

ANGLIA RUSKIN UNIVERSITY

FACULTY OF ARTS, LAW AND SOCIAL SCIENCES

HONOUR-BASED VIOLENCE IN ETHNIC COMMUNITIES IN ENGLAND AND WALES

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Dedication

This thesis is dedicated to all those who have experienced, suffered, died and survived honour-based violence (HBV) and forced marriages. I thank *Allah* for placing me in a privileged position to research for this thesis and for protecting me during the many miles I travelled interviewing participants across the country.

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Abstract

This PhD is an investigation of honour-based violence (HBV) in England and Wales. It examines the experiences of participants who have faced HBV amidst allegations of staining their families' reputation. Through multiple frameworks, it addresses important questions that are unanswered in the existing literature: (a) Is HBV a form of domestic violence or is it something distinct? (b) Is 'patriarchy' useful to explain acts of HBV perpetrated by women upon other women? (c) What are the recommended methods of intervention and are current methods fit for purpose?

The lack of literature and empirical studies on HBV required a qualitative research design to obtain the data to address these questions. The purpose was to acquire an understanding of the processes leading to HBV. Qualitative interviews with thirty key agents and eight survivors were undertaken. The key agents interviewed were professionals who actively assist women to escape abuse and include support workers, police and lawyers. The eight survivors were all female and South Asian in origin. All of the participants were either born or residing in England and Wales at the time of interviews.

The key findings reveal that HBV is committed within a domestic violence context, although one survivor's experience demonstrated violence committed by extended family and community members. This suggests that, on some occasions, HBV may demonstrate qualities different to domestic violence and may therefore be potentially distinct. Survivors were controlled and forced into conforming to patriarchal notions to preserve male 'honour' and this was sometimes the case for women who were complicit and coerced by men to perform abusive acts against other women. The findings also reveal that existing methods of intervention are flawed and that inconsistent approaches by state agencies can sometimes endanger women.

The evidence requires state agencies to re-evaluate their approach to HBV because they are not meeting the needs of women. Participants recommended community-based initiatives as a form of intervention to promote women's human rights and to assist in breaking down patriarchal norms that serve to disempower all women. However, they also recognised the challenges of addressing HBV, both within a climate of austerity and with the demonisation of South Asian culture in general.

Key words: Honour-Based Violence; Forced Marriages; Domestic Violence; South Asian Communities; England and Wales.

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R v Ibrahim and Iqbal [2011] EWCA Crim 3244,

R v Khan [2009] 1 Cr App R 28

R v Mahmud Babkir Mahmud [2009] EWCA Crim 775

R v Mohammed [2005] EWCA Crim 1880

R v R (1992) 1 AC 599

R v Su Hua Liu [2007] 2 Cr App R (S) 12

R v Zelder [2009] EWCA Crim 2958

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British Nationality Act 1948

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Serious Crime Act 2015

Serious Organised Crime and Police Act 2005

The Sindh Child Marriage Restraint Act 2013

GLOSSARY OF TERMS AND ABBREVIATIONS

Key Word	Meaning
<i>ACPO</i>	Association of Chief Police Officers
<i>Allah</i>	God
<i>Alhumdulilah</i>	Praise and thanks be to God
<i>Behesti</i>	Shame or bad reputation
<i>Biraderi</i>	Local community/lineage
<i>CPS</i>	Crown Prosecution Service
<i>Deen</i>	Religion/A person's quality of religion
<i>FGM</i>	Female Genital Mutilation
<i>FMU</i>	Forced Marriage Unit, part of the Home Office
<i>Gori</i>	White woman
<i>Gora</i>	White man
<i>Hadith</i>	Sayings of the Prophet Mohammad (PBUH)
<i>HMIC</i>	Her Majesty's Inspector of Constabulary
<i>HBV</i>	Honour-Based Violence
<i>HCHAC</i>	House of Commons Home Affairs Committee
<i>Imam</i>	Muslim religious leader at mosque
<i>IPV</i>	Intimate Partner Violence
<i>Izzat</i>	Honour, reputation, prestige
<i>Jinn</i>	An intelligent spirit of a lower rank than angels, who is able to appear in human and animal form and to possess humans
<i>Jirga</i>	Family Council
<i>MARACS</i>	Multi-Agency Risk Assessment Conferences
<i>Mosque</i>	Place of Muslim worship
<i>NGO</i>	Non-Governmental Organisations
<i>NPCC</i>	National Police Chief's Council
<i>NRPF</i>	The No Recourse to Public Funds policy/rule
<i>Pir</i>	Muslim religious leader
<i>PTSD</i>	Post Traumatic Stress Disorder
<i>Purdah</i>	A veil/system of segregation between the sexes
<i>Rishta</i>	Suitable marriage partner
<i>Shadi</i>	Marriage
<i>Sharam</i>	Shame
<i>VAWG</i>	Violence Against Women and Girls

