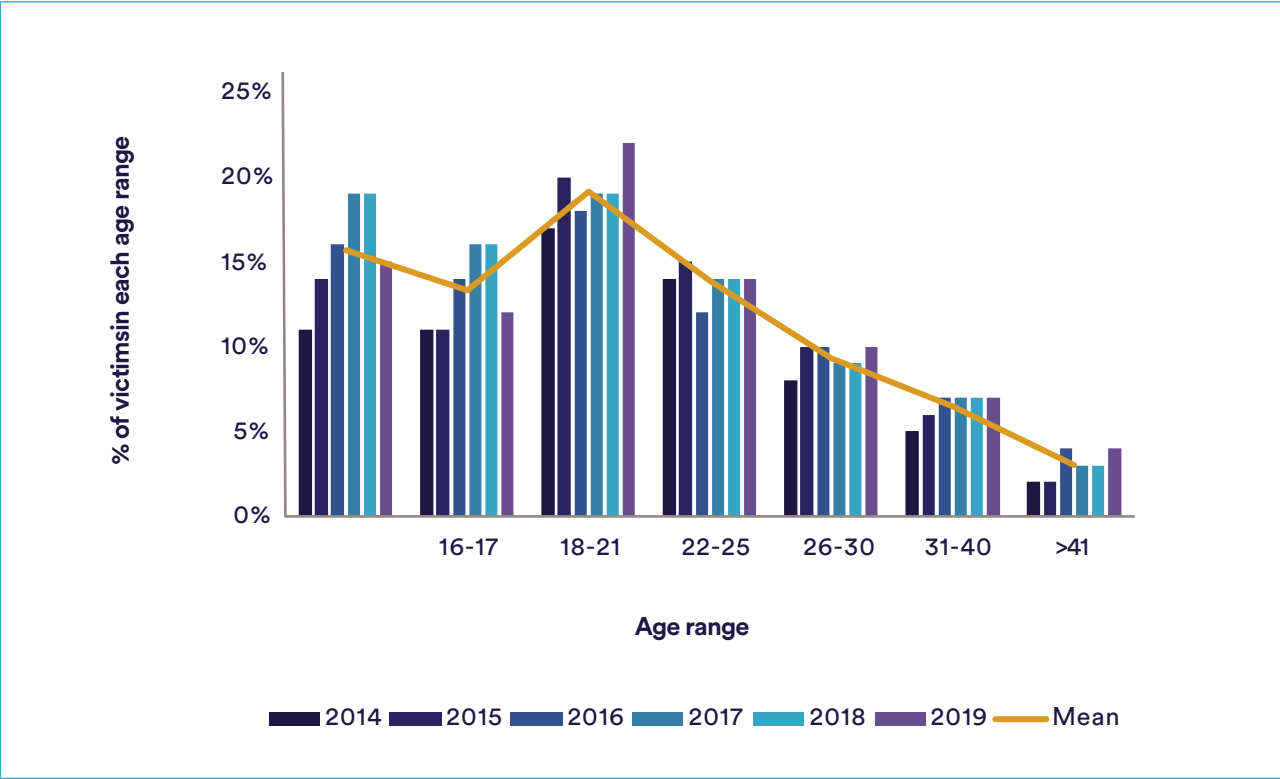
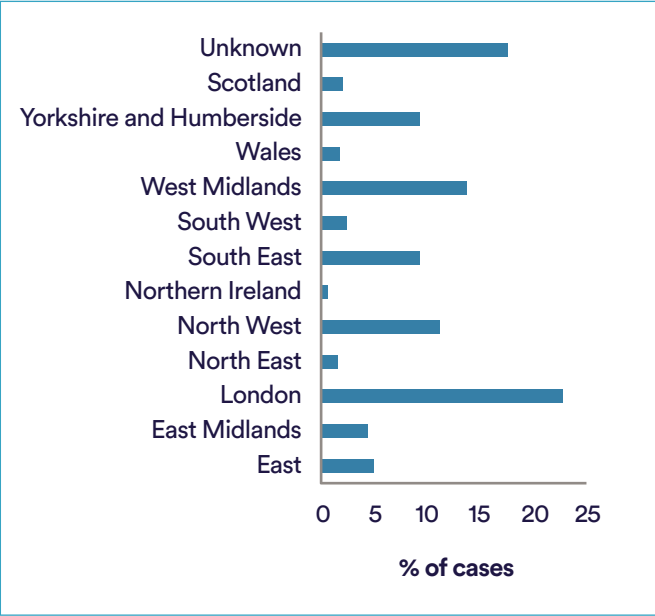


Figure 2: Percentage of cases handled by the FMU by English Regions, Wales, Scotland and Northern Ireland, 2012-2019 (Source: FMU Statistics).



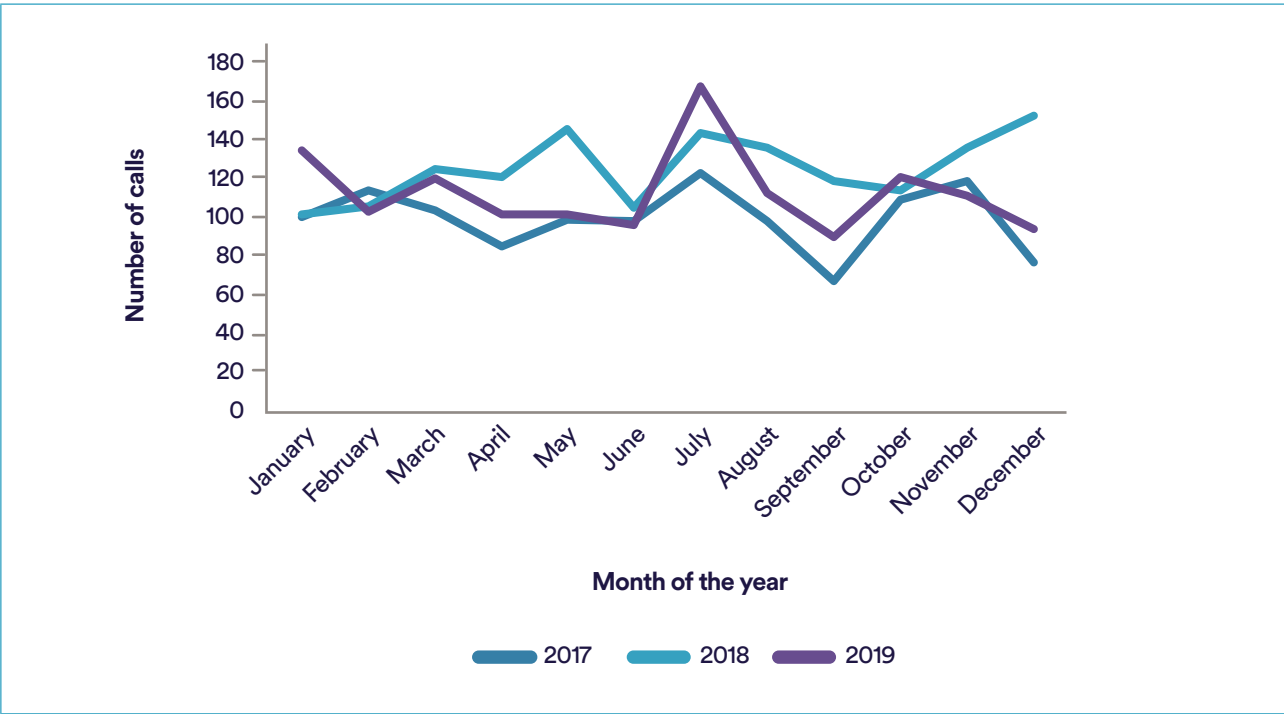
People made contact with the FMU from across the four nations of the UK, but most calls came from England. (On average, Scotland, Wales and Northern Ireland combined account for 5% of cases.)

Within England most cases related to victims from London, the West Midlands, North West, South East and Yorkshire and Humberside.

Call volumes

As figure 3 shows, there was not really a discernible pattern for calls to the FMU before the pandemic. We can see a rough correspondence between spikes in calls and school holidays (for example, the Easter break – usually in March/April, the summer holidays – usually July-September, and the Christmas break – December/January), but not every year. Notably, calls to the FMU were declining at the end of 2019 from a peak in October (which is in marked contrast to 2018, where cases rose between October and December). There is no monthly call-data from the FMU for before 2018, so we cannot look for longer trends.

Figure 3: Calls per month to the FMU 2017-2019 (Source: FMU Statistics).



Focus countries

The FMU also record the country “to which the FM risk relates”.<sup>10</sup> They call these “focus countries”. As the FMU puts it: “they could be the country where the FM is due to take place, or the country that the spouse is currently residing in (or both)”.<sup>11</sup> On average, the FMU handled cases relating to 70 focus countries each year. There have been cases related to 118 countries since 2015 (though in some instances, this is fewer than five cases<sup>12</sup>, and only in one year).<sup>13</sup> These include countries in all five inhabited continents. (See [Appendix 1](#) for more details.)

Figure 4: Number of focus countries for cases handled by the FMU 2012-2019. (Source: FMU Statistics).

There was something of a decline in the number of focus countries each year since 2014.

Pre-pandemic, Pakistan was by far the most-common focus country, being linked to 42% of cases handled by the FMU each year.<sup>14</sup> The next most-common non-UK countries were Bangladesh (9%) and India (6%).<sup>15</sup>

The FMU also handles cases where there is no international element. In such cases, the UK is tagged as the focus country, and this happened, pre-pandemic – on average – in 9% of cases, although this proportion had been declining since 2015 (the first year for which such data is given).<sup>16</sup> In raw numbers, this was a decline from 175 cases in 2014 to 53 in 2019.

Figure 5: Percentage of cases handled by the FMU where the UK is the ‘focus-country’, 2015-2019 . (Source: FMU Statistics).

In cases specifically relating to victims with learning disabilities, Pakistan was the focus country in, on average, 50% of cases; Bangladesh in 17%; India in 10%, and the UK in 10%.<sup>17</sup>

Referrals

It was not only victims who contacted the FMU pre-pandemic – they received calls from social services, police, UK Visas and Immigration, education, legal professionals, NGOs, health professionals, colleagues, friends, family and current partners of victims, and other professionals.

In the main, most referrals before the pandemic came to the FMU from victims themselves, social services, the police, UK Visas and Immigration and, in 2018, also legal professionals.

Given the average age of victims in cases referred to the FMU, it is perhaps not surprising that there were so many referrals from social services, but it is somewhat surprising that there were relatively few from education professionals (7.6% on average).

Figure 4

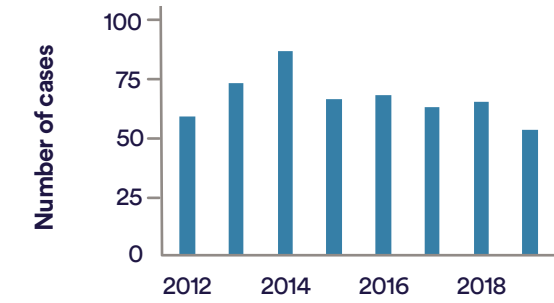
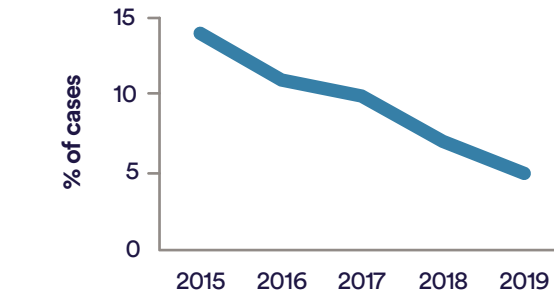


Figure 5



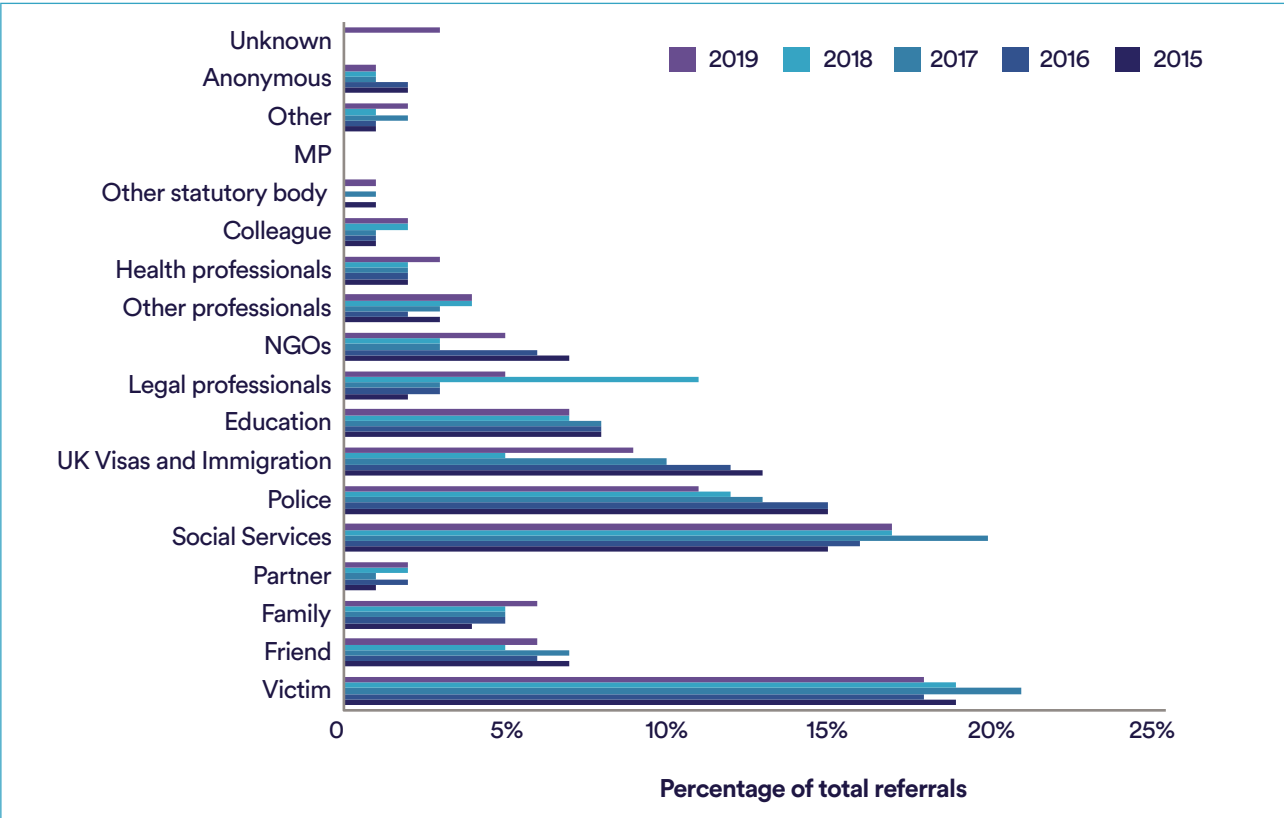


“On average, the FMU handled cases relating to 70 focus countries each year. There have been cases related to 118 countries since 2015.”

“Pre-pandemic, Pakistan was by far the most-common focus country, being linked to 42% of cases handled by the FMU each year. The next most-common non-UK countries were Bangladesh (9%) and India (6%).”



Figure 6: Percentage of cases handled by the FMU by initial referral 2015 2019.<sup>18</sup>

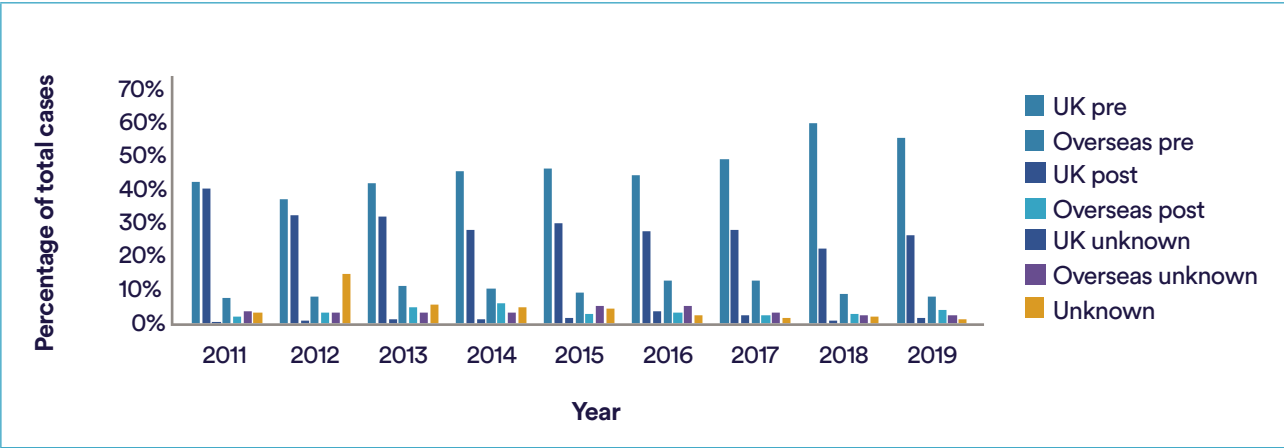


Marriage ‘status’

The FMU also record what they call “marriage status” – that is, whether the case is referred to them before or after the FM has taken place. They also record whether this was in the UK or overseas. Before the pandemic, most marriages were being planned, or taking place, in the UK (between 70% and 84%), and the FMU got involved in a case before the FM took place in between 45% and 69% of cases, whether in the UK or overseas.

Given the involvement of UK Visas and Immigration, however, as a source of referrals, some of the cases tagged as ‘UK-pre’ might have been flagged at the airport as people were being taken out of the country, and hence the marriage might have been planned to take place abroad. (Similarly, some ‘post’ may have been picked up on the victims’ return to the UK.) Again, given this is the UK FMU, it is perhaps not surprising that so many ‘pre’ marriage cases were in the UK, even if the plan involved taking someone abroad.

Figure 7: Marriage status of cases handled by the FMU, 2015-2019). Source [FMU Statistics](#)



Karma Nirvana (KN): The national forced marriage and honour-based abuse helpline

KN’s national helpline was founded in 2008. They received 620 calls relating to FM in 2017 (an average of 40 per week), 799 in 2018, and 2,332 in 2019. They recorded 420 new FM referrals in 2017, 518 in 2018 and 541 in 2019. Although some calls each year will be about existing cases, this means KN received roughly 1.5 calls per new referral in 2017 and 2018 and 4 per new referral in 2019.

