

# Identifying and Responding to Forced Marriage:

Tips for Healthcare Providers



## What is Forced Marriage?

A forced marriage is a marriage to which one or both parties do not, or cannot, consent and in which one or more elements of force, fraud, or coercion are present.

### MYTH VS FACT

Myth 1: Forced marriage occurs within only certain groups and communities in the United States

Fact 1: Forced marriage can impact individuals of ANY age, gender, socioeconomic status, national origin, ethnic or religious background

Myth 2: Arranged marriage and forced marriage are always the same thing

Fact 2: In an arranged marriage, the ultimate choice of whether, when, and whom to marry remains with the individual, regardless of any matchmaking role played by family members and others. In a forced marriage, one or both parties may feel powerless to make decisions due to pressure, threats, coercion, or abuse.

### IMPACT ON HEALTH

Coercive tactics used to force individuals to enter into and remain in nonconsensual marriages can include:

- Emotional abuse or blackmail (using shame, guilt, and other forms of psychological coercion)
- Isolation tactics/social ostracization (cut off from friends and other forms of support and social connection)
- Economic abuse or threats (confiscate or control personal wages; cut off from financial support)
- Immigration-related threats
- Education related threats (refusal to allow them to attend school or continue their education)
- Violence, including death threats, against the victim or threats to hurt those they love or those that help them
- Kidnapping, holding the individual captive, or forced travel abroad
- Marrying off an individual without their knowledge

Once married, an individual may face the following forms of abuse and harm:

- Emotional abuse
- Domestic violence
- Physical violence
- Financial/Economic abuse
- Sexual assault and rape
- Withholding of access to medical care (reproductive health, mental health and addiction, injuries etc.)

### **IDENTIFYING A PATIENT FACING FORCED MARRIAGE**

Forced marriage may coexist with other forms of harm including child abuse, domestic violence, sexual abuse, human trafficking and female genital mutilation/cutting. Being aware that forced marriage is a common form of underlying abuse can help you identify a patient that might be facing forced marriage, particularly when you come across some of the red flags below when completing a standard medical and social history.

### **RED FLAGS**

- Medical History: Anxiety, depression, self-harm/attempted suicide, eating disorders, substance use, early or undesired pregnancy, female genital mutilation/cutting.
- Family History: Siblings or other family members being married young, critically ill or recent death of a parent (can be the impetuous for insisting on marriage), family disputes or violence within the family.
- Social History: Frequent or unexplained school or work absences, changes in school/work performance or level of interest, not allowed to work/limited work options, not allowed to pursue higher education.
- Other: Reports of threats from family or community members, fear of upcoming holidays or travel (as this is typically when marriages happen), always accompanied to appointments and never left alone with medical provider, not allowed to speak for self at appointments or looking to someone else to give answers.

### **NOTE ON CONFIDENTIALITY**

**Share information about confidentiality, including the limits of confidentiality and rules around mandated reporting.**

### **TIPS FOR SCREENING**

Speak to Patients Privately - In order to create a safe space for individuals to discuss their experiences and disclose sensitive information, you should provide an opportunity for them to speak with you alone. The best way to achieve this is by establishing a policy within the clinic or healthcare setting to routinely interview patients alone. This helps to alleviate any suspicion the patient or their family might feel and any unintentional targeting of particular individuals or communities.

## **FOLLOW UP QUESTIONS WHEN RED FLAGS ARE PRESENT**

Check your biases and try to avoid making assumptions based on stereotypes. One red flag alone may NOT indicate a forced marriage threat, but multiple red flags should prompt you to ask follow up questions:

### **If the suspected marriage has not yet occurred:**

- How has marriage taken place in your family in the past? How do you feel about that for yourself?
- Tell me about your expectations for married life. What do you think being married will be like?
- What are your goals and dreams? Do you feel your family is supportive?
- Do you feel you are being pressured to get married before you are ready?

### **If the marriage has already taken place:**

- What was your engagement experience like?
- What is married life like for you day to day?
- Would you be allowed to leave your home or marriage, either for a short time or permanently if you wished to do so?

### **DO:**

- Take a trauma-informed care approach. Frame all questions as universal and emphasize that the experience of violence and trauma are common
- Allow the patient to guide the conversation and define their own goals
- Listen to the patient's experience and interpretation of their own culture and reality
- Take patient fears seriously and emphasize that you believe them
- Remind them that abuse is never their fault
- Mirror the language the patient uses to describe their experience
- Use strength-based language that focus on patient resilience and inherent strengths

### **DO NOT:**

- Pass broad judgement on the patient's family, religion, or community
- Assume that the patient will want to cut ties with his/her/their family or community
- Ignore or dismiss a patient's distress, regardless of your own impression of the family or lack of "evidence"
- Send the individual away or return them to their family, spouse, or community against their wishes
- Use language that focuses on victimization, such as "damaged," "victim," or "trafficked" – ask them what word(s) feel right for them knowing this can shift over time
- Use family or community members as interpreters
- Share information with anyone else without consent or warning (in the case of mandated reporting)

## **WHAT TO DO IF YOU IDENTIFY A PATIENT IN OR AT RISK FOR A FORCED MARRIAGE**

These situations are complicated and the process of seeking help can be traumatic. As this may be the only chance to intervene, it is important to connect with experts as early as possible if the patient wants further support.

**Obtain consent from the patient to call the Forced Marriage Initiative at the Tahirih Justice Center for technical assistance—571-282-6199.**

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## **ADDITIONAL RESOURCES**

Share these with the patient before they leave! Write them down on a piece of paper that they can take home with them discretely.

### **Tahirih Justice Center**

Web: [preventforcedmarriage.org](http://preventforcedmarriage.org)

Email: [FMI@tahirih.org](mailto:FMI@tahirih.org)

Call: 571-282-6199 (9 a.m.-5:30 p.m. EST, Monday-Friday)

### **24-hour assistance**

- **National Domestic Violence Hotline 24 hour Hotline:** 1-800-799-SAFE (7233)
- **Rape, Abuse, and Incest National Network (RAINN) 24 hour Hotline:** 1-800-656-4673
- **National Suicide Prevention Lifeline 24 hour Hotline:** 1-800-273-TALK (8225)
- **National Human Trafficking Resource Center 24 hour Hotline:** 1-888-373-7888