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PART ONE

INTRODUCTION

This thesis is a study adopting a qualitative methodology to broaden our understanding of HBV in South Asian communities in England and Wales. It examines the experiences of women who have faced HBV amidst allegations of staining their families' reputation and seeks to address important questions unanswered in the existing literature. The lack of literature and empirical studies on HBV required a qualitative research design to obtain the data to address these questions. Qualitative interviews with thirty key agents and eight survivors were undertaken. The key agents interviewed were professionals who actively assist women to escape abuse and include support workers, police and lawyers. The eight survivors were all female and South Asian in origin. All of the participants were either born or residing in England and Wales at the time of interviews. The thesis is now explicated in further detail.

In 1998, 19-year-old Rukhsana Naz was murdered by her mother and brother in the family home. The family, from Derby, believed that she had brought 'shame' because she refused to have an abortion after falling pregnant by a lover while her husband was in Pakistan (Hall, 1999). She was forced into marriage at the age of 15. In 2003, 21-year-old Sahjda Bibi was stabbed by her cousin as she prepared to marry the man she loved (Britten, 2003). According to police reports, Rafaqat Hussain travelled to Birmingham and was incensed that Sahjda had refused to marry his cousin. She was killed in an upstairs bedroom while friends and relatives had gathered to attend her wedding. Also in 2003, Shafiea Ahmed was murdered by her parents in Cheshire for refusing to marry a cousin from Pakistan (Carter,

2012). It was not until 2012 that her parents were convicted and sentenced to a minimum of 25 years in prison for her murder (Branagh, 2012). These three women were all South Asian Muslims and are examples of so-called 'honour killings' in South Asian communities.

HBV is a gendered form of violence predominantly committed by men against women, who are deemed to have transgressed religious-cultural norms typically relating to sexuality and in the process are said to have brought 'shame' on their families (Welchman and Hossain, 2005; Idriss and Abbas, 2010). 'Honour' is a concept involving the quality of and perceived social standing of the family (Mosquera et al, 2002). Those who abide by codes of 'honour' consider the family to be the central institution and a person's individual social status is largely dependent upon how the family is viewed by others (Malina, 2001). Women in 'honour' cultures are viewed as threats to a family's social standing. Families may be 'shamed' by certain behaviours that are disapproved and the only perceived solution then is to exert control over women (Payton, 2010). This can have far-reaching consequences, including psychological and physical violence and, in extreme cases, even death.

Although a global phenomenon, there is growing evidence that non-fatal crimes relating to 'honour' are increasingly taking place in England and Wales (Talwar and Ahmad, 2015). In 2015, it was reported that more than 11,000 cases of HBV were recorded by UK police forces from 2010-2014, including kidnapping, abduction, assaults, threats to kill and other acts of controlling and coercive behaviour (Talwar and Ahmad, 2015). Figures reveal that 11,744 incidences between 2010-2014 were reported by thirty-nine out of the fifty-two police forces in the UK, with the Metropolitan Police Service recording the highest number of incidents (2,188), followed by West Midlands Police (1,269) and Bedfordshire Police

(1,106) (Talwar and Ahmad, 2015). In terms of homicides, the general estimation is that twelve to fifteen so-called 'honour' killings occur each year in England and Wales (MPS, 2007; Gill, 2009), though commentators accept that this figure is under-estimated – the 'dark figure' of so-called 'honour' killings is unknown (Gill, 2009; Hall, 2014; Julios, 2015). These statistics do not include those who have been taken abroad and who do not return, or whose whereabouts are currently unknown.

Instances of HBV are also likely to be substantially higher than the figures actually reported (Gill, 2009; Mayor of London, 2010). There may be a number of factors preventing women from reporting HBV, including the fact that it is often family members seeking to harm the victim – being physically controlled and monitored closely, victims may find it difficult to report abuse. The emotional attachment to perpetrators may also be a factor in preventing reporting and bringing perpetrators to justice. Furthermore, if victims do not receive the right response from state agencies, they may be less inclined to report abuse or withdraw a previous complaint (Burton, 2008).