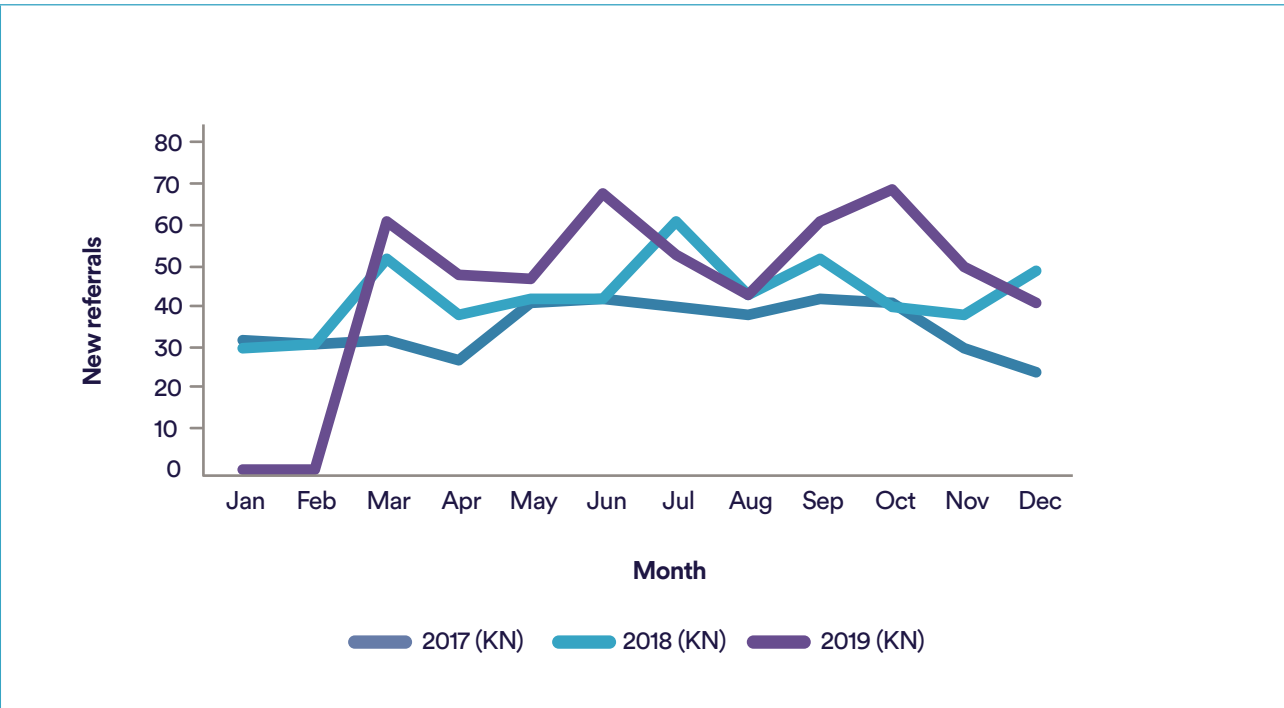
The increase in calls and in new referrals is not necessarily a sign that FM was increasing in the UK before the Covid-19 pandemic – it could be that the helpline was getting better-known, and more people were making contact with it. However, this is a significant increase in both calls and new referrals.

Indeed, call volumes in general were greatly increasing to KN in this period as well: in 2017, calls related to FM were 32.5% of the total, in 2018 –29.5%, and in 2019 –23.7%. FM, therefore, accounted for an increasing number of calls, but a decreasing percentage of total calls to KN, pre-pandemic.

In 2019, 142 calls to KN’s helpline were about impending overseas FMs. This was a much smaller number than referrals associated with overseas marriages handled by the FMU in the same period.<sup>19</sup>

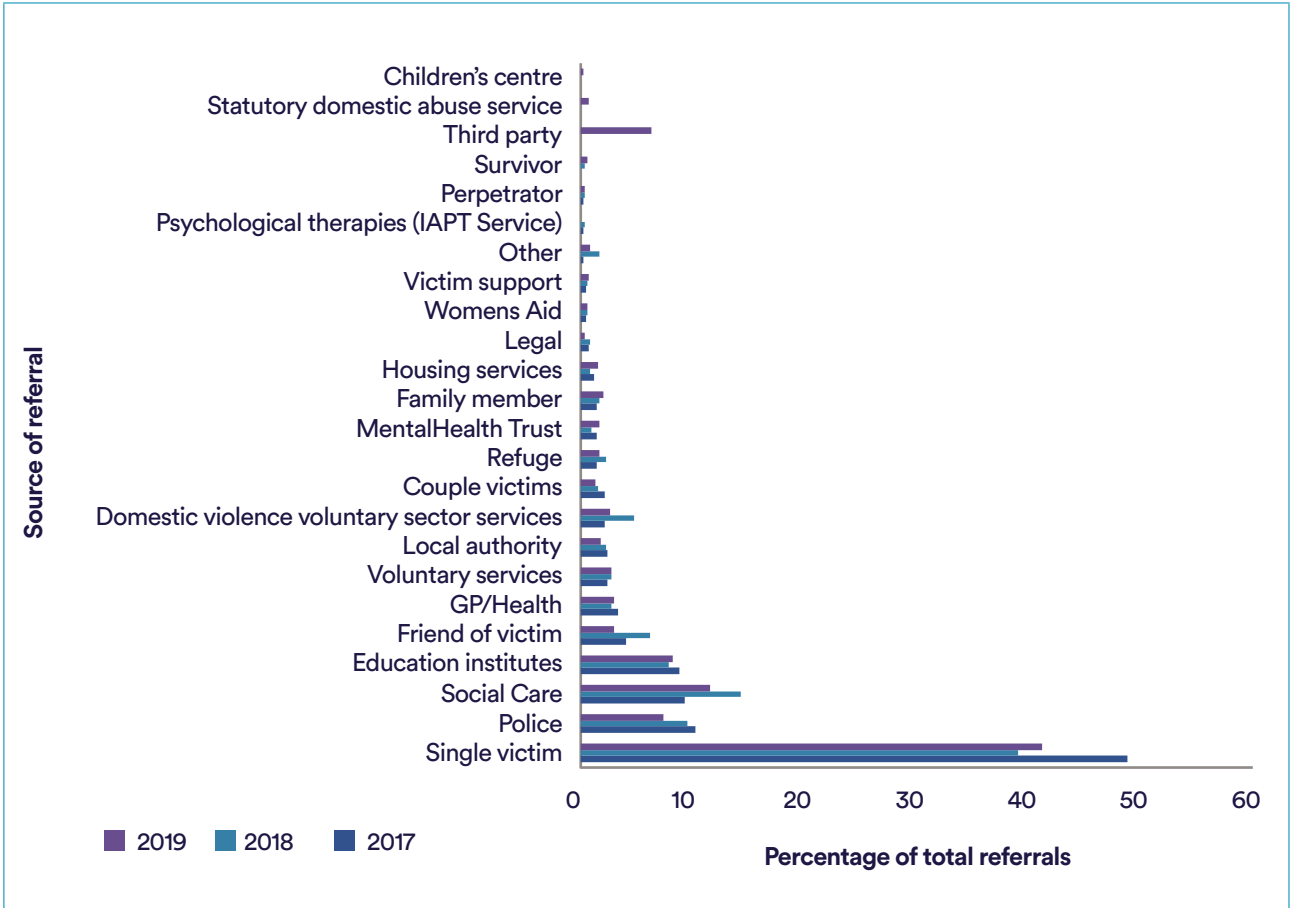
There is no easily discernible trend regarding when calls about new cases of forced marriage came to KN’s helpline pre-pandemic. There was a high rate of calls in February in both 2018 and 2019, and an increase through the summer (May to July) in all three years, though not at the same time. In most years there was a peak as schools re-opened after the summer holidays (September), and a decline in cases towards Christmas, except in 2018, when cases rose quite steeply.

Figure 8: Monthly FM new referrals to KN’s helpline, 2017-2019 (bar January and February 2019, for which we have no records). Source: KN.



Referrals came to KN from a range of sources, including victims and their concerned families and friends, police, social care, education, doctors or other health professionals, local authorities, other voluntary sector organizations, legal service providers, housing services, and victim support.

Figure 9: Source of New FM referrals to KN helpline, 2017-2019 (Source: KN).



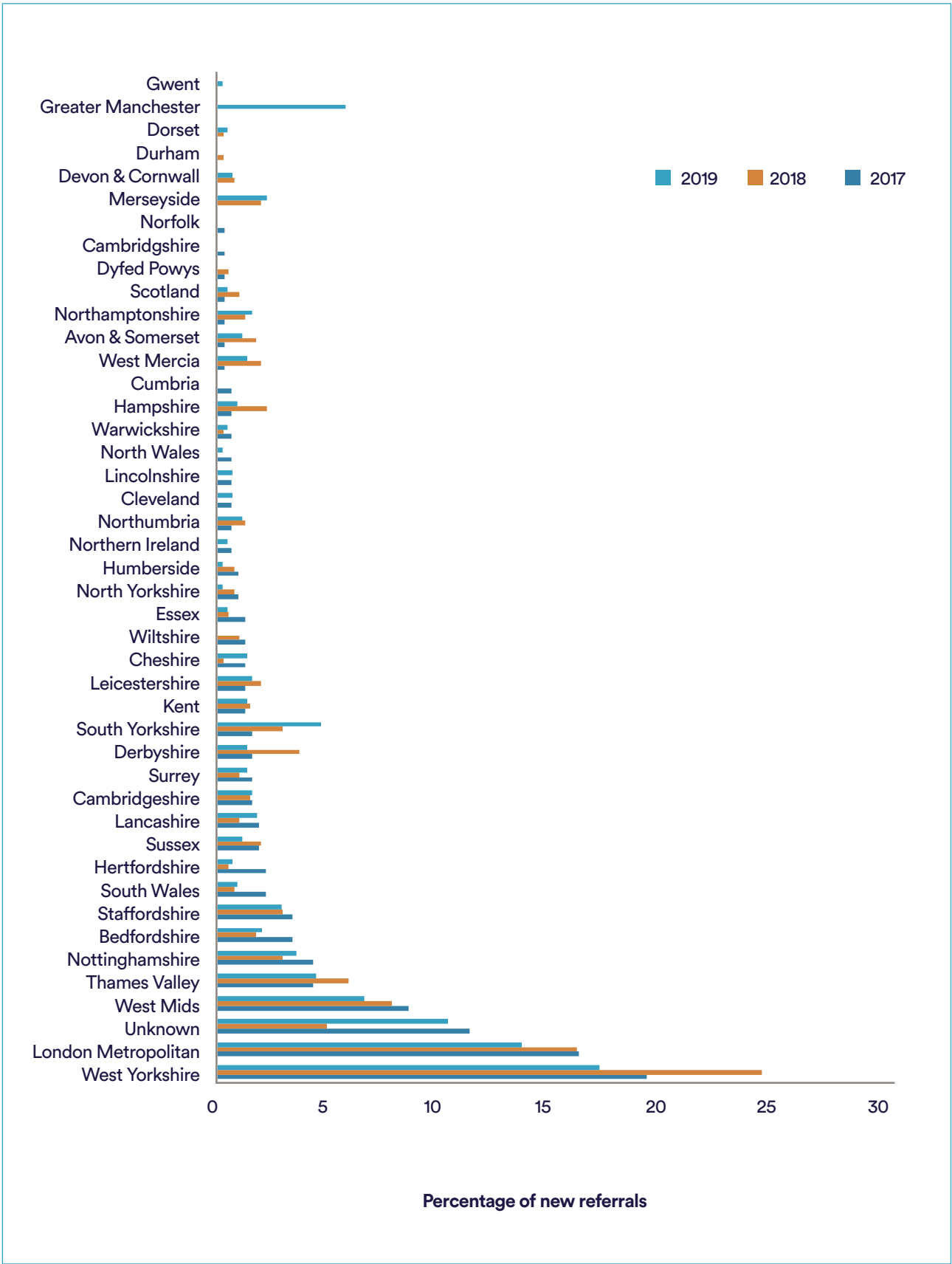
The majority of calls pre-pandemic came from the police force areas of West Yorkshire, London, West Midlands, Thames Valley, Nottinghamshire, Bedfordshire, Staffordshire, and South Yorkshire. In 2019, a significant proportion also came from Greater Manchester.

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Figure 10: Location of FM referrals to KN, 2017-2019.



# Forced marriage protection orders

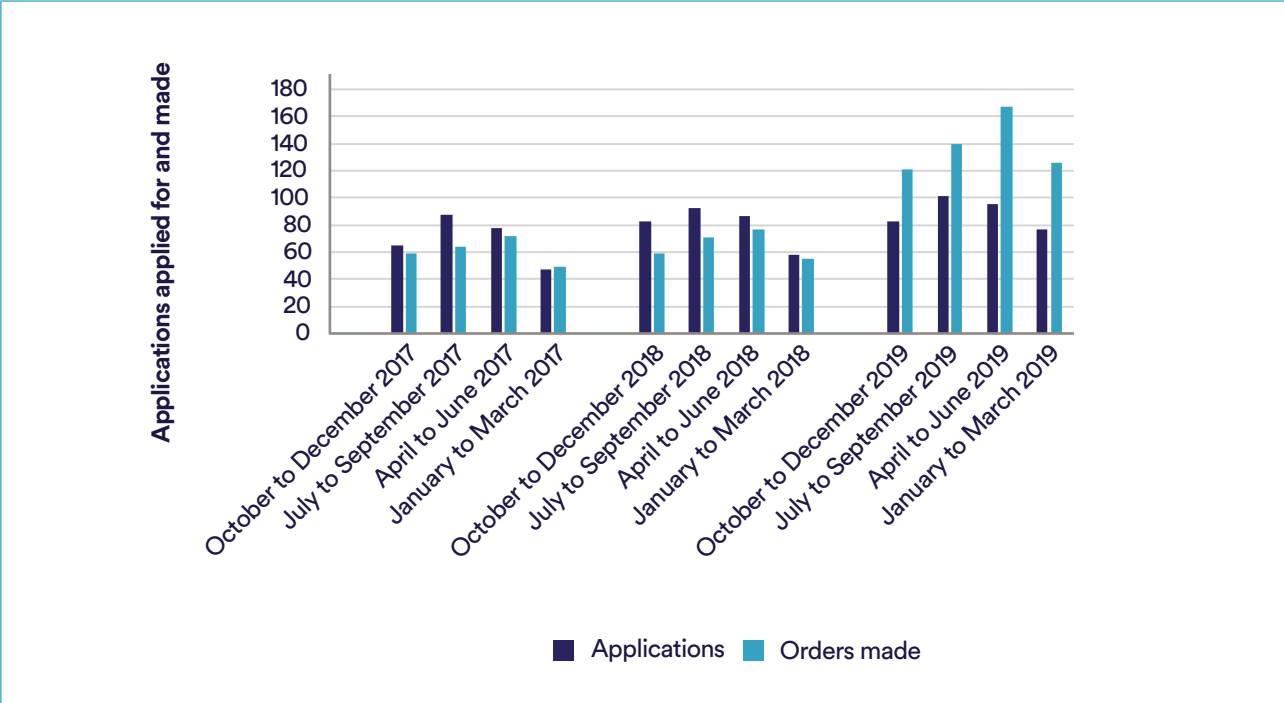
The number of FMPOs was steadily rising in the UK from 2009. In that year, there were just under 100 awarded: in 2019, almost 350.<sup>20</sup> (Applications and awards may differ in any given quarter because of a delay between applying and having the award made in some cases.)

Again, this is not necessarily a sign that FM itself was increasing in the UK pre-pandemic – instead it might signal that it was becoming better-recognized as a crime, and more people at risk were being helped. This said, given the increase in new referrals to KN as well during the same period, there are grounds for concern that FM was becoming more common pre-pandemic.

There is no helpful data regarding demographics to be discerned from FMPO data, apart from whether victims were adults or children. In 2019, 75% of applications were made for victims aged 17 or younger; in 2018 this was 72%.<sup>21</sup>

Where FMPOs are applied for does not give a good sense of where the offences have occurred, because FMPOs may be applied for somewhere geographically very distant to the victim (for the sake of protecting that victim), and most judgements remain sealed as they are made in the family court.

Figure 11: FMPOs applied for and made, 2017-2019.



# Summary: Forced marriage in the UK pre-pandemic

There is some evidence to suggest that, pre-pandemic, FM was becoming at the very least a better-reported crime, though it may also have been an increasing crime in the UK.

It affected people from all four nations of the UK, but if we amalgamate the data on the source of referrals from the FMU and KN, we can say that people in London, the West Midlands, West and South Yorkshire, the North West (especially in Greater Manchester), the Thames Valley, Nottinghamshire, and the East of England were more likely to be referred to either KN or the FMU than people in other areas.

This is as close as we can come to saying that these are places where people are actually at a higher risk – they may simply be places where better outreach by the FMU and KN has made people more aware of, and willing to contact, someone who can help if they think they, or someone they know, is at risk.

In general, women and girls were more at risk than men and boys (given the significant and sustained gender difference in FMU referrals). All ages were at risk, but the referrals to the FMU at least were more likely to involve people aged under 25, and FMPOs were significantly more likely to be requested for people under the age of 18. (Again, this is not the same as saying they were actually more at risk.)

As well as victims making contact on their own behalf, key stakeholders in spotting risk of FM were social services, police, UK Visas and Immigration and education institutions.

Comparing the referrals from the FMU and KN, it is clear the FMU is an element of a duty of care process. They receive more calls from official stakeholders (such as social services, police, border force) than KN. Victims make up the plurality of the calls to both the FMU and KN, but KN received 40% of their calls from victims, as opposed to 18% for the FMU.



# Timeline of relevant Covid-related events

In charting a timeline, we focus on England as most of our call data comes from England.

Covid-19 was first identified as a novel coronavirus in December 2019<sup>22</sup>, with the first patients officially-identified as having contracted Covid-19 admitted to hospital in the UK on 30 January<sup>23</sup>, the same day the second meeting of the International Health Regulations (2005) Emergency Committee recommended the Director of the World Health Organisation (WHO) declare a global public health emergency<sup>24</sup>. Around the same time, there was the first recorded case of person-to-person transmission of Covid-19 in the UK.<sup>25</sup>

The first Covid-related death was officially recorded on 2 March.<sup>26</sup> By 15 March there had been over 100 deaths in the UK (105 in England – this was 1,095 by 21 March).<sup>27</sup> Schools were closed in the UK from 20 March 2020, and the country entered lockdown<sup>28</sup> on 23 March 2020.<sup>29</sup>

These restrictions were gradually lifted from 1 June 2020, with different parts of the UK entering different ‘Tiers’ of restriction, and devolved administrations bringing in their own restrictions.<sup>30</sup> Schools in England fully re-opened on 1 September 2020.<sup>31</sup>

A further lockdown was announced (with some differences to the first) on 31 October 2020 (effective from 3 November 2020), and after the lifting of some restrictions over Christmas, a further lockdown was announced from 4 January 2021.<sup>32</sup> These restrictions have slowly been lifted in all nations of the UK, with the official end of restrictions in England on 19 July 2021.<sup>33</sup> However, at the end of August 2021, some areas of the South-West were designated “enhanced response areas”.<sup>34</sup> On 14 September a new ‘Winter Plan’ was unveiled, with England being marked as ‘Plan A’.<sup>35</sup> As cases rose due to the new Omicron variation, it was announced on 8 December 2021 that England would move to “Plan B” over the next week.<sup>36</sup> Among other restrictions, people were asked to work from home where possible.

Figure 12: Timeline of key events in England, 2020-2022.

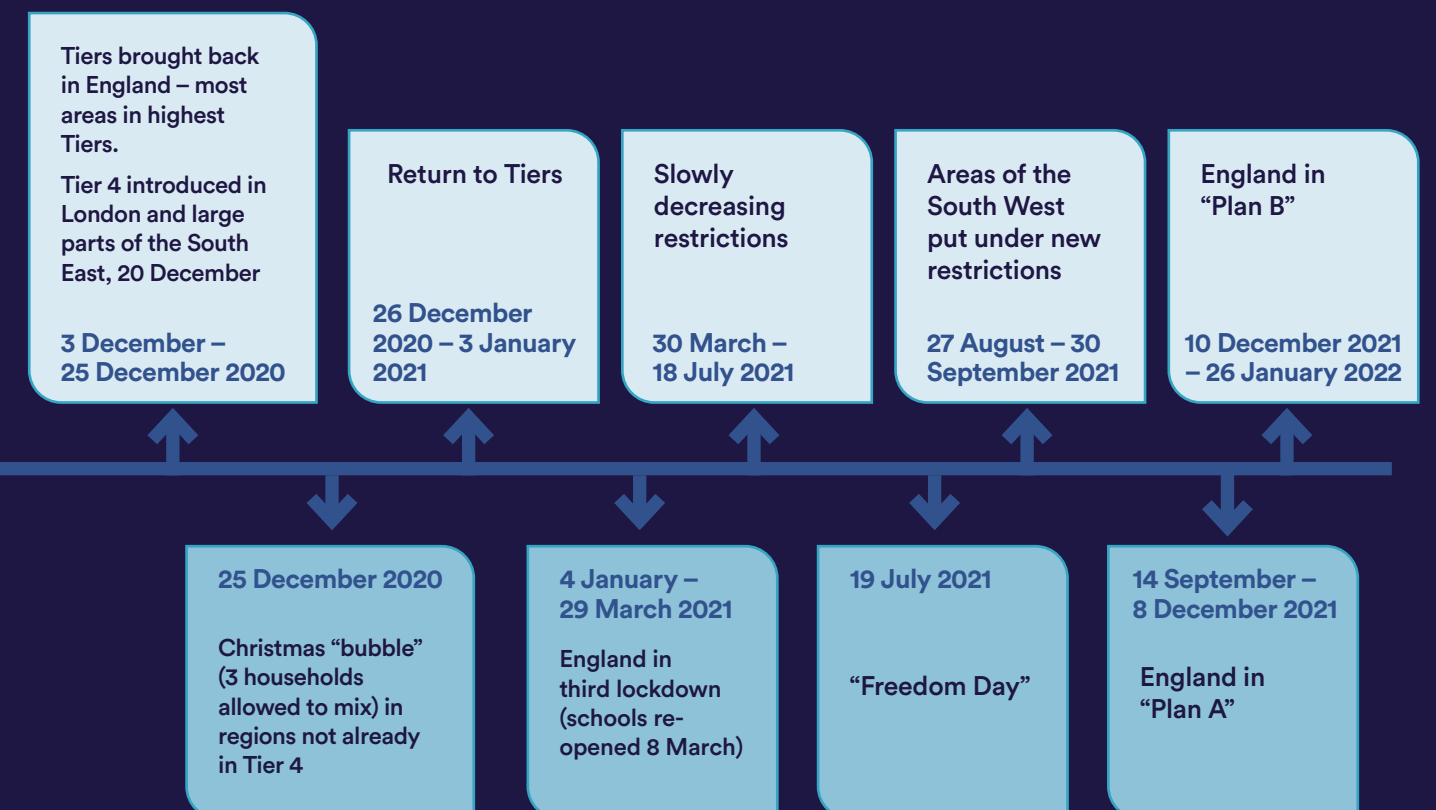
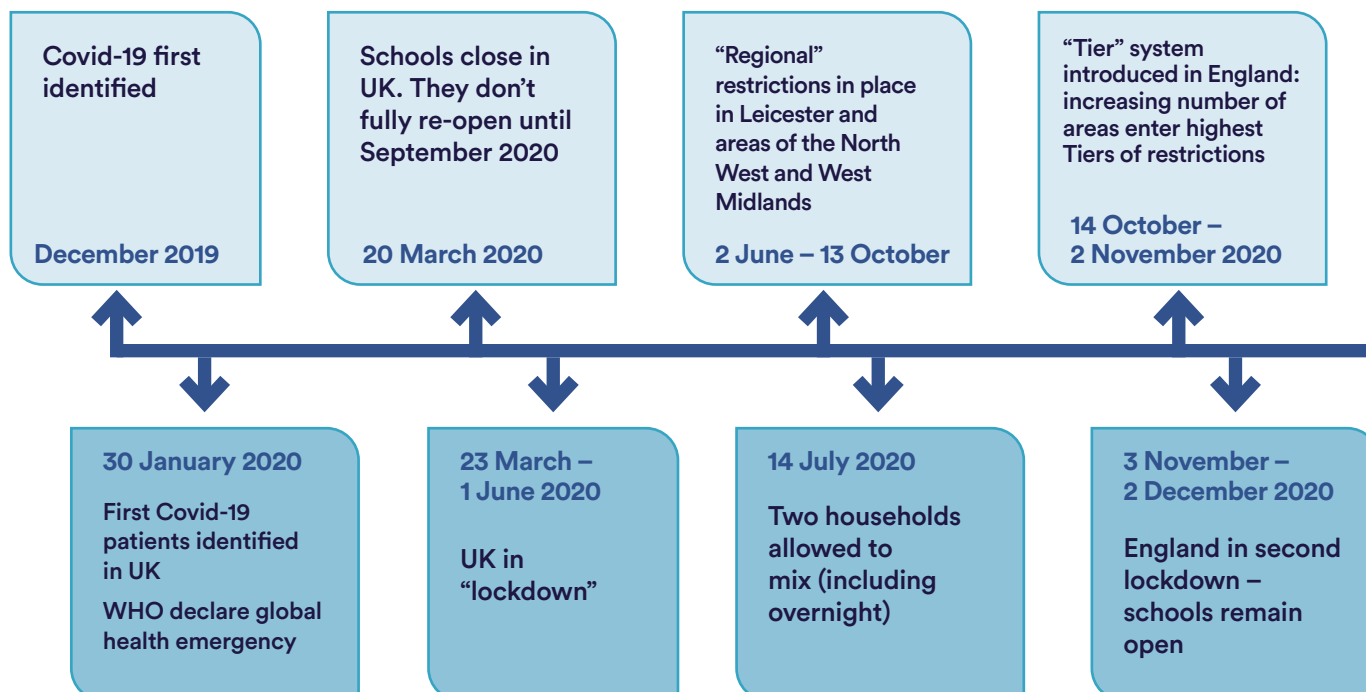
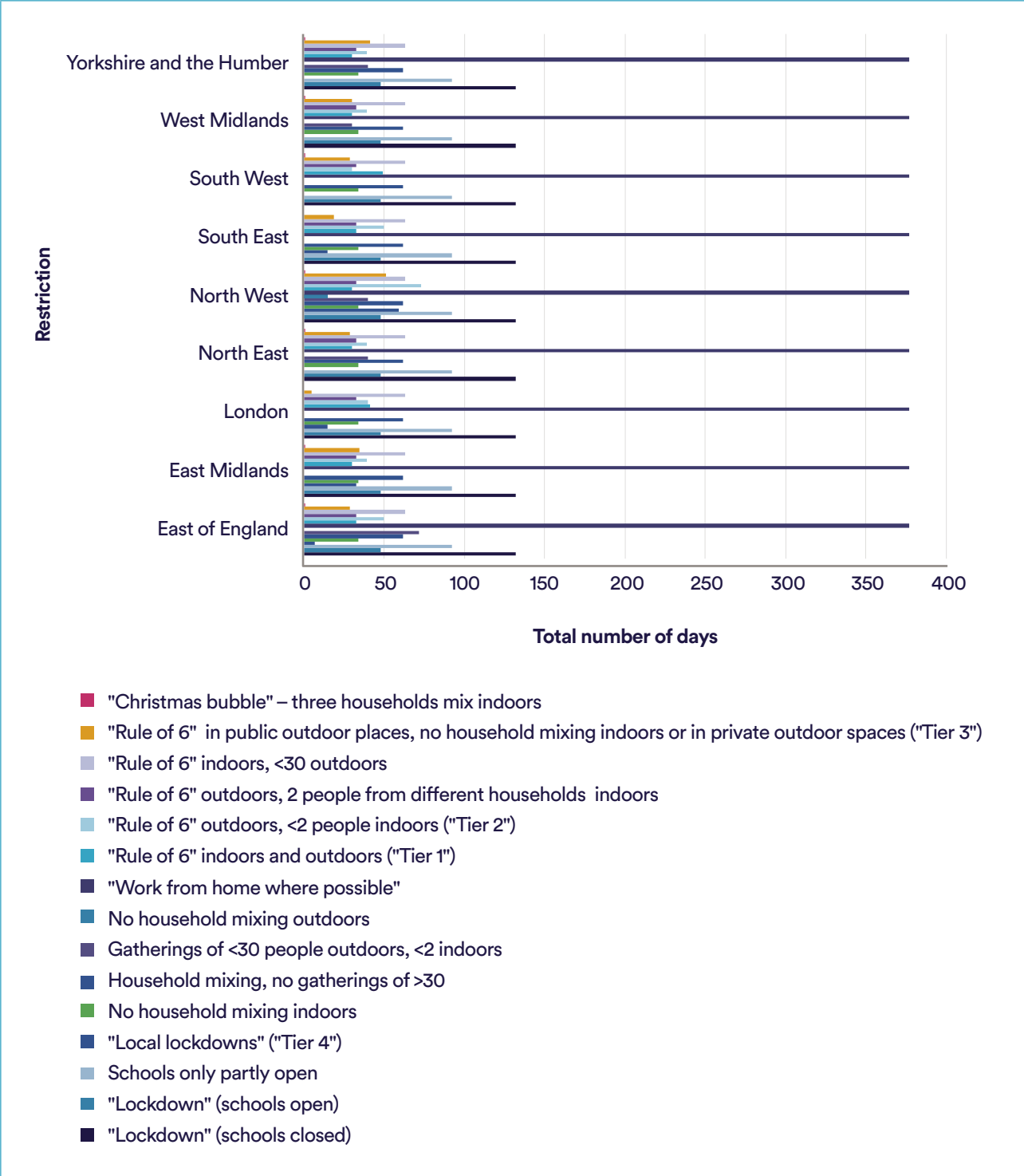




Figure 13: Days spent under different restrictions, per region of England, 2020-2021.



In 2020, there were no explicit travel bans imposed by UK government, or quarantine for arrivals (apart from in a few cases near the beginning of the pandemic), but international travel was supposed to be for “essential” purposes only. It is not clear exactly what counted as essential, although holidays were not permitted. Travel for weddings may have been, as may travelling for other family events such as funerals, which are sometimes used as reasons to take people abroad, who are then forced into marriage.

Official travel bans were introduced for travel from and to England in 2021, with countries being put on a ‘red’, ‘amber’ or ‘green’ list.<sup>37</sup> Travellers from red list countries needed to quarantine in official government accommodation, travellers from amber list countries had to self-isolate at home (or their destination accommodation). Travel restrictions have eased, but some were re-introduced at the end of 2021, including pre-departure, day 2 and day 8 testing, in response to the Omicron variant.

# Impact of Covid-19

Covid-19 has had an impact on all of our lives, and it is widely accepted that those who were struggling before the pandemic have been hit hardest by its effects. We have carried out a number of analyses to understand the effect of the pandemic on FM. This includes analysis of all three data sets, and supplementary analysis of secondary data sources.

## Forced marriage helplines during the pandemic: KN

KN’s helpline received over 20,000 calls in 2020, 3,705 connected to FM, of which 578 referred to new cases. This is an increase on 2019 – new referrals up by 37, total calls about FM up 621. In 2021, KN received 2,232 calls relating to FM, and recorded 461 new referrals. This is lower, in terms of calls, than in both 2020 and 2019, though much higher than 2017 and 2018, and lower in terms of new referrals than 2020, 2019 and 2018.

KN report that, increasingly in the pandemic, they have received calls from people who have left a FM, whose memories of their traumatic experiences were being triggered by lockdowns and other restrictions on their movement. Even so, KN received roughly 6.5 calls per new referral in 2020, and 5 in 2021. This indicates an increase on the number of calls per referral during the pandemic.

Figure 14: FM Calls to KN, 2017-2021.

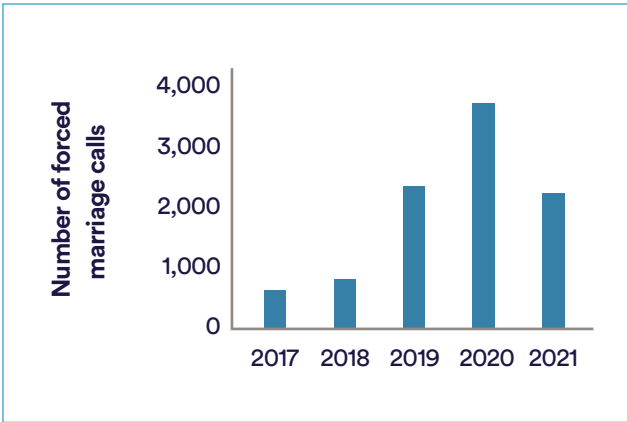
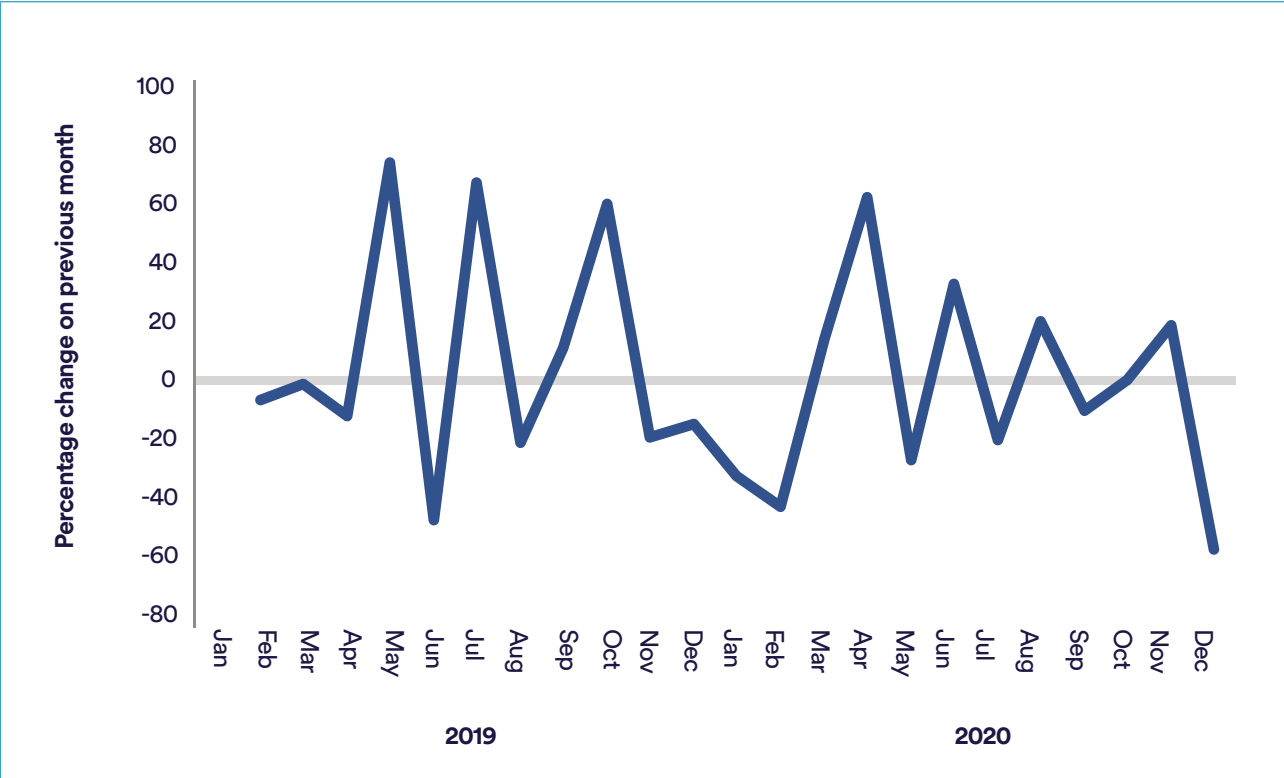


Figure 15: Percentage change, FM referrals (2019 v 2020 and 2021). (Data from KN.)



To compare the pandemic with pre-pandemic years in more detail, we first considered the percentage change of calls each month. Compared with 2019, in 2020, there were significantly more calls about FM in the period of the first lockdown (with a significant peak when the stay at home order was changed to “stay alert” on 10 May), and increasing numbers as restrictions started to tighten through the autumn, but with a significant decline as England entered a second lockdown. There were far fewer calls during the spring of 2021 (when England was in the second lockdown) than in the same period in 2019, with calls increasing (relative to 2019) as restrictions started to ease. The official end of restrictions in mid-July 2021 seems to have corresponded with the start of a rise in calls (compared to 2019). Although rising (compared to 2019) during the autumn of 2021, calls were far lower than pre-pandemic from November onwards, a period which corresponds with some new restrictions (for example on travel) brought in as a response to the new Omicron variant.

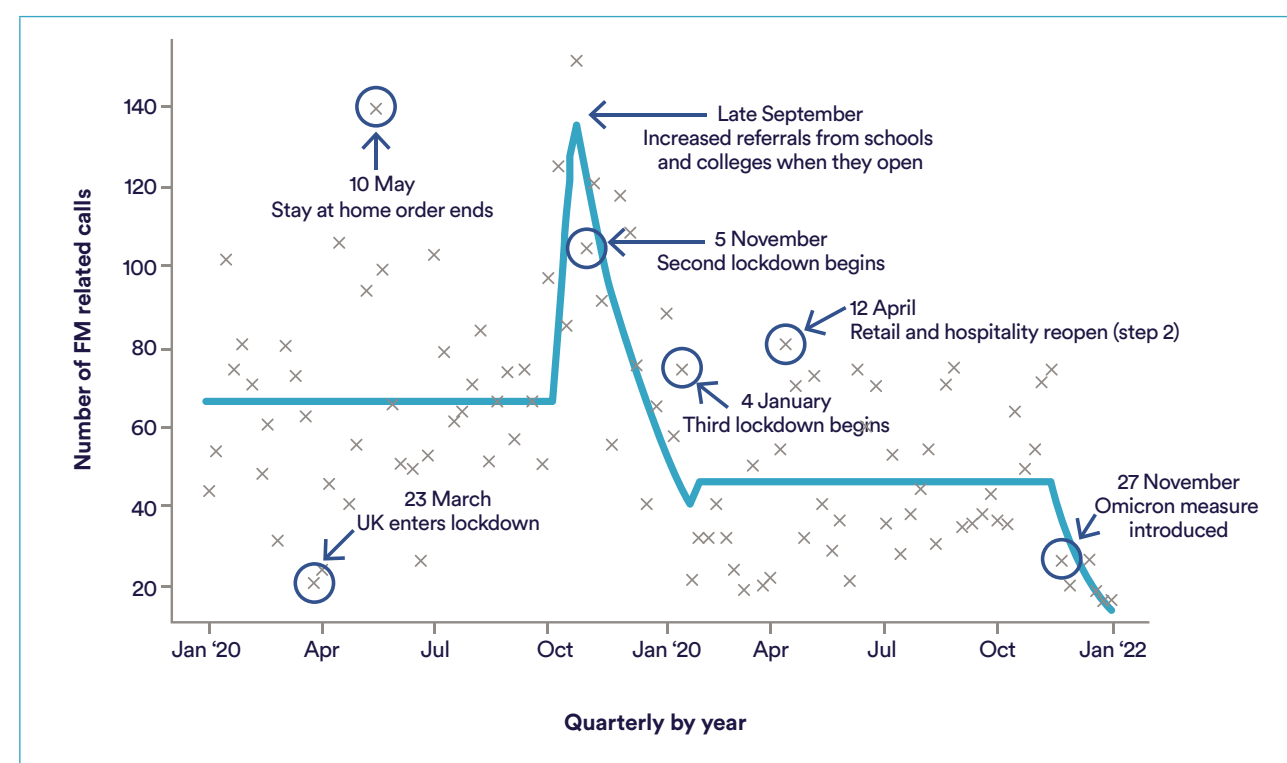
Interestingly, however, as total calls dramatically increased compared to 2019, FM calls were only a small percentage of total calls during the lockdown, though this increased towards the end of the year.