HBV has received more attention from police and policy makers in recent years (Bacchi, 2009). This includes police strategies formulated by ACPO and NPCC to provide a working definition of HBV; to improve awareness and training of frontline police officers; and to assist in the improvement of detection, investigation and prosecution of perpetrators suspected of committing acts of HBV (ACPO, 2008; NPCC, 2015). It also includes improved awareness, training and the creation of specialist HBV prosecutors tasked with bringing perpetrators to justice and improving prosecution success rates (CPS, 2008; 2017).

HBV and its associated controlling behaviour appears to be a prevalent social problem in South Asian communities in England and Wales (Gill, 2009; Thiara and Gill, 2010). South Asia (or Southern Asia) is a term used to represent the southern region of the Asian continent and includes Bangladesh, India, Pakistan and Sri Lanka. 'South Asians' are those who originate from the region through birth or through diaspora, referring to the dispersion of people from their original homeland through migration. Cultural practices in such communities operate in a way where 'honour' plays a prominent role within family structures to the detriment of women (Reddy, 2008; Gill, 2009).

My motivation for conducting this research is personal. HBV and forced marriage has (indirectly) affected me and had an (indirect) impact on my own private life. Without mentioning names, two very close friends and relatives of mine (one female and one male) had experienced forced marriages during the last twenty years. Although they had informed me directly that they did not experience physical violence, they explained that they had experienced emotional blackmail and feelings of guilt. The marriages of these two people did not last very long and there was fallout from the demise of those relationships – they (and their parents) were ridiculed, ostracised and shamed by the extended family for ending their marriages prematurely. Further promises of marriage of other siblings were also retracted because in the eyes of the extended family, they were no longer 'marriage material'. Coming into contact with forced marriage and 'honour' based cultures through their experiences, I came to recognise and identify the difficulties that these two people faced. I was able to recognise the emotional difficulties involved in forced marriages – on the one hand, they wanted to marry partners of their own choice, but on the other, there was a contradictory desire to please their parents and to avoid anything that could lead the

family to become the subject of gossip (Awwad, 2001). I also witnessed their pain and suffering at first hand, including their conversations and tears with other siblings about how unhappy they had become. These anecdotal observations can be contrasted to other comparable situations – though my two friends/relatives were not subjected to physical violence, the cases of Rukhsana Naz, Sahjda Bibi and Shafliea Ahmed vividly highlight that some people may be killed for refusing to enter into a forced marriage. Based on my anecdotal observations and personal contact with these two people, it was not too difficult to choose HBV as a subject of research for a PhD. Having been shortlisted for an interview (and being successful) for the award of a PhD scholarship at Anglia Ruskin University, I was lucky enough to continue with this research in 2011.

Although I possess both Degree and Masters qualifications in law, I identified gaps in the existing socio-legal work that could be filled by applying social science approaches. My co-edited book in 2010 (Idriss and Abbas, 2010) also provided me with an insight that empirical work was both necessary and lacking in this area. This book is one of only a few social-legal studies on HBV (Mojab and Abdo, 2004; Welchman and Hossain, 2005; Thiara and Gill, 2010; Gill and Anitha, 2011; Pope, 2012; Gill, Strange and Roberts, 2014; Begikhani, Gill and Hague, 2015; Julios, 2015). While, as my book confirmed, there is growing political interest in the topic (Home Office, 2000; *The Right to Choose*, 2010), little social science research has been undertaken through interviews that empirically explores key agents and survivor experiences. Besides Begikhani et al (2010, 2015), Gill et al (2012), Aplin (2017) and Mulvihill et al (2018), to my knowledge there are no other empirical studies exploring key agents and survivors from social-scientific perspectives. In light of this knowledge, my book inspired me to carry out further research and was the principal reason why I pursued this study at

doctoral level. The studies already undertaken clearly overlap with this thesis, although this thesis can be differentiated. This thesis examines the experiences of South Asian communities as opposed to Begikhani et al's study on Iraqi-Kurds, which may yield different experiences. Furthermore, the HMIC (2015) report considers only the police, while this study holistically considers the responses of a diverse range of public agencies because of the wide range of participants. Also, while Begikhani et al interviewed thirty-four key agents in the London area, the current study concerns thirty key agent and eight survivor interviews across England and Wales, accessing participants from different locations and who may have different experiences. Therefore, from a methodological perspective, this thesis is a contribution to knowledge and builds upon the existing work on HBV.