We also carried out a change point analysis to identify time points when the volume of calls to KN’s helpline regarding FM changed during the pandemic. We found that during the first lockdown, call volumes were broadly stable, but massively increased in late September 2020, when schools and colleges reopened. This drove a spike in FM related calls that dropped off as the term carried on. The second and third lockdowns further suppressed calls.

February 2021 saw the lowest volume of calls. The volume of calls then increased and remained broadly stable until new restrictions were introduced in response to the omicron variant.

Figure 16 shows the number of calls KN received each week in 2020 and 2021. The calls to KN’s helpline regarding FM substantially dropped on the week beginning 23 March 2020, when lockdown was first announced. They then peaked in May 2020, when the stay-at-home order was lifted. We did not see a similar fall and peak around the two further lockdowns (November-December 2020 and January-March 2021). This is interesting, because although schools remained open in the second lockdown, they were closed for much of the third.

**Figure 16: Change-point analysis of weekly calls to KN helpline, 2020-2021**



Similarly, the volume of calls in 2021 in general is notably lower than in 2020. This raises the concern that people found it harder to contact KN’s helpline in 2021 than in 2020.

Alternatively, it may suggest that FM declined in 2021 (compared to 2020), and given that people were, in general, contacting the helpline at pre-pandemic levels in 2021 (not at the heightened levels for all forms of honour-based abuse seen in 2020), this seems the more likely explanation.

One significant difference between 2020 and 2021 is that the UK government imposed more travel restrictions in the latter than in the former: however, travel was extremely limited in 2020, particularly by other governments who significantly restricted travel to their countries from the UK. Thus, travel restrictions alone probably cannot explain the difference between 2020 and 2021.

The personal and economic stresses of Covid-19 and related restrictions in 2020, then, may have driven an increase in FMs which has since declined. If this is the case, it offers fruitful further avenues for research into the causes of FM in the UK, not least because 2020 and 2021 were actually quite similar in terms of days spent under significant restrictions (see figure 13): 69 days in lockdown with schools closed in 2020, for instance, and 63 days in the same restrictions in 2021, and 27-37 days (depending on region) in lockdown with schools open in 2020 compared to 21 in 2021. Similarly, the personal and economic impacts of Covid-19 were still very evident in 2021, particularly with the uncertainty (and fear) caused by new variants such as Delta and Omicron.

Potentially, long periods of restrictions on leaving the home or meeting groups of people outside one’s own household in 2020 and 2021 led to more control over behaviour which might otherwise have led to someone being forced to marry to protect their family’s perceived ‘honour’. (For instance, it might have been harder for people to meet and form relationships with people of whom their family disapproved.)

Alternatively, the on-going restrictions and uncertainty about travel, work, and the legality of household mixing (particularly in large numbers, as is often associated with a wedding) may have made people defer or delay FMs.

For both reasons, there is still, therefore, a significant concern that there may be a further ‘peak’ of FM coming in 2022 or 2023. Qualitative research we are currently conducting with key stakeholders may help explain this data, however some insight will always be hard to garner as it involves speaking to perpetrators and survivors.

## Source of referrals

The majority of calls came from victims themselves (41.2% in 2020 and 39% in 2021). This is in line with the 39% in 2019, though lower than the 48.8% in 2018. This is encouraging, as we were worried victims would not be able to contact the national helpline because of Covid-related restrictions.

Interestingly, only 168 referrals from single victims were recorded in 2021. This is significantly fewer not only than calls from victims in 2020 (230) and 2019 (223), but also in 2018 (202) and 2017 (205). This could be a sign that FM itself decreased in 2021 compared to previous years. As noted, this seems somewhat more likely than that the restrictions experienced in 2021, which were – overall – lighter than those of 2020, made it harder for victims to reach out to KN for help.

The next highest source of referrals were Children’s Social Care Services (10.2% in 2020, 10.4% in 2021). This is both a higher percentage, and a higher actual number of referrals, than in 2019 (8.5%).

“The personal and economic stresses of Covid-19 and related restrictions in 2020, then, may have driven an increase in FMs which has since declined.”

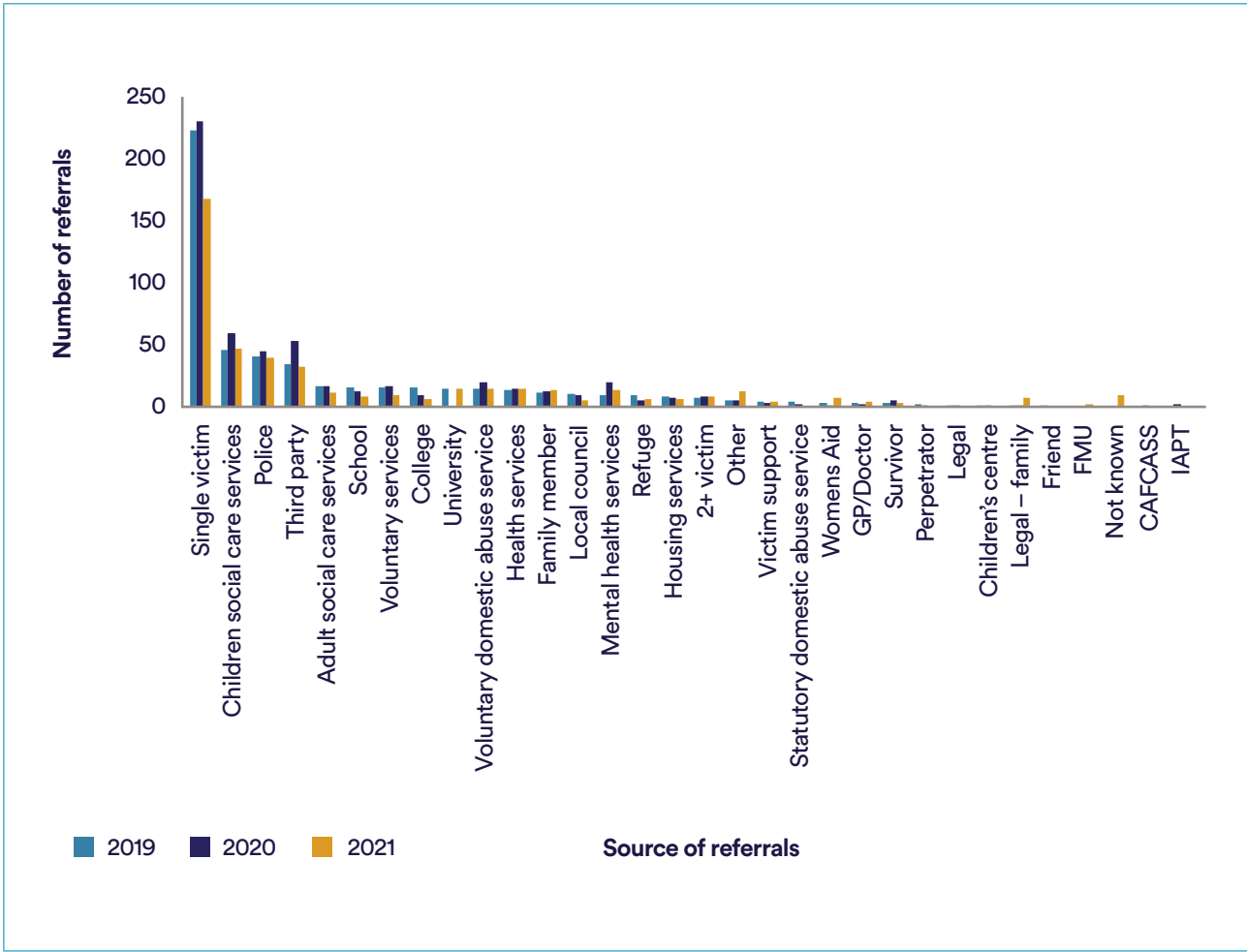
This is interesting, as it suggests that Children’s Social Care Services were able to reach victims in the pandemic, and spot signs of risk despite Covid-19 and Covid-related restrictions. It may show an increasing risk to young people in 2020 and 2021, or it may be a sign that Children’s Social Services were picking up young people at risk which, in other years, might have been picked up by other agencies with safeguarding responsibilities towards children such as schools.

Relatedly, referrals from Adult Social Case Services remained constant between 2019 and 2020 (at 16), but dropped to 11 in 2021. Again, this might be a sign that FM decreased among the group of victims served by Adult Social Care (in the main, adults who lack the capacity to consent to marriage) in 2021. Or, it might be a sign that Adult Social Care Services found it harder to reach this vulnerable population for some reason in 2021.

The third-highest number of referrals came from ‘third parties’ in 2020 (9.2%) and 2021 (7.1%) – a total of 85 cases. This is slightly higher than in 2019 (6.3% of cases, a total of 34), when ‘third parties’ were the fourth-highest source of referrals. Without further information on who ‘third parties’ are, it is hard to say much about what this shows us regarding the impact of Covid-19 and Covid-related restrictions, aside from that fact that third parties were evidently still able to spot signs of risk, and reach out on the behalf of victims to KN.

The fourth-highest number of referrals came from the police (7.8% in 2020, 8.6% in 2021). There were slightly more referrals in 2020 (45) than in 2021 (39) from this source. Both were in line with the number in 2019 (40, which was 7.4% of the total). Again, this is a sign that Covid-19 and Covid-related restrictions appear not to have prevented the police from identifying people at risk, and acting on their behalf, or prevented people contacting the police on victims’ behalf, and alerting them to the risk.

Figure 17: Number of referrals from different sources, 2019-2021.



Referrals from educational institutions present a changing picture in 2020 and 2021. In general, referrals decreased from schools and colleges – that is, educational institutions responsible for children under the age of 18. This may suggest young people were less at risk, but perhaps more likely is that this decrease corresponds with the increase in referrals from children’s social services, and reflects the length of school-closures in 2020 and 2021, suggesting it was harder for schools and colleges to spot signs of risk during periods affected by Covid-related restrictions.

Overall, it is worth noting the low levels of referrals from schools and colleges in general, which is perhaps surprising given schools have a statutory safeguarding responsibility with regards to FM, and are a key contact for a significant number of people at risk. This suggests further research is necessary into the roles schools play in combatting FM both pre- during- and post-pandemic.

It is interesting that, although referrals from universities decreased in 2020, they rose again in 2021 (unlike schools and colleges). Like schools and colleges, universities also moved teaching online in spring 2020, and students were often studying from home. Like schools though, they remained open in the second lockdown from November 2020, only closing at the official end of term (and then shutting through the spring 2021 lockdown).<sup>38</sup> Universities resumed face-to-face teaching in March 2021 for students with practical elements to their degrees<sup>39</sup>, but not until 17 May for other subjects.

Figure 18: Referrals from colleges, universities and schools, 2019-2021.

There was a slight decrease in referrals from refuges (5 in 2020, 6 in 2021, compared to 9 in 2019). This may suggest that victims and those at risk found it harder to access refuge during the pandemic (perhaps particularly at times when household mixing and/or travelling outside one’s local area was banned, and/or when refuges had to impose their own Covid-related restrictions to keep existing residents and staff safe).

There was an increase in referrals from voluntary domestic abuse services and voluntary services in 2020 (20 and 16 respectively, compared with 14 and 15 respectively in 2019). In 2021, this was 14 and 9. Over the same period, referrals from statutory domestic abuse agencies dropped from 4 to 0.

Figure 18

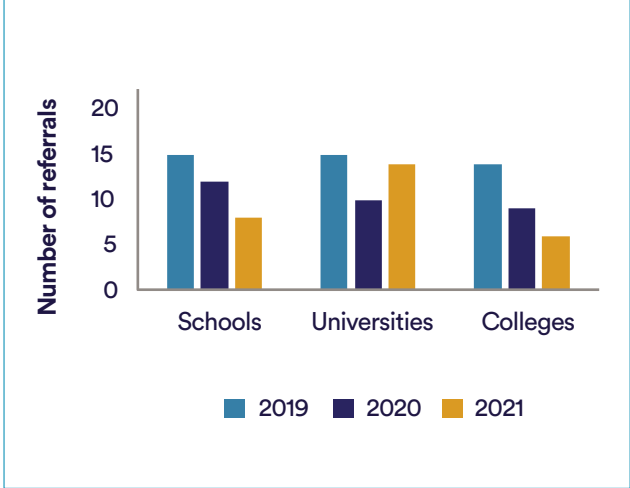
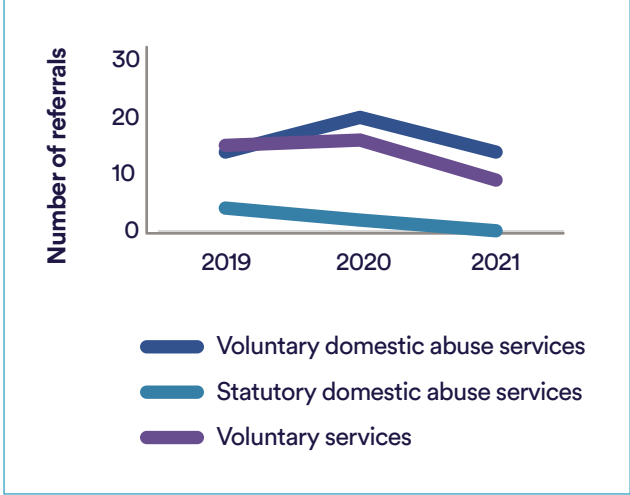


Figure 19: Referrals from voluntary domestic abuse services, statutory domestic abuse services, and voluntary services, 2019-2021.

These figures suggest that NGOs were able to provide help to people at risk, and be contacted by people at risk, despite Covid-19 and Covid-related restrictions. They also suggest (as does data from refuge’s helpline) that there was an increase in incidents of domestic abuse in 2020, which dropped in 2021. They may also show that statutory domestic abuse authorities found it harder to contact victims, or spot

Figure 19





signs of risk, in 2020 and 2021 (or, perhaps, that these are not bodies victims think of reaching out to themselves – or, that risk itself decreased between 2019 and 2020 for the communities likely to be reached via such bodies).

In 2020 and 2021, there was a slight increase in referrals from health services (from 13 to 14), and this supports the suggestion from KN that victims had benefitted from the Covid-related restriction on more than one person attending a health-related appointment. That is, for most of the time since February 2020, people have had to attend medical appointments alone. This has made it possible for some victims to disclose abuse, which would not have been possible had their abuser (or someone connected to them) had also been in the meeting.

This said, there was a slight decrease of referrals from GPs (from 3 in 2019 to 2 in 2020) which might reflect the general change to phone appointments during the pandemic. When calling from home, it is potentially harder for victims to ensure privacy from perpetrators. This said, GP appointments have also tended to be on the phone in 2021, but referrals from this source increased (to 4). The numbers, then, may be too small to really detect any impacts of Covid-19 and Covid-related restrictions.

In 2020, there was also a slight decline in referrals from local councils (from 10 in 2019 to 9 in 2020): this decreased to 5 in 2021. This may suggest that Covid-related restrictions made it harder for local councils to perform their safeguarding duties during the pandemic – or it might suggest a decrease in risk and cases of FM.

“There was, however, a significant increase in referrals from mental health services (from 9 in 2019 to 20 in 2020 and 13 in 2021). This might refer to disclosure of historic FM trauma which was triggered by Covid-related restrictions such as lockdowns.”

There was, however, a significant increase in referrals from mental health services (from 9 in 2019 to 20 in 2020 and 13 in 2021). This might refer to disclosure of historic FM trauma which was triggered by Covid-related restrictions such as lockdowns. But it might also refer to current FM risk. It seems evident that mental health services were able to reach people at risk, and refer them to specialist services, during the pandemic, which is encouraging, though these figures may also suggest that there was a link between poor mental health in the pandemic and people at risk of FM.

Possibly reflecting the nature of restrictions in 2020, one only referral came from a friend (compared to 32 in 2019). In 2021, no referrals came from friends, and this is more puzzling as people were, in general, more able to meet with friends away from their own homes in 2021 than in 2020.

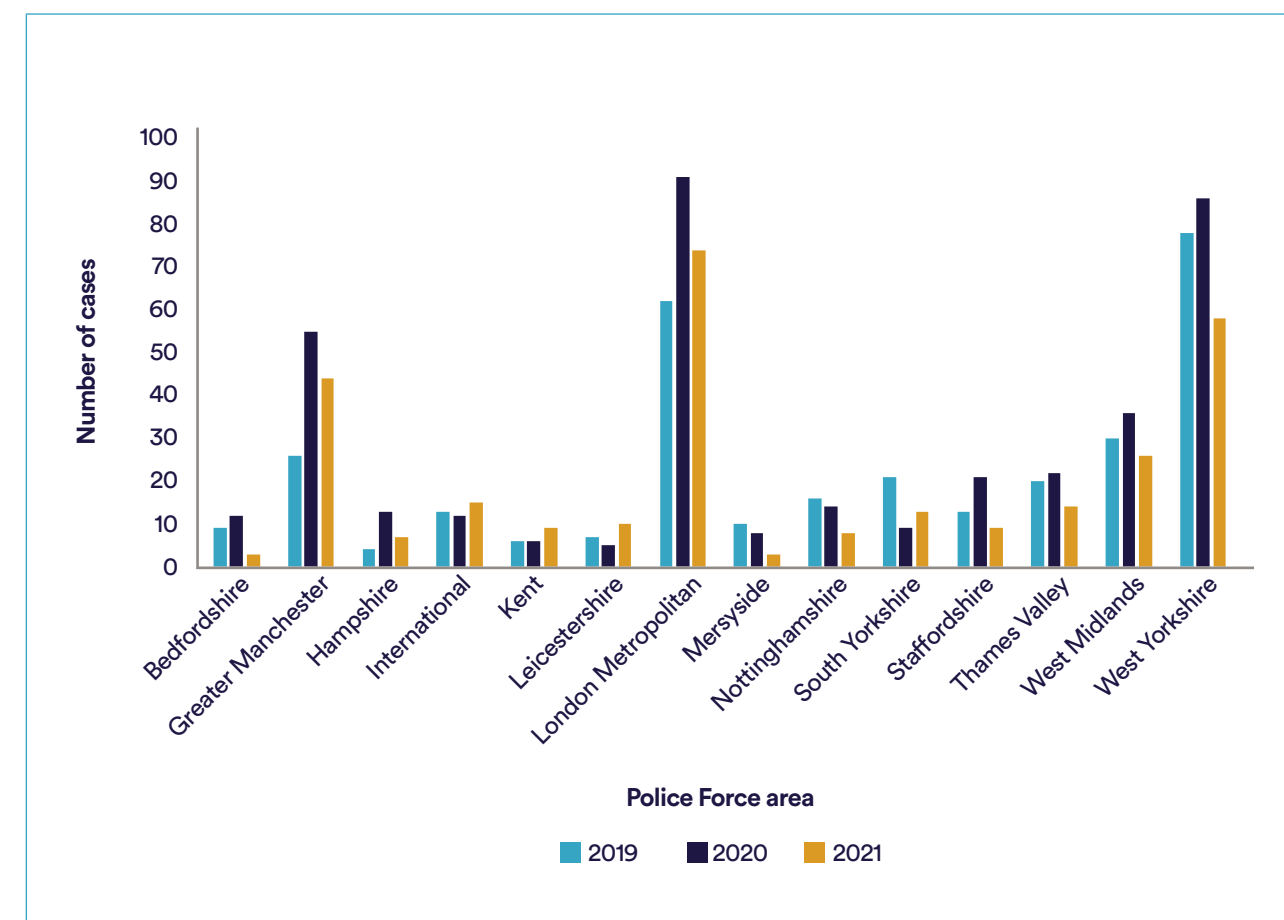
Lastly, 2 referrals came from ‘legal’ sources in 2019. This was also 2 in 2020, but 7 in 2021. Again, these are small numbers and potentially the actions of only one or two families could have made this change, if a family law firm came to know of a series of related cases and contacted KN on their behalf. It may also reflect increasing knowledge of KN by legal professionals.

“In 2020 and 2021, there was a slight increase in referrals from Health Services (from 13 to 14), and this supports the suggestion from KN that victims had benefitted from the Covid-related restriction on more than one person attending a health-related appointment.”

## Location of victims

As with other years, calls mainly came from London, West Yorkshire, Greater Manchester, the West Midlands, Thames Valley, Nottinghamshire and Staffordshire.

Figure 20: Locations of FM calls (including top ten from 2019, 2020 and 2021)



In 2020, there were increases in referrals from Bedfordshire, Cambridgeshire, Devon and Cornwall, Essex, Greater Manchester, Gwent, Hampshire, Hertfordshire, Humberside, London Metropolitan, North Yorkshire, Northumbria, Scotland, Staffordshire, Thames Valley, West Midlands, West Yorkshire and Wiltshire.

All these areas experienced more restrictions on household mixing, and longer periods of school closure, in 2020 than in 2019 – but so did the rest of the country. Some areas (for example, Greater Manchester, London Metropolitan, and the West Midlands) experienced longer periods of more significant restrictions than others (see figure 13), but other areas (for example, Hampshire, Wiltshire and Hertfordshire) experienced relatively less tight restrictions and for shorter periods.

Moreover, there were fewer referrals from Avon and Somerset, Cheshire, Cleveland, Derbyshire, Kent, Leicestershire, Merseyside, Northamptonshire, South Wales, South Yorkshire, Surrey, Sussex, and West Mercia. The decrease is particularly notable in South Yorkshire – only 9 referrals in 2020 compared to 21 in 2019.

Again, some of these areas (for example, South Yorkshire and Leicestershire) experienced more-severe restrictions for a longer period of time than the rest of the country, and some (for example Northamptonshire and Sussex) experienced less-tight restrictions and for less time.

Lastly, Lancashire, which experienced some very significant restrictions for long periods of time in 2020, had no change in the number of referrals.



Restrictions were less regionalised within England in 2021. We did not, however, see a uniform change in calls to KN's helpline. There was a decrease in cases, compared to 2020, and 2019 in Bedfordshire, Merseyside, Nottinghamshire, Staffordshire, Thames Valley, West Midlands, West Yorkshire, Lancashire, Cheshire, South Wales, Lincolnshire and Gwent.

There was also a decrease in cases compared to 2020 in Greater Manchester, Hampshire, London Met, South Yorkshire, Derbyshire, Avon and Somerset, Essex, North Yorkshire and Wiltshire, but there were still more calls from these police force areas in 2021 than in 2019.

There was also a decrease in calls from Scotland and Gloucestershire in 2021 compared to 2020 – the 2021 figure is the same as in 2019.

There was an increase in calls tagged as 'international', and from the police force areas Kent, Leicestershire, Cambridgeshire, West Mercia, Surrey, Northumbria, Warwickshire, Dorset, Humberside and Suffolk compared to both 2020 and 2019.

There were the same number of calls from Herefordshire (6) and from Devon and Cornwall (5) in 2021 and 2020, and this was a higher number than in 2019. There were also the same number of calls from Northern Ireland (2) in 2021 and 2019, an increase from none in 2020.

There were more calls from Sussex and Cleveland in 2021 than in 2020, but still fewer than there were in 2019.

There were the same number of calls each year from North Wales.

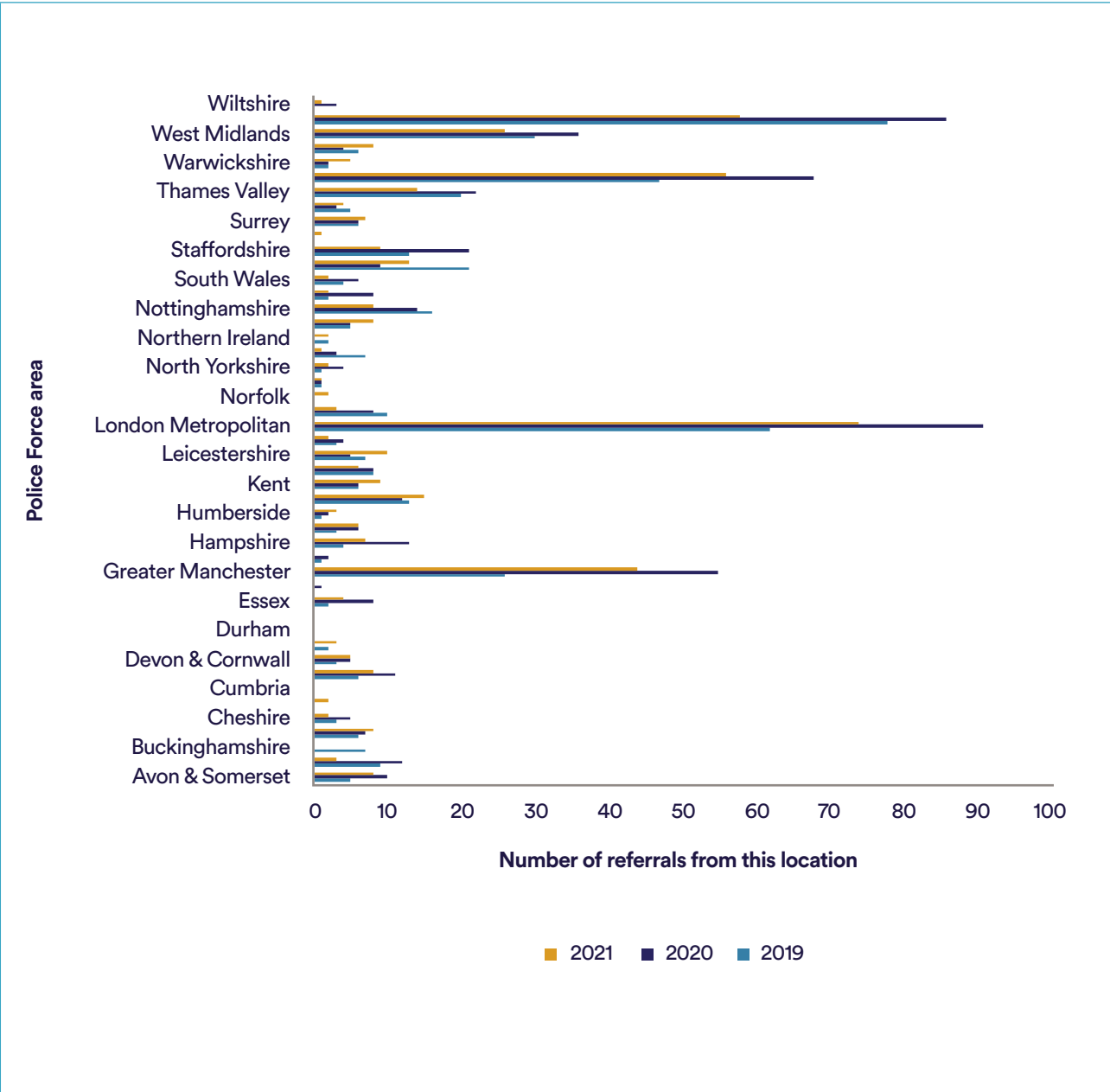
In both 2020 and 2021, most calls came from the London Metropolitan police force area: in 2017-2019 most calls came from West Yorkshire, which fell to second in 2020 and 2021. These two regions, with West Midlands, Greater Manchester, Thames Valley, South Yorkshire, Derbyshire, Nottinghamshire, Cambridgeshire, Hampshire and Leicestershire were those with the largest number of calls. This is similar to pre-pandemic years.

Overall, then, it seems that domestic restrictions related to Covid-19 may have had an impact in terms of generally leading to an increase in calls in 2020, but that this impact was not uniform across the country, and was not as simple as an increase in restrictions (or a longer period of restriction) leading either to an increase or decrease in calls to KN. Some of these increases remained, and even increased, in 2021 – in other areas, calls fell back to more like pre-pandemic levels.

There was also basically no change in the number of referrals classed as 'international' - 13 in 2019 and 12 in 2020. This suggests that neither domestic restrictions nor limitations on international travel had a significant impact at least on people at risk of being taken abroad for a FM who were likely to call KN. (We are assuming this involved people taken abroad, who already knew – or knew someone who passed on to them – KN's contact details, because it seems unlikely someone not from the UK would call KN for help, or know of their existence, and KN are set up to help UK residents.)

“There was an increase in calls tagged as 'international', and from the police force areas Kent, Leicestershire, Cambridgeshire, West Mercia, Surrey, Northumbria, Warwickshire, Dorset, Humberside and Suffolk compared to both 2020 and 2019.”

Figure 21: All FM referrals, 2019-2021, KN

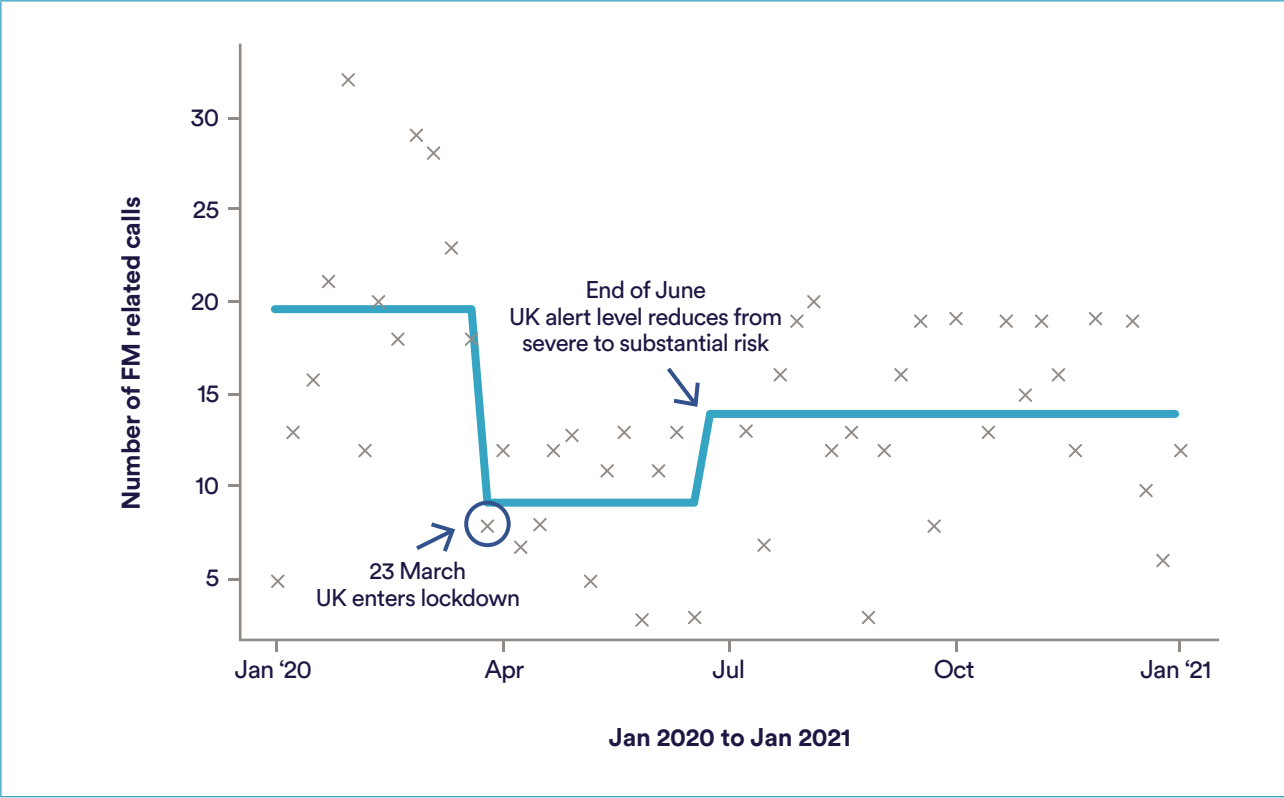


## Forced marriage helplines during the pandemic: FMU

We carried out a similar analysis to the weekly call data from the FMU. We found a different pattern to the KN helpline. Both helplines saw an immediate reduction in calls during the first lockdown. For the FMU, this reduction lasted until the end of June, when calls increased. This aligned with many restrictions being relaxed as the UK's Covid-19 threat levels was changed from severe to substantial. However, even though the volume of calls increased at the end of June, the volume was still below pre-pandemic levels.



Figure 22: Weekly calls to FMU, 2020-2021.



One of the lowest weeks for calls to the FMU coincided with schools re-opening in England (September 2020), though calls did increase through that month, from fewer than 5 to 19. This is a marked contrast to KN’s experience. On the other hand, around 70% of cases handled by the FMU do not involve people of school age, and only 7% of referrals to the FMU in 2020 were from the education section, with an additional 17% coming from social services. Interestingly, the education sector accounted for 7.6% of calls between 2015 and 2019 – and 7% in 2018 and 2019 – and social services accounted for 16.8%, and exactly 17% also in 2018 and 2019.<sup>40</sup> Although, as noted school-age people only account for 30% of victims in cases involving the FMU, on average, pre-pandemic, this also suggests that schools are not making as many referrals as we might expect, given the numbers of people of a relevant age at risk. Evidently, some of these cases are being handled by social services, but this also includes adults at risk (for example, adults who lack the mental capacity to consent). As with data from KN, this suggests further research is needed on the role schools play in identifying those at risk; their awareness of their statutory responsibilities, the kind of training relevant staff receive, and levels of awareness in schools about signs of risk and what to do if those are identified.

The different effects seen by the FMU and KN helplines suggests they are serving different constituencies of victims and stakeholders.

Overall, the FMU saw a significant decrease in calls – 56% of the total in 2019 and 50% of that in 2018.<sup>41</sup>

“Interestingly, the education sector accounted for 7.6% of calls between 2015 and 2019 – and 7% in 2018 and 2019 – and social services accounted for 16.8%, and exactly 17% also in 2018 and 2019.”

Figure 23: Annual Cases handled by the FMU 2011-2020.

Interestingly, despite restrictions and the generally lower level of calls in total, calls came to the FMU at very similar times of the year in 2020 as in 2019 and 2018 (though in 2018 there was an increase in calls through the autumn, which was not repeated in 2019 or 2020).

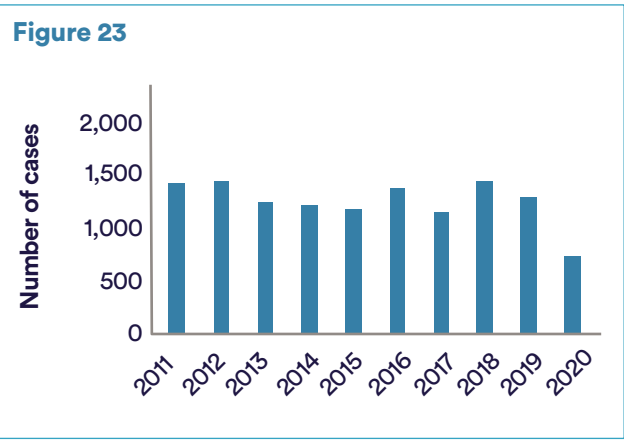
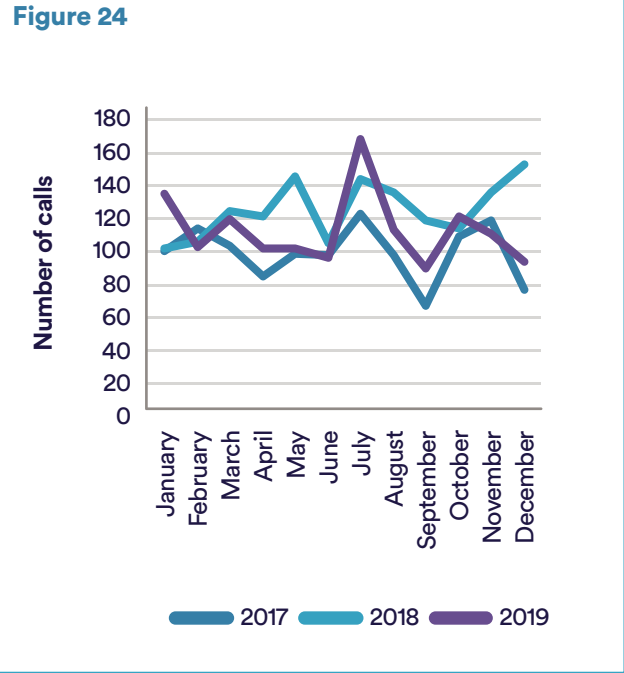


Figure 24: Monthly calls to the FMU 2018-2020.

Age of victims

The age of potential victims in the cases handled by the FMU in 2020 were much the same as in other years. A slightly smaller percentage of cases (11%) involved 16-17 year olds than in an average year between 2011 and 2019, though in 2019 this was 12%, and it was 11-13% in 2014, 2015 and 2016, so 2020 is not an outlier.

Similarly, there was a slightly larger percentage of cases involving people over the age of 26. This number has been growing pretty much year-on-year from 8% in 2012 to 11% in 2020, with a previous high-point of 10.4% in 2017. 2020, then, again fits with existing trends in the data.



Slightly more cases (as a proportion of the total) were of people aged 41 over above. However, this again matches the existing trend: in 2017 4.1%, in 2018 3% and in 2019 4% of cases involved victims who were aged 41 or above.

The fact that the statistics on the age of victims from 2020 looks very similar to the same data from 2012-2019 shows that the drop in cases this year handled by the FMU was across the board. That is, Covid-19 and Covid-related restrictions appear to have affected all cases. This might reflect a drop in the numbers of FM across the board: it might also, or instead, show that people of all ages have struggled to contact the FMU for help because of Covid-19 and Covid-related restrictions, or third parties most likely to spot signs of risk for people of all ages have struggled to spot those signs, and/or to contact the FMU.

Table 1: Age of victims in FMU cases.

Age of Victims	2020	Mean, 2012-2019
% below 15	15	14.6
% 16-17	11	15.5
% 18-21	22	22.4
% 22-25	15	14.7
% 26-30	11	8.9
% 31-40	11	6.4
% 41+	5	3.2
% Unknown	11	20.3

Sex of victims

The proportion of female and male cases in 2020 was the same as in past years. 79% of cases were female – it has been between 75 and 82% each year between 2012 and 2019. 21% in 2020 were male. Similarly, between 2012 and 2019, 18-21.4% of cases involved males.

As in other years, male victims were a higher percentage of cases involving victims with mental capacity issues than female. In total, there were 66 such cases. Numbers in these cases fluctuate quite widely year-on-year, from lows of 93 (2018) and 97 (2013) to highs of 137 (2019) and 125 (2016). As a proportion of total cases, they fluctuate between 6% (2018) and 12% (2014): at 9%, 2020 is also not an outlier (though interestingly, given the low numbers of such cases in 2018, there were only 27 more cases in that year than in 2020). 55% of such cases involved males in 2020: between 2015 and 2019 this figure was between 38 (in 2018) and 62 (in 2015) and, apart from in 2018, male victims have always outnumbered female. Again, 2020 fit the general pattern. Thus, Covid-19 and Covid-related restrictions appear not to have made it significantly more likely that a case handled by the FMU would have, or would not have, mental capacity concerns.