As HBV is a hidden/invisible crime (Hall, 2014), it was important to undertake this research to understand more about it. To investigate the dynamics of 'honour' in South Asian communities, I chose to research a number of unexplored urban cities in England and Wales that have high concentrations of South Asians. This thesis fills that gap and, in particular, seeks a rich understanding of the processes through which HBV is defined, enacted and policed. In terms of the initial research questions, the thesis uses the example of HBV amongst the South Asian community to understand better:

- The social distribution of, causation of, construction of, and intervention into HBV
- The processes and actors through which HBV develops
- How notions of shame, honour, community and home are mobilised by perpetrators of HBV, victims and policy makers, and
- How HBV is located in family, local, national and global networks

The initial objectives of the research were:

- To understand better HBV and its construction as a social problem by placing it in a wider discussion of domestic violence, honour and shame, migration and ethnic identity
- To develop an in-depth understanding of the experiences and attitudes of HBV survivors
- To develop an in-depth understanding of the experiences and attitudes of people who aim to address or police HBV, and
- In light of the above, to evaluate policies and initiatives designed to combat HBV and forced marriage.

The distinctive contribution to social science research and the gaps within the existing socio-legal literature helped to identify three research questions that are unanswered in the existing literature. They are:

- Is HBV a form of domestic/intimate partner violence (IPV) or is it something distinct?
- Is 'patriarchy' useful to explain acts of HBV perpetrated by women upon other women?
- What are the recommended methods of intervention and are current methods fit for purpose?

The ensuing discussion will now inform how these research questions were developed and refined over time. Over the last two decades, an increasing amount of research has been conducted examining the nature of HBV as a crime against women who are harmed because their families perceive that their conduct has damaged the family's reputation (Welchman and Hossain, 2005; Gill, Strange and Roberts, 2014; Begikhani, Gill and Hague, 2015; Julios, 2015). One of the principal catalysts for improving policy and intervention in HBV was the case of Banaz Mahmod, an Iraqi-Kurdish Muslim woman who was murdered at her home in London in 2006 (McVeigh, 2007; Dorjee et al, 2012). Although this case is an example of a homicide committed in the name of 'honour', it also draws attention to the need to recognise 'low-level' everyday coercive control committed in the name of 'honour'. If more

attention is paid to this type of abuse, it might help potential victims earlier and prevent the escalation of more serious crimes.

Banaz was the victim of controlling and coercive behaviour within an intimate family environment from a very young age. She was one of five daughters brought up within a strict Kurdish family and her father, Mahmod Mahmod, was very controlling. Banaz was ordered to keep away from Western influences, forced into marriage at the age of 16 with a member of her father's clan and was expected to fulfill the role of a subservient wife (McVeigh, 2007). Banaz had previously brought 'shame' upon her father by leaving her forced marriage, in which she was abused, violently beaten and raped on at least six occasions (McVeigh, 2007). Her father's reputation had already been questioned by the fact that Banaz's elder sister, Bekhal, had moved out of the house at the age of 15 in order to escape his violence. Banaz's father lost status in the community because he was perceived to have failed to control his daughters, and his younger brother Ari, a wealthy businessman, took control as head of the family (McVeigh, 2007). Banaz's father was also 'shamed' when, at the age of 19, Banaz fell in love with a man from a different Kurdish clan. Her father and uncle disapproved of the relationship since Banaz had not yet been formally divorced from her husband and her boyfriend was not from their clan, nor was he religious. Perhaps most importantly, her family did not choose him as a potential marriage partner.