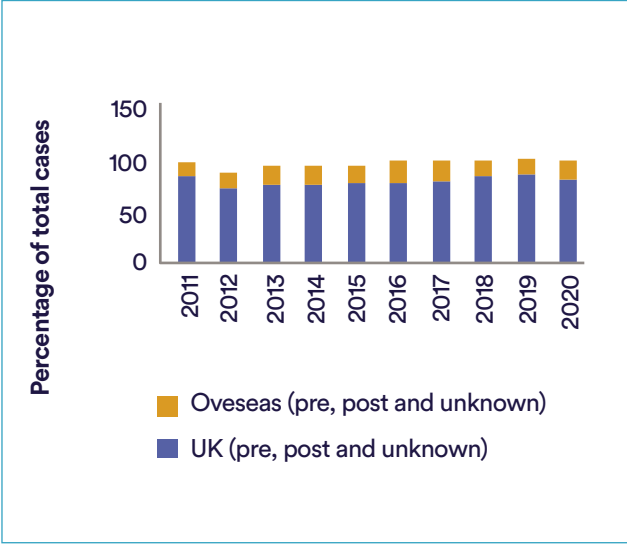
This is interesting, as it is acknowledged that a significant driver behind the FM of people who lack the capacity to consent is concern for their care (both currently, and in the future). We might have imagined that this concern would be exacerbated by the pandemic. However, perhaps other Covid-related restrictions (for example, on household mixing, and on travel) had a countervailing effect. It will be interesting to see whether there are significant differences in the data on this issue from 2021 and 2022 (when released).

Location of victims

80% of victims were in the UK when they first made contact with the FMU in 2020. This is much in line with previous years: on average, 70% of victims are in the UK when they first make contact, and this has been gradually increasing since a low of 71% in 2012. However, in 2019 85% of victims were in the UK when they first made contact with the FMU, and in 2018 this was 84%.

Figure 25: Proportion of cases in UK or overseas when first making contact with the FMU, 2011-2020.

The proportion of people in the UK who first made contact with the FMU pre-marriage was slightly lower than in 2018 and 2019 (51% compared to 56% and 60% respectively); and the number of people first making contact in the UK post-marriage slightly higher (28% compared to 27% and 23%). The proportion of people first making contact from overseas pre-wedding was basically exactly the same (9% compared to 8% and 9%), but the proportion first making contact post-marriage overseas was 6% compared to 4% and 3% - the highest proportion since 2014 (also 6%).



We cannot draw too much from this data, it is about proportions rather than raw numbers. However, in 2020 this data suggests 46 people were overseas and had already been forced to marry before they made contact with the FMU (or someone contacted the FMU on their behalf) – in 2019 that was 54 people, and in 2018, 45 people.

Given the halving of total cases, that these are similar raw numbers is striking. It suggests that people may have struggled to make contact with the FMU, and that their risk of being taken abroad for FM were not spotted by third parties in time to prevent the marriage.

Data from the FMU also tells us that 61 of those already overseas (pre- or post-marriage) were in Pakistan, 12 in Bangladesh, 9 in Somalia, 6 in India, and fewer than 5 in Afghanistan. Taken together, both pieces of evidence make it clear that, despite significant restrictions on travel, people were finding ways to take others abroad for the purpose of FM in 2020. True, this was a small number of people than in pre-Covid years, but it was not in itself a small number of people.

Within the UK, the percentage of cases from London, the West Midlands, the North West, the South East, Yorkshire and the Humber, and the East in 2020 were slightly higher than the average of 2012-2019. Cases from the South West, Scotland, Wales, the North East, and Northern Ireland were slightly lower than, or the same, as the previous average. Slightly more regions were unknown.

Table 2: UK Region from which FMU cases come.

As many of the regions with higher-than-average contacts to the FMU were subject to more-stringent ‘Tier’ restrictions and more frequent local lockdowns or other restrictions than other parts of the UK (see figure 13), and have experienced higher case-rates of Covid-19 than other areas, this slight increase may be a result of Covid-19 and Covid-related restrictions. It also suggests that, despite restrictions, people were able to contact the FMU when necessary (either for themselves, or on behalf of someone else).

However, this increase could also be due to better knowledge about the FMU and how to contact it in these areas, perhaps aligned with the FMU’s own increased provision of education and training in 2020. Moreover, the percentage increase is very slight (and the overall total number of cases much lower than in pre-pandemic years), and so it may simply be the case that regions which accounted for a high percentage of cases of FM handled by the FMU pre-pandemic accounted for a similarly high percentage during it.

Considering victims who were overseas, the FMU dealt with cases involving 54 ‘focus countries’ in 2020.

The ten countries (in addition to the UK) with the most cases in 2020 were: Pakistan, Bangladesh, India, Afghanistan, Somalia, Iraq, United Arab Emirates, Romania, Turkey, and Italy.<sup>42</sup>

Region	% of cases in 2020	Average % of cases 2012-2019
London	24	17
West Midlands	13	10
North West	11	8
South East	9	7
Yorkshire and Humber	9	6
East	7	3.5
East Midlands	3	3
South West	2	1.5
Scotland	2	1.5
Wales	2	1
North East	2	1
Northern Ireland	0	0
Unknown	17	15

“80% of victims were in the UK when they first made contact with the FMU in 2020. This is much in line with previous years: on average, 70% of victims are in the UK when they first make contact, and this has been gradually increasing since a low of 71% in 2012.”



Table 3: Ten focus countries with highest cases, plus UK) in 2020.

Other focus countries were: Albania, Australia, Barbados, Bulgair, Canada, China, Cuba, Cyprus, Ethiopia, France, Germany, Greece, Ireland, Joran, Kuwait, Mauritius, Nepal, New Zealand, North Macedonia, Poland, Russia, Saint Lucia, Senegal, Sweden, Syria, Tajikistan, Thailand, Uganda, United States, Yeman and Zimbabwe. For each of these countries, there were fewer than five cases.<sup>43</sup>

Since 2015, Pakistan, Bangladesh, the UK, Afghanistan, Somalia, India, Romania, Turkey and Iraq have all featured as focus countries in a large-enough number of cases year-on-year to be included by name in published FMU statistics.<sup>44</sup> Other frequent ‘focus countries’ are Saudia Arabia (average of 11), Egypt (average of 9), Sri Lanka (average of 7), and Nigeria (average of 5).

It is interesting that these countries were not focus countries in 2020. Travel restrictions cannot be the only reason, as other countries with significant restrictions (for example, Pakistan, Bangladesh and India) did feature. Similarly, it is interesting to see Italy on the list, though it had <5 cases in previous years, so 5 is not such a significant increase, and it was more a decrease in cases associated with other countries than a significant increase in cases associated with it which put Italy into the ten countries with most associated cases. It is also worth noting that with small numbers of cases, the actions of a single family (trying to forcibly marry several family-members at the same time) can significantly impact the statistics.

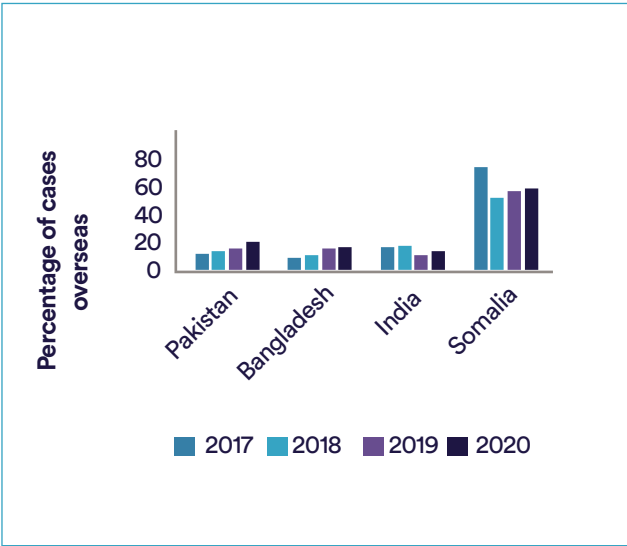
A slightly higher percentage of victims were already in Pakistan, Bangladesh, India and Somalia when their case came to the attention of the FMU than in 2019.<sup>45</sup>

Figure 26: Proportion of cases already overseas in Pakistan, Bangladesh, India and Somalia, 2017-2020.

For Pakistan, Bangladesh and Somalia this is part of a general trend, with a greater proportion of cases being overseas year-on-year. There is less of a pattern to be discerned with India, where the percentage was almost identical in 2017 and 2018, and then dropped in 2019.

Again, the actual number of people involved in 2020 was far fewer than in other years, and it might be that no more people than usual faced barriers in contacting the FMU than before the pandemic. Still, evidently a significant number

Country	Number of Cases in 2020 (% of total)	Average number of cases (2015-2019)
Pakistan	286 (38%)	570 (43%)
Bangladesh	69 (9%)	120 (9%)
United Kingdom	53 (7%)	120 (9%)
India	44 (6%)	60 (4.5%)
Afghanistan	30 (4%)	35 (2.5%)
Somalia	15 (2%)	50 (4%)
Iraq	7 (1%)	20 (1.5%)
United Arab Emirates	7 (1%)	12 (1%)
Romania	7 (1%)	16 (1%)
Italy	5 (1%)	<15 (<1%)
Turkey	5 (1%)	8 (0.5%)



of people do only make contact with the FMU once they are overseas. It is striking that though far fewer cases are associated with Somalia year-on-year than, say, Pakistan, a far higher percentage (almost half) are overseas when they make contact with the FMU.

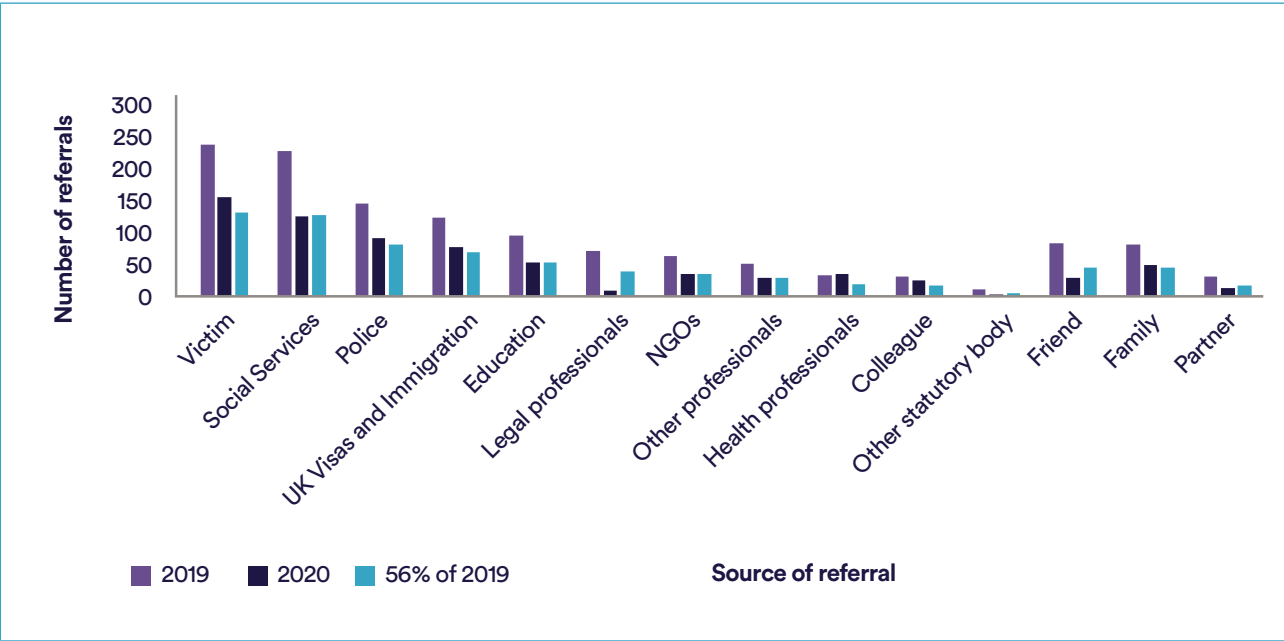
The FMU say that the 7% of FMs with no overseas element is roughly in line with previous years.<sup>46</sup> It is true that this figure was 5% in 2019 and 7% in 2018, though it is worth noting that the figure was 10% in 2017, 11% in 2016 and 14% in 2015.<sup>47</sup> In raw numbers, this represents a drop from 175 cases in 2015 to 72 in 2019, and 53 in 2020. This might reflect a fall in the number of FMs being perpetrated in the UK (and only involving people residing in the UK) which Covid-19 and Covid-19 related restrictions did not halt. Alternatively, it may only show that fewer people at risk of FM with no overseas element are coming to the attention of the FMU.

Source of referral

In 2020, the most-common source of referrals to the FMU were victims themselves (21%); social services (17%); police (12%); UK Visas and Immigration (10%) and education (7%). In terms of the most common sources of referrals, this is in line with pre-pandemic sources of referrals (see figure 6).

One difference, however, is in the number of victims making contact on their own behalf. This was 158 people in 2020. As noted, cases in total (in 2020) were 56% of their 2019 numbers (and 50% of their 2018 numbers): 158, however, is 66% of the number of victims who called the FMU themselves in 2019 (239) and 55% of the number who called in 2018. That is, slightly more victims called the FMU themselves than we might expect if the 56% (and 50%) decrease had been across the board (as it appears to have been in several other categories).

Figure 27: Source of referrals for FMU, 2019 and 2020, and expected level (56%) if decrease in total cases was uniform across referrals.



Indeed, the decrease in calls from victims in 2020 (34%) is less than the total decrease in calls (44%) compared to 2019, and shows that Covid-19 and Covid-related restrictions did not prevent people at risk from making contact with the FMU.

Although the actual numbers themselves are lower, referrals from social services, education, NGOs, and ‘other professionals’ were all 55-56% of their number in 2019, which matches the comparative total calls in 2019 and 2020. In itself, this is interesting, as we might have expected Covid-related restrictions, and Covid-19 itself (which has led to many children missing weeks of school even when



schools were open) to have more-severely impacted on referrals from education, while lockdowns (national and local) might have made it harder for social services to spot signs of people at risk.

On the other hand, we might have expected referrals from NGOs to increase. Our research shows that calls dramatically increased to KN, and we would expect other specialist NGOs to have experienced something similar, yet – if this was happening – cases were not being referred on to the FMU. Further research is needed to understand the nature of the calls being handled by NGOs, and when (or whether) they referred cases to the FMU in, and before, the pandemic.

As with referrals from victims themselves, referrals from UK Borders and Immigration; the police; and family members were a slightly higher proportion of calls than we would have expected had the decrease been uniform across all sources of referrals: they were at 62% or 63% of their 2019 numbers.

The source of referrals least impacted were colleagues and health professionals. Despite long periods where people had to stay at home and not go to work, and other periods where people were advised to ‘work from home where possible’, colleagues evidently retained a key role in identifying people at risk – referrals from this group were at 82% of their 2019 numbers. This might be a sign that people more at risk were also likely to be working in jobs where it was *not* possible to work-from-home (for example, in hospitality, manufacturing, care and health-care) and thus were seeing their colleagues on a regular basis (there may also be some blurring between the ‘colleague’ category and the ‘friend’ category).

Most notably, there were *more* referrals from health professionals in 2020 than in 2019 – the figure (36) for 2020 is 103% that of 2019 (and 133% the number from 2018). Indeed, 36 is the highest number of referrals ever made to the FMU (for the years for which we have data<sup>48</sup>). This adds weight to evidence we have heard from staff on helplines that the Covid-related restriction meaning people were not allowed to be accompanied on visits to see health professionals meant that people at risk found it easier to disclose. This is even more significant when we consider that for much of 2020 people could only consult a wide range of health professionals (including GPs) remotely via phone or video calls.

Some sources were responsible for far fewer referrals than we might have expected, had the decrease been uniform. Partners of those at risk accounted for 44% of their number in 2019 (a decrease from 32 to 14).

Assuming that the FMU gets calls from people’s chosen partners, concerned that their partner is going to be forced to marry someone else, this could be a sign that people with (perhaps living with) existing partners were less at risk of being forced to marry in 2020 compared to 2019 because of Covid-related restrictions (for example, the lockdowns, and subsequent bans on household mixing). Similarly, perhaps Covid-related restrictions helped some people keep relationships their families would disapprove of secret.

On the other hand, it may also show that people were being isolated from their partners, who did not know what danger they were in from a FM. Similarly, it may show that Covid-related restrictions meant fewer people were able to enter into relationships which their families might have thought were ‘shameful’ or would bring ‘dishonour’ on the family, and thus were not forced into a marriage to ‘recover’ that ‘honour’. Again, qualitative interviewing could help us understand this data, but this is a group of people it is almost impossible to identify and reach.

“

This adds weight to evidence we have heard from staff on helplines that the Covid-related restriction meaning people were not allowed to be accompanied on visits to see health professionals meant that people at risk found it easier to disclose.”

‘Other statutory bodies’ accounted for only 39% of the number of referrals in 2019 (5, down from 13). Considering the government’s multi-agency statutory guidance, and taking out all categories already listed as a source of referral, this refers to “all persons and bodies in England and Wales who exercise public functions in relation to safeguarding and promoting the welfare of children ... Such persons and bodies include local authorities ... Children and Family Court Advisory and Support Service ... and Local Safeguarding Children Boards...[,] all persons and bodies in England and Wales [who] exercise public functions to protect adults with support needs from abuse ... includ[ing] ... NHS Trusts ... district councils strategic health authorities, primary care trusts, [and] local health boards, [and] any third party who is exercising public functions on behalf of a person or body mentioned above”.<sup>49</sup> (Exactly who this covers, and whether they are themselves aware of it, is a question which needs further research to answer.)

The steep decline in referrals from these sources perhaps suggests that Covid-related restrictions meant these ‘other statutory bodies’ were less able to spot signs of people at risk. The government’s statutory guidance reminds relevant organizations that they might only have ‘one chance’ to spot signs of a FM and take action<sup>50</sup>, and it is not hard to imagine that many such chances were lost because of Covid-related restrictions.

Interestingly, there was a significant decline in referrals from friends: only 37% of the level in 2019 (31 as opposed to 84). There were, though very long stretches of 2020 when it was very hard to see friends (given rules on no household mixing), even when we could go to work (particularly for those counted as ‘key workers’), or when people could talk to friends without the potential for surveillance from family members who shared the same house. Friends, then, may have been less able to spot signs of risk because of Covid-related restrictions, and people at risk may have been less able to reach out to friends for help. (It is interesting that referrals from ‘friends’ were more impacted than calls from partners, from family and from colleagues.)

Similarly, this statistic raises concerns that perpetrators took advantage of Covid-related restrictions and isolated potential victims from their friends. It may have been harder to isolate them from family-members, or from colleagues, and evidently some people at risk either have colleagues they trust enough to confide in, or colleagues well-trained and motivated enough to spot signs of concern, and reach out to the FMU. Younger people may also be more reliant on their friends making referrals to the FMU than colleagues, and so the difference may show that difference age groups faced different levels of risk in 2020.

The most significant change was in legal professionals (who made 73 referrals in 2019 and only 11 in 2020. This is an 85% decrease (not 44%). As we will turn to below, there was also a significant decrease in the number of FMPOs awarded in 2020, and this may be a sign that people at risk found it harder to make contact with legal professionals because of Covid-related restrictions.

“

... this statistic raises concerns that perpetrators took advantage of Covid-related restrictions and isolated potential victims from their friends. It may have been harder to isolate them from family-members, or from colleagues, and evidently some people at risk either have colleagues they trust enough to confide in, or colleagues well-trained and motivated enough to spot signs of concern, and reach out to the FMU. “

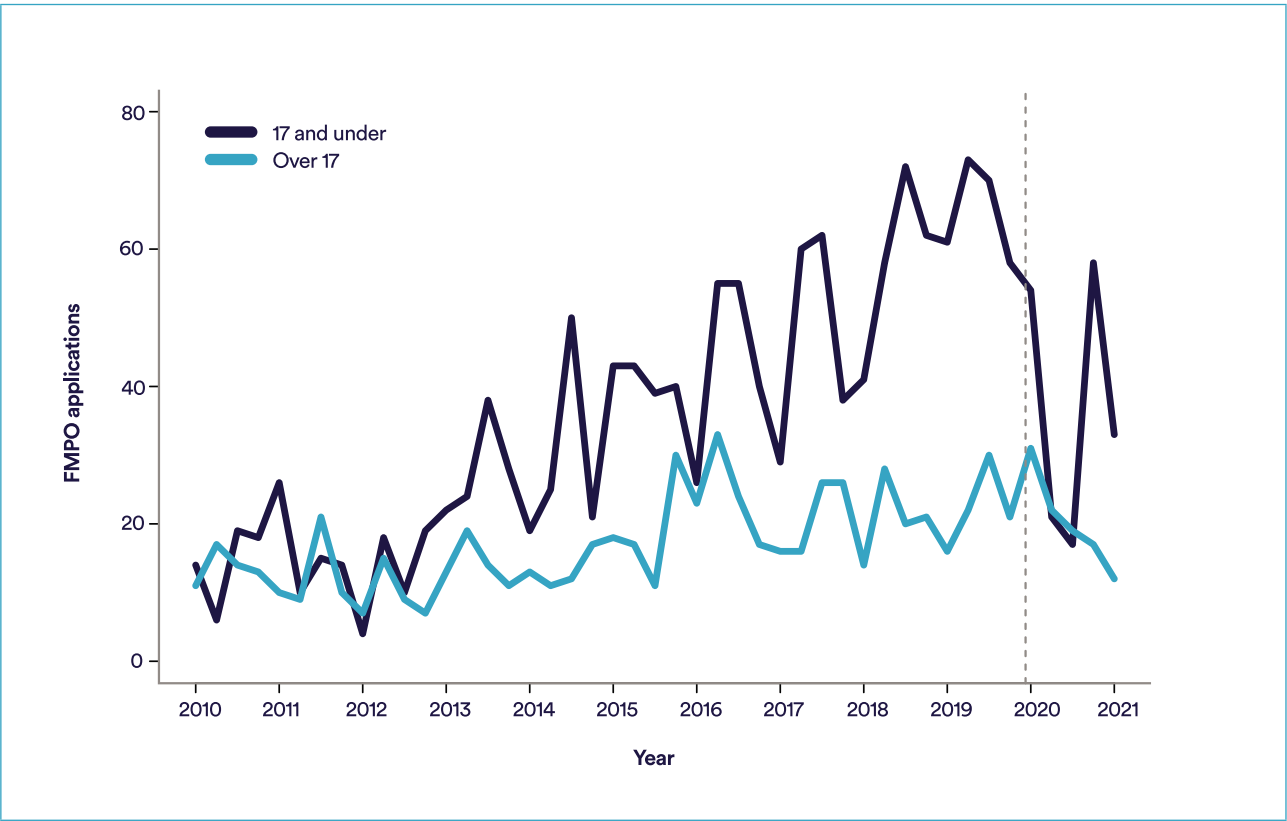
# Forced marriage protection orders

Our research shows that different age groups had different responses to FMPOs during the pandemic. Immediately after restrictions were introduced the number of FMPOs requested for people aged 17-and-under drastically fell, before increasing again when schools and colleges reopened. This may suggest that restrictions made it harder for those who usually spot signs of risk in younger people (for example, schools and social services) to do so. Requests for FMPOs for people in this age-group are generally the clear majority of FMPOs: briefly, in 2020, there were more FMPOs being requestion for people over the age of 18 than people under it. This is a significant change – the last time there were more FMPOs requested for adults than children was in 2012, when total numbers were also far lower.

Orders granted to those aged over 17 show a different trend, slowly declining from the date at which restrictions were introduced. Although, as noted, at one point more FMPOs were being requested for people aged 18+ than 17-and-under, the general numbers were in line with, and at times lower than, previous years (back to 2012/2013). This suggests that Covid-19 and Covid-related restrictions did impact adults at risk, but this impact was experienced in a different way, with adults (at least at the beginning of restrictions) as-able to reach legal help as they were before restrictions were introduced.

These changes may also be due to the impact of Covid-19 on the Family Courts, which “brought unprecedented challenges”, including a reduction in the capacity for physical hearings in courts, and a move to remote hearings.<sup>51</sup> This said, in March and April 2020, the family courts prioritised ‘orders dealing with issues of care, abduction ... [and] emergency protection’, which should have included FMPOs.<sup>52</sup> Given this, the reduction in FMPOs in 2020 may also be a sign that fewer were needed – perhaps related to the restrictions on travel (as FMPOs may, for instance, be taken out to prevent someone being taken abroad).

Figure 28: Number of FMPO applications by age group, each quarter 2010-2021.



# Covid-19 restrictions and forced marriage

To understand the effect of specific restrictions, we have analysed the data from the national helplines with data related to Covid-19, including the number of deaths within 28 days of a positive test<sup>53</sup>, the stringency of the restrictions<sup>54</sup>, and the change in weekly flight frequency of global airlines<sup>55</sup>.

We found a weak negative relationship between the number of calls to the FMU each month and the number of Covid-19 related death in each month. However, we found no relationship between the stringency of Covid-19 related restrictions and the volume of calls to the FMU. This suggests that behaviours in calling the FMU did change due to the pandemic, but this is due to Covid-19 generally and not individual restrictions.

We found no relationship between the change in flight frequency each month and the number of calls to the FMU. This suggests that travel restrictions had little impact on the number of cases the FMU dealt with, and Covid-19 more generally decreased call volumes.

We found strong negative relationships between the number of FM related calls KN received each week and the number of Covid-19 deaths each week, the stringency of restrictions and the decrease in international flights leaving the UK. This differs from the FMU helpline and is because KN has a stronger local presence and primarily deals with domestic cases.

We also found a strong relationship between Google’s community mobility data<sup>56</sup> and calls to the FMU. There is strong negative correlation between the change in residential movement and the number of calls to the FMU ( $\rho = -0.658$ ), and strong positive correlation between the change in workplace mobility and calls to the FMU ( $\rho = 0.778$ ). This again shows the impact of Covid-19 restrictions more generally on cases of FM. Lockdowns had a severe impact on people’s mobility, forcing them to spend more time at home. This may mean that perpetrators were unable to carry out or plan FMs. It may also mean that homes are not safe spaces from which to make contact with helplines – though we did see a significant increase in calls to KN during the first lockdown about honour-based abuse and FM, and also to other helplines which deal with domestic abuse.<sup>57</sup>

“We found strong negative relationships between the number of FM related calls KN received each week and the number of Covid-19 deaths each week, the stringency of restrictions and the decrease in international flights leaving the UK. This differs from the FMU helpline and is because KN has a stronger local presence and primarily deals with domestic cases.”



# Summary of findings

The Covid-19 pandemic has affected how FM victims access help, and this is evidenced in all three data sets we analysed. The immediate effect of lockdown was the suppression of calls to national helplines and the application for FMPOs, and calls to FM helplines decreased further in subsequent lockdowns.

There is little evidence that one specific Covid-19 related restriction caused this suppression, but we find it was the overall effect of the pandemic and restrictions. Although calls to the FMU decreased, as did applications for FMPOs, increased calls to KN suggest that either people were less able to access the FMU and FMPOs, or that the constituencies of people who tend to report concerns to the FMU and/or to seek FMPOs found it harder to identify people at risk, rather than that FM itself decreased in 2020. However, the fall in FM calls to KN in 2021 suggests that cases of FM may have now fallen back to pre-pandemic levels.

It seems clear that the FMU, KN and Family Courts deal with different constituencies of victims and stakeholders. That is, people who are likely to contact the FMU are not likely to contact KN, and vice versa. It seems we do not see people contacting multiple helplines for assistance or advice, and people taking out FMPOs may not have contacted either the FMU or KN before doing so (perhaps because they are themselves train relevant stakeholders, such as the police, and do not feel the need to alert either KN or the UK government). This poses issues for future research questions around probably understanding the prevalence of FM in the UK, and for how policy improvements and best practice might be shared: what is shared by the FMU, for instance, may not reach people who would instinctively reach out to KN if they came across a case of, or were themselves at risk of, FM.

Data shows that very few schools (or other education providers) are calling helplines (either at the FMU, or KN) directly. However, they appear to be providing networks of support which lead to other people ringing, as is evidenced by the spike in calls to KN in September 2020 (when schools and education establishments re-opened) which was not accompanied by any increase in referrals from schools (or other educational establishments).

The FMU appear to play an official role as somewhere stakeholders with a statutory safeguarding ‘duty to notify’ report cases and concerns. Thus, they might have handled fewer cases during the pandemic, because the cases they do handle are more likely to have an overseas element (and are, for instance, picked up by UK Border Force), and thus they were more significantly impacted by travel restrictions than other helplines (for example KN) and service providers.

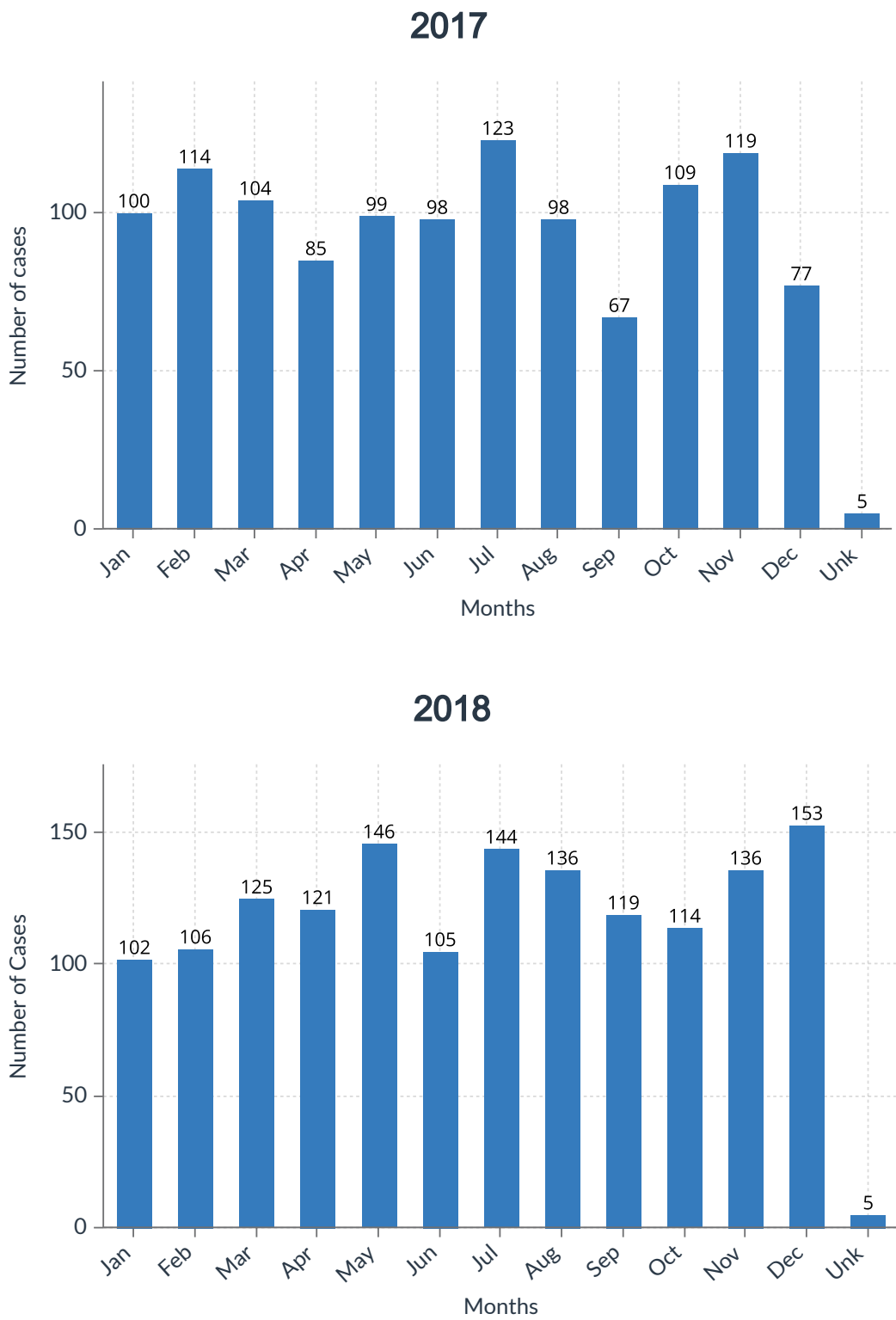
The data from Family Courts and FMPOs clearly shows there was a different impact on stakeholders who would seek FMPOs for children, and those seeking them for adults (which can involve victims themselves). This suggests that the increased risks of FM created by Covid-19 and Covid-related restrictions were more-significantly experienced by children. Indeed, looking at the significant drop in FMPOs requested for children, and the relatively low number of referrals from educational establishments, we are concerned that children were increasing invisible in the pandemic.

## Authors

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# Appendix 1 : Maps and tables of all ‘focus countries’ recorded by FMU

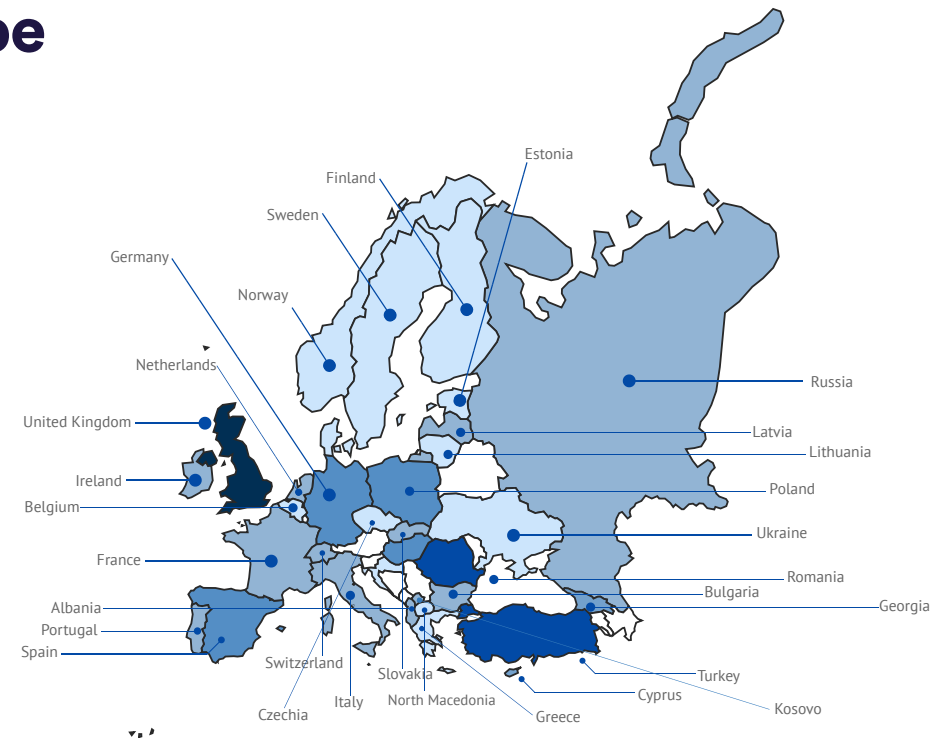
The number of cases the Forced Marriage Unit gave advice or support to each month in 2017 and 2018





The number of cases the Forced Marriage Unit gave advice or support to, for all countries, disaggregated by year for 2015 – 2020.

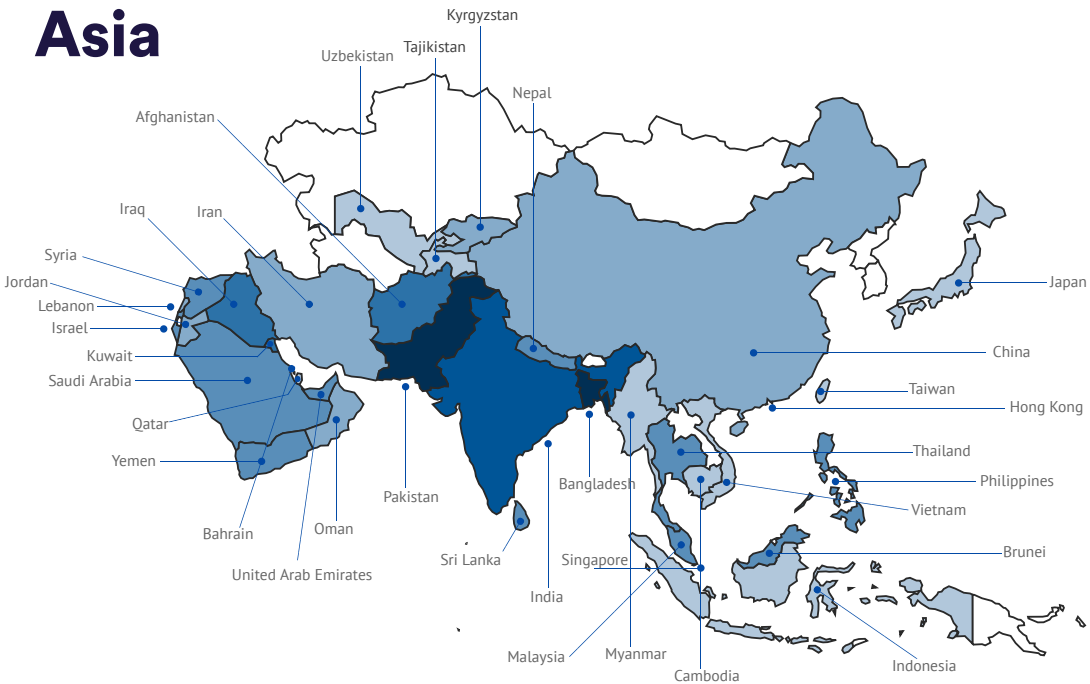
Europe



	2015	2016	2017	2018	2019	2020
Albania	<5	5	<5	0	<5	<5
Belgium	<5	0	0	0	0	0
Bulgaria	<5	0	0	<5	<5	<5
Croatia	0	<5	0	<5	0	0
Cyprus	<5	<5	<5	0	0	<5
Czechia	0	<5	0	0	0	0
Denmark	<5	0	0	0	0	0
Estonia	5	0	0	<5	0	0
Finland	0	<5	<5	0	0	0
France	5	<5	<5	0	0	<5
Georgia	<5	0	<5	<5	0	0
Germany	<5	<5	<5	<5	<5	<5
Greece	0	0	0	<5	0	<5
Hungary	0	<5	<5	<5	<5	<5
Ireland	5	0	5	0	0	<5
Italy	<5	0	0	<5	<5	5
Kosovo	5	0	<5	<5	0	0
Latvia	<5	0	0	0	<5	<5
Lithuania	<5	0	0	0	0	0
Netherlands	<5	<5	<5	0	<5	0
North Macedonia	0	0	0	0	0	<5

	2015	2016	2017	2018	2019	2020
Norway	0	0	0	<5	<5	0
Poland	<5	<5	<5	<5	<5	<5
Portugal	<5	<5	<5	<5	0	0
Romania	8	<5	11	37	22	7
Russia	<5	<5	0	0	<5	<5
Slovakia	<5	<5	<5	0	<5	0
Spain	<5	5	<5	<5	<5	0
Sweden	0	0	0	0	<5	<5
Switzerland	<5	0	<5	<5	0	0
Turkey	7	14	10	5	16	6
Ukraine	0	0	0	0	0	0
United Kingdom	175	157	120	102	72	53