Reports indicate that Banaz's father was outraged when she refused to give up her boyfriend and talked of being in love (McVeigh, 2007). In one incident, Banaz had been lured to her grandmother's home for a meeting with her father and uncle to finalise her divorce, but when her father appeared wearing surgical gloves ready to kill her, Banaz

escaped barefoot, breaking through a window to get into a neighbour's house and then ran to a nearby café for assistance (McVeigh, 2007). Banaz later claimed that people were following her and pretended to have ended her relationship with her boyfriend. However, community members witnessed Banaz kissing her boyfriend outside a London tube station – this was the last straw for her father and uncle and prompted the order of her killing (McVeigh, 2007). Her punishment was discussed at a ‘family council’ meeting attended by her father, uncle and other members of the clan. At the meeting, it was decided that Banaz should be killed so that her family would not be shamed further in the eyes of the community (McVeigh, 2007). Several relatives then murdered Banaz in the family home (Payton, 2010). The very people who should have protected her had planned her killing, violently raped her, strangled her with a bootlace, hid her body in a suitcase and buried her in a garden in Birmingham (McVeigh, 2007). Banaz’s father, uncle and three others were all found guilty of her murder – Banaz’s only ‘crime’ was that she fell in love with a man who her family did not approve (Gill, 2009; Dorjee et al, 2012).

The accounts drawn in the Banaz case fit very well into controlling and coercive behaviour – her father exerted total dominance through physical violence and intimate terrorism, which resulted in the diminishment of ‘space and action’ for Banaz (Johnson, 2008; Stark, 2007, 2009; Myhill, 2015). Banaz, like many other women across the world, was coercively controlled to behave in a certain specific way, which did not desist and caused her physical and emotional injury (Myhill, 2015). Coercive control is highly gendered (Myhill, 2015) and Banaz’s life experiences demonstrate that she was controlled, victimised and abused for years by those close to her. The pattern of socialisation in her case included traditional gender roles relating to work, family, and marriage (Myhill, 2015). Her experience also

highlight how trivial the triggers can be to prompt HBV – the small action of ‘kissing’ her boyfriend outside a London tube station was the final straw in a series of acts that Banaz’s family perceived shameful. Banaz had been coerced into a marriage against her will and her external relationships (especially with unrelated men) were strictly controlled. Banaz had also experienced a range of ‘low-level’ and ‘high-level’ acts of controlling and coercive behaviour prior to her death.

Banaz’s murder also highlights failings in a number of key areas. She was not only let down by her very own family and community but was also let down by the the police, in particular. Banaz had contacted the police for help five times fearing harm because of her relationship with her boyfriend (Payton, 2010). Her claims were never followed up and two weeks after her last visit to the police she was murdered (McVeigh, 2007). Similar failings have been identified in the murders of Jeanette Goodwin, Christine Chambers and Maria Stubbings. In 2013 and 2014, HMIC reported that they had ‘significant concerns’ about how these domestic violence victims had been supported by Essex Police (HMIC, 2013: 9; HMIC, 2014). Maria Stubbings had been strangled by an ex-boyfriend (it was discovered soon after that he had also killed a previous girlfriend). HMIC concluded that Essex Police had not given Stubbings adequate protection. Christine Chambers had complained about violence from her boyfriend two years before her murder. Again, HMIC concluded that Essex Police’s response was inadequate. Jeanette Goodwin had also been stabbed thirty times by her ex-partner in front of her husband. Goodwin had called Essex Police before the attack, but Essex Police believed ‘urgent action’ was not needed. Collectively, these cases raise concerns about how victims are supported by the police and how risks are properly managed. HMIC concluded that Essex Police had not demonstrated a broad understanding

of the wider response to domestic abuse and how a victim-focused approach can effectively enhance the confidence of victims and prevent deaths (HMIC, 2013; HMIC, 2014).

The HMIC (2015) report on HBV also draws attention to the need to focus on the wider non-fatal consequences of HBV and not just so-called ‘honour’ killings. The Metropolitan Police Service and the Association of Chief Police Officers have reviewed their policies and procedures for dealing with HBV, which culminated in the formulation of a new HBV Strategy in 2008 for moving forward the response by the police and to aid in the development of a coordinated national police strategy (ACPO, 2008). This included the adoption of a HBV definition across all police forces; local, regional and national meetings for sharing best practice; public protection training incorporating HBV, forced marriage and FGM; incorporating HBV into the UK Protected Person Service process; and working in effective partnership across government and operational NGOs (ACPO, 2008; NPCC, 2015). A newly revised guidance and strategy document was provided by the NPCC in 2015. This includes a statement that the police service’s vision ‘remains nothing less than the total eradication of honour based abuse, forced marriage and female genital mutilation from all communities’ (NPCC, 2015: 4). In its vision and moving forward to 2018, the police service aims to achieve its strategic intentions through *prevention* and *prosecution* – working together with communities to make harmful practices ‘dishonourable’ in communities and to prosecute offenders (NPCC, 2015: 7-8). There is now heightened awareness that the police service had failed Banaz and (continues to fail) other women experiencing domestic abuse. There is a desire to review and improve strategies and methods of intervention for those experiencing HBV (Hall, 2014). The NPCC, as part of its core values, recognises that victims have a fundamental right to be believed; that putting victims and their safety and

well-being must be at the heart of their initial responses and investigations; and that their personal details must be stored, managed and handled with integrity and confidentiality (NPCC, 2015: 10-11).