Asia



	2015	2016	2017	2018	2019	2020
Afghanistan	21	39	18	41	55	30
Bahrain	0	0	0	0	<5	0
Bangladesh	89	121	129	133	144	69
Cambodia	<5	0	0	0	0	0
China	<5	<5	<5	0	<5	<5
Hong Kong	0	<5	<5	0	0	0
India	75	79	82	85	65	44
Indonesia	<5	<5	<5	0	0	0
Iran	6	8	<5	<5	9	<5
Iraq	17	14	14	33	24	7
Israel	0	<5	0	<5	<5	<5



	2015	2016	2017	2018	2019	2020
Japan	0	0	<5	0	0	0
Jordan	<5	<5	<5	<5	<5	<5

Kuwait	<5	7	<5	<5	9	<5
Kyrgyzstan	0	<5	<5	<5	<5	0
Lebanon	<5	<5	<5	<5	0	0
Malaysia	0	<5	<5	<5	0	0
Myanmar	0	0	0	<5	<5	0
Nepal	<5	<5	<5	0	<5	<5
Oman	<5	0	<5	0	<5	0
Pakistan	539	612	439	687	559	286
Philippines	<5	<5	<5	<5	0	0
Qatar	0	0	0	<5	<5	0
Saudi Arabia	12	16	11	8	10	<5
Singapore	0	<5	0	0	0	0
Sri Lanka	9	11	10	7	13	<5

Syria	<5	<5	7	7	5	<5
Taiwan	0	<5	0	0	0	0
Tajikistan	0	0	0	0	0	<5

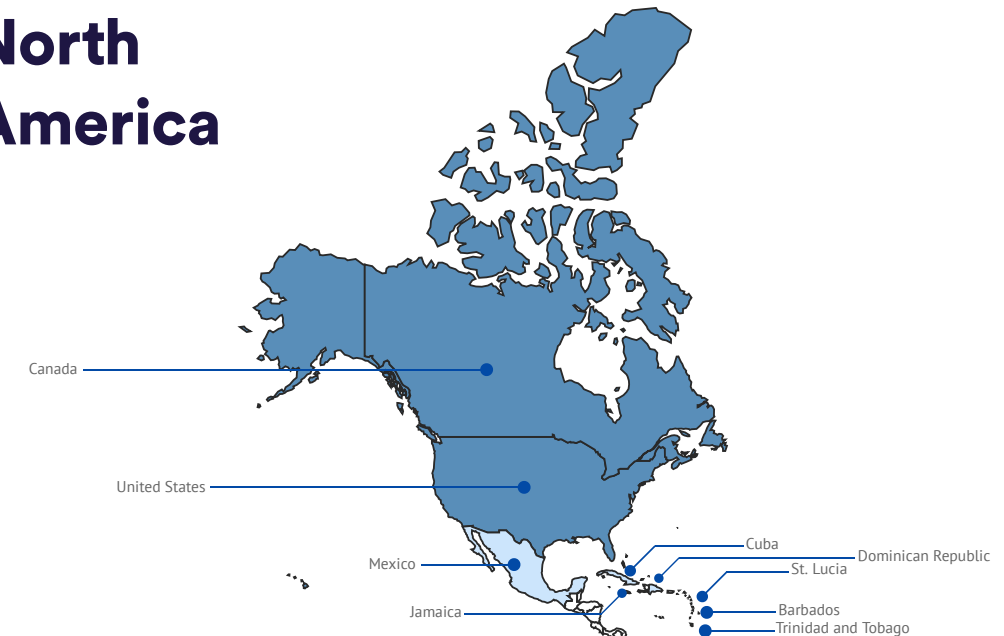
Thailand	<5	0	0	0	<5	<5
United Arab Emirates	5	12	<5	6	<5	7
Uzbekistan	0	0	0	0	0	0
Vietnam	<5	0	0	<5	0	0
Yemen	6	8	<5	6	10	

## Oceania



	2015	2016	2017	2018	2019	2020
Australia	0	0	0	0	0	<5
Fiji	0	<5	<5	0	0	0
New Zealand	0	0	0	0	0	<5

## North America



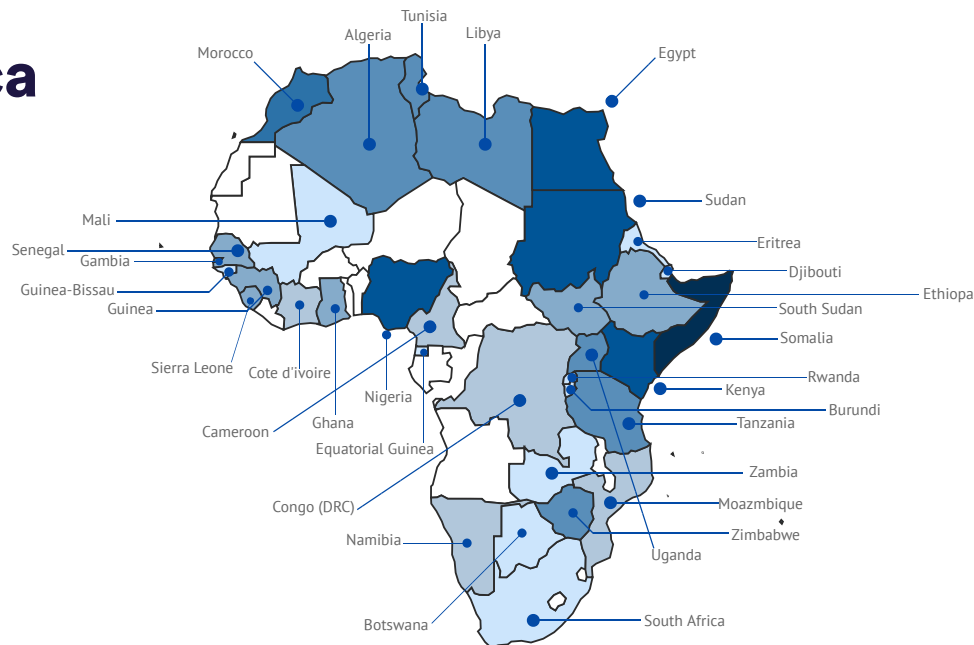
	2015	2016	2017	2018	2019	2020
Barbados	0	0	<5	0	0	<5
Canada	<5	<5	0	<5	<5	<5
Cuba	0	0	0	0	0	<5
Dominican Republic	0	0	0	0	<5	0
Jamaica	<5	<5	<5	<5	<5	<5
Mexico	0	0	0	<5	0	0
Saint Lucia	0	0	0	0	0	<5
Trinidad and Tobago	0	0	0	0	<5	0
United States	<5	0	6	5	7	<5

## South America



	2015	2016	2017	2018	2019	2020
Bolivia	0	<5	0	0	0	0
Brazil	0	0	0	<5	<5	0
Columbia	0	0	<5	0	0	0
Guyana	0	<5	<5	0	0	0
Venezuala	0	0	<5	0	0	0

Africa



	2015	2016	2017	2018	2019	2020
Algeria	<5	7	<5	7	5	<5

Botswana	0	0	0	0	<5	0
Burundi	0	0	0	<5	0	0
Cameroon	<5	<5	<5	<5	0	0
Comoros	<5	0	0	0	0	0
Côte d'Ivoire	<5	<5	0	0	<5	0
Congo	<5	0	<5	<5	0	0
Djibouti	<5	<5	0	0	0	0
Egypt	9	7	18	9	10	<5
Equatorial Guinea	0	0	0	0	0	0
Eritrea	0	0	0	<5	<5	0

Ethiopia	<5	<5	<5	0	8	<5
Gambia	<5	6	9	7	9	<5
Ghana	<5	<5	<5	<5	<5	0
Guinea	<5	7	<5	0	0	<5
Guinea-Bissau	0	<5	0	0	0	0
Kenya	7	14	9	<5	<5	<5
Libya	<5	<5	9	6	0	0
Mali	0	<5	0	0	0	0
Mauritius	8	0	<5	<5	<5	<5
Morocco	8	7	5	7	<5	<5
Mozambique	<5	0	0	0	0	0
Namibia	0	0	0	<5	<5	0
Nigeria	6	14	12	<5	8	0
Rwanda	<5	0	0	0	0	0
Senegal	0	0	0	<5	<5	<5

	2015	2016	2017	2018	2019	2020
Sierra Leone	0	0	<5	<5	<5	0
Somalia	34	47	91	34	41	15
South Africa	0	0	0	<5	<5	0
South Sudan	0	<5	<5	<5	0	0
Sudan	15	7	6	<5	16	<5
Tanzania	<5	<5	0	0	<5	0
Tunisia	<5	<5	9	0	<5	<5
Uganda	<5	0	<5	<5	<5	<5
Zambia	0	0	0	0	<5	0
Zimbabwe	10	<5	0	<5	0	<5

Unknown	80	132	88	194	194	147
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The ‘focus country’ is the country to which the forced marriage risk relates. This could be the country where the forced marriage (or FGM) is due to take place, the country where it has taken place, and/or the country that the spouse is currently residing in.

Please note the 2019 total number of cases listed above (1,398) differs from the published total case figure of 1,355, as we have included FGM data above to ensure consistency between years.

# References

<sup>1</sup>This is an update from ESRC-funded Covid-19 Rapid Response grant ES/V015370/1. For more information, see <https://gtr.ukri.org/projects?ref=ES%2FV015370%2F1>.

<sup>2</sup>FMPOs were introduced in the Forced Marriage (Civil Protection) Act 2007 in England and Wales (and the associated Commencement Order in Northern Ireland in 2008), and in the Forced Marriage etc. (Protection and Jurisdiction) (Scotland) Act, 2011. They are injunctions aimed at protecting people at risk by, for instance, preventing anyone from taking them out of the country and preventing people from making marriage arrangements for them, or even from contacting them. Breaching one was made a criminal offence in the UK in 2014. They are awarded, in England and Wales, by Family Courts and can be applied for by police officers, social workers, NGOs and other interested third parties. In general, a hearing on an FMPO application will be heard on the same day.

<sup>3</sup> <https://www.gov.uk/guidance/forced-marriage>.

<sup>4</sup> Based on data published for 2011-2019, available here: <https://www.gov.uk/government/collections/forced-marriage-unit-statistics>.

<sup>5</sup> Based on data published for 2012-2019, available here: <https://www.gov.uk/government/collections/forced-marriage-unit-statistics>.

<sup>6</sup> The FMU's preferred acronym – see <https://www.gov.uk/government/collections/forced-marriage-unit-statistics>.

<sup>7</sup> See <https://www.gov.uk/government/collections/forced-marriage-unit-statistics>.

<sup>8</sup> See <https://www.gov.uk/government/collections/forced-marriage-unit-statistics>.

<sup>9</sup> See data available here: <https://www.gov.uk/government/collections/forced-marriage-unit-statistics>.

<sup>10</sup> See [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/730155/2017\\_FMU\\_statistics\\_FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730155/2017_FMU_statistics_FINAL.pdf), p.10.

<sup>11</sup> <https://www.gov.uk/government/statistics/forced-marriage-unit-statistics-2020/forced-marriage-unit-statistics-2020>.

<sup>12</sup> The FMU record “<5” wherever the number is between 1 and 4, in order to help preserve the anonymity of victims.

<sup>13</sup> From data released by the FMU after an FOI request.

<sup>14</sup> See data available here: <https://www.gov.uk/government/collections/forced-marriage-unit-statistics>.

<sup>15</sup> See data available here: <https://www.gov.uk/government/collections/forced-marriage-unit-statistics>.

<sup>16</sup> See data available here: <https://www.gov.uk/government/collections/forced-marriage-unit-statistics>.

<sup>17</sup> See <https://www.gov.uk/government/collections/forced-marriage-unit-statistics>.

<sup>18</sup> There were “<5” calls from MPs, which makes 0% of cases, when rounded to the nearest decimal place. Some of this data is publicly available (for 2019), the rest we received via an FOI request.

<sup>19</sup> 15% of calls handed by the FMU in 2019 involved someone who was already overseas, which is 203 cases. See data available here: <https://www.gov.uk/government/collections/forced-marriage-unit-statistics>.

<sup>20</sup> See data available at: <https://data.justice.gov.uk/courts/family-courts/courts-family-forced-marriage>.

<sup>21</sup> See data available at: <https://data.justice.gov.uk/courts/family-courts/courts-family-forced-marriage>.

<sup>22</sup> See Zaheer Allam, ‘The First 50 days of Covid-19: A Detailed Chronological Timeline and Extensive Review of Literature Documenting the Pandemic’, *Surveying the Covid-19 Pandemic and its Implications* 2020: 1-7 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7378494/>).

<sup>23</sup> <https://www.bbc.co.uk/news/health-51325192>.

<sup>24</sup> [https://www.who.int/news/item/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news/item/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)).

<sup>25</sup> <https://bfp.gov.uk/2020/04/covid-19-timeline/>.

<sup>26</sup> <https://coronavirus.data.gov.uk/details/deaths>.

<sup>27</sup> <https://coronavirus.data.gov.uk/details/deaths>.

<sup>28</sup> We used quote marks around “lockdown” as it has no official meaning.

<sup>29</sup> <https://www.bbc.co.uk/news/uk-51952314>; <https://www.gov.uk/government/news/schools-colleges-and-early-years-settings-to-close>; <https://www.bbc.co.uk/news/uk-52012432>; <https://www.gov.uk/government/speeches/pm-address-to-the-nation-on-coronavirus-23-march-2020>; House of Commons Library, (2021) *Coronavirus: A History of English Lockdown Laws* (9068), p.6; <https://www.gov.scot/publications/first-ministers-update-covid-19/>; <https://gov.wales/first-minister-of-wales-statement-on-new-coronavirus-measures>; <https://record.assembly.wales/Plenary/6266#A700000181>.

<sup>30</sup> <https://www.gov.uk/government/speeches/pm-press-conference-statement-on-the-five-tests-28-may-2020>.

<sup>31</sup> <https://www.gov.uk/government/news/all-possible-measures-to-be-taken-before-schools-and-colleges-close>; <https://www.gov.uk/government/news/ofsted-visits-to-schools-and-colleges-to-begin-this-month>; <https://www.gov.uk/government/news/ofsted-to-visit-nurseries-and-childminders-this-autumn>.

<sup>32</sup> The Health Protection (Coronavirus, Restrictions) (No. 3) and (All Tiers) (England) (Amendment) Regulations 2021; <https://www.gov.uk/government/speeches/prime-ministers-address-to-the-nation-4-january-2021>; <https://www.gov.uk/government/news/prime-minister-announces-national-lockdown>; <https://commonslibrary.parliament.uk/research-briefings/cbp-9068/>; The Health Protection (Coronavirus, Restrictions) (No. 3) and (All Tiers) (England) (Amendment) Regulations 2021; <https://www.gov.uk/government/news/prime-minister-announces-national-lockdown>; <https://www.gov.uk/government/news/prime-minister-announces-national-lockdown>.

<sup>33</sup> <https://www.bbc.co.uk/news/uk-57809691>.

<sup>34</sup> [https://www.devon.gov.uk/coronavirus-advice-in-devon/enhanced-response-area/?utm\\_source=Twitter&utm\\_medium=social&utm\\_campaign=Orlo](https://www.devon.gov.uk/coronavirus-advice-in-devon/enhanced-response-area/?utm_source=Twitter&utm_medium=social&utm_campaign=Orlo).

<sup>35</sup> <https://www.bbc.co.uk/news/uk-58560031>.

<sup>36</sup> <https://www.bbc.co.uk/news/uk-59585307>.

<sup>37</sup> <https://www.gov.uk/guidance/red-amber-and-green-list-rules-for-entering-england>; <https://www.gov.uk/government/news/government-confirms-traffic-light-list-ahead-of-cautious-return-to-international-travel>; <https://www.gov.uk/government/speeches/traffic-light-system-safe-return-to-international-travel>.

<sup>38</sup> <https://www.gov.uk/government/speeches/prime-ministers-statement-on-coronavirus-covid-19-31-october-2020>.

<sup>39</sup> <https://hansard.parliament.uk/commons/2021-02-22/debates/7F26D493-AF6A-46A4-A1C3-61A39DD527CE/Covid-19RoadMap>; The Health Protection (Coronavirus) (Wearing of Face Coverings in a Relevant Place and Restrictions: All Tiers) (England) (Amendment) Regulations 2021.

<sup>40</sup> See data available here: <https://www.gov.uk/government/collections/forced-marriage-unit-statistics> and additional data acquired through FOIs.

<sup>41</sup> See <https://www.nottingham.ac.uk/research/beacons-of-excellence/rights-lab/resources/reports-and-briefings/2021/july/impact-of-covid-19-on-calls-to-the-forced-marriage-unit.pdf>.

<sup>42</sup> See <https://www.gov.uk/government/statistics/forced-marriage-unit-statistics-2020/forced-marriage-unit-statistics-2020>.

<sup>43</sup> From data received after an FOI.

<sup>44</sup> See data available here: <https://www.gov.uk/government/collections/forced-marriage-unit-statistics>.

<sup>45</sup> For more detail see <https://www.nottingham.ac.uk/research/beacons-of-excellence/rights-lab/resources/reports-and-briefings/2021/october/briefing-pakistan-case-study.pdf>; <https://www.nottingham.ac.uk/research/beacons-of-excellence/rights-lab/resources/reports-and-briefings/2021/november/bangladesh-case-study.pdf>; and <https://www.nottingham.ac.uk/research/beacons-of-excellence/rights-lab/resources/reports-and-briefings/2021/december/india-case-study.pdf>.

<sup>46</sup> See <https://www.gov.uk/government/statistics/forced-marriage-unit-statistics-2020/forced-marriage-unit-statistics-2020>.

<sup>47</sup> See data available here: <https://www.gov.uk/government/collections/forced-marriage-unit-statistics>.

<sup>48</sup> After an FOI, now 2015.

<sup>49</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/322310/HMG\\_Statutory\\_Guidance\\_publication\\_180614\\_Final.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322310/HMG_Statutory_Guidance_publication_180614_Final.pdf).

<sup>50</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/322310/HMG\\_Statutory\\_Guidance\\_publication\\_180614\\_Final.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322310/HMG_Statutory_Guidance_publication_180614_Final.pdf).

<sup>51</sup> See [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/932496/HMCTS\\_CFT\\_Recovery\\_Plan\\_v2b.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932496/HMCTS_CFT_Recovery_Plan_v2b.pdf) and [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/896779/HMCTS368\\_recovery\\_-\\_COVID-19\\_-\\_Overview\\_of\\_HMCTS\\_response\\_A4L\\_v3.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/896779/HMCTS368_recovery_-_COVID-19_-_Overview_of_HMCTS_response_A4L_v3.pdf).

<sup>52</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/896779/HMCTS368\\_recovery\\_-\\_COVID-19\\_-\\_Overview\\_of\\_HMCTS\\_response\\_A4L\\_v3.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/896779/HMCTS368_recovery_-_COVID-19_-_Overview_of_HMCTS_response_A4L_v3.pdf).

<sup>53</sup> Source: <https://coronavirus.data.gov.uk/details/deaths>

<sup>54</sup> <https://ourworldindata.org/grapher/covid-stringency-index>

<sup>55</sup> <https://www.statista.com/statistics/1104036/novel-coronavirus-weekly-flights-change-airlines-region/>

<sup>56</sup> <https://www.google.com/covid19/mobility/>

<sup>57</sup> See <https://www.refuge.org.uk/25-increase-in-calls-to-national-domestic-abuse-helpline-since-lockdown-measures-began/>.





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