In Banaz's case, the police were also met with a 'wall of silence' during their investigations (Julios, 2015). The case revealed the orchestrated and premeditated nature of her murder as multiple perpetrators were involved and not all had shared a 'domestic' relationship with Banaz (Nammi, 2016). Various reports also indicated that some of the women in Banaz's family, including her mother, had prior knowledge of her murder at the planning stage (Smith, 2007). This aspect of HBV contrasts with single perpetrator violence, in which there is a sole abuser. Typically, cases concerning sole perpetrators may involve a man coercively controlling his partner and where no one else is involved in the abuse (Hester, 2009: 10). Single perpetrator violence can differ from HBV, where there may be multiple perpetrators trying to control the victim (Payton, 2010) or in forced marriages cases where fathers, mothers, aunts and uncles may collectively collude in forcing a person into marriage (Anitha and Gill, 2011; see also *Bedfordshire Constabulary v RU* [2014] Fam 69).

In a patriarchal context, HBV is directed at maintaining gender hierarchies and punishing women deemed to have crossed the boundaries imposed upon them (Marsh et al, 2009: 80). Here, 'patriarchy' is defined historically as a system of society or government in which the father or eldest male is head of the family and descent is reckoned through the male line; it is also defined as a system of society or government in which men hold power (Lerner, 1986; Mies, 1986; Marsh et al, 2009; Mackay, 2015). Men, as heads of families, are the pinnacle of women's oppression and women live in fear of the consequences if they do

not do men's bidding, which may explain why some women take part in HBV. As a social practice, HBV works to regulate women's lives and to keep them within subordinate positions. The underlying rationale is that violence, or the fear of violence, is necessary to keep women under control (Macionis and Plummer, 2012).

A detailed consideration of the Banaz case reveals how the research questions in this study came to be refined. Firstly, the case had all the trappings of a well-orchestrated, planned and premeditated homicide. While Banaz's victimisation can be categorised as domestic abuse at the hands of her father and uncle, wider family and community members also attempted to control her and ultimately participated in her murder. Secondly, both men and women were involved in the perpetration of violence against Banaz, whether actively, silently or passively. There are different implications stemming from which type of role they had and the five members of her family/community found guilty of her murder were all men. However, if women were involved at some stage, was their involvement out of coercion and fear for their own personal safety (Stanko, 1990; Hunnicutt, 2009)? Finally, intervention was also found wanting case because the police had failed Banaz at various stages in the lead up to her death.

There have been recent reforms by Parliament to address HBV, albeit more in relation to forced marriage. Forced marriage has been an important issue for governments in the last decade and is increasingly viewed as a human rights issue (Gill, 2010). HBV and forced marriage are also sometimes viewed as one of the same (Khanum, 2008; Anitha and Gill, 2011; Gangoli et al, 2011). There are strong links between the two since HBV consists of acts in response to what is perceived to be behaviour that casts 'dishonour' upon the family,

while forced marriage may also occur because families wish to control the sexuality of women or prevent undesirable relationships (Idriss, 2015b). Parents may also think about strengthening family ties – a commitment to enter two people into marriage may take place well before those individuals are born and to then retract a promise could bring ‘dishonour’ and ‘shame’ upon the family (Gill, 2010, 2012). When referring to either HBV or forced marriages, women are the central victims and both relate to the controlling of women, their bodies and their freedom of choice (Reddy, 2008). Thus, to protect their ‘honour’, families may force women into marriages against their will (Idriss, 2015b). Throughout this introduction, the word ‘honour’ has been placed in quotation marks because ‘honour’ is socially constructed through two dualistic notions of reality – male ‘honour’ and female ‘shame’, and where male masculinity is constructed through female chastity (Awwad, 2001; Reddy, 2008; Gill, 2009). Gender, how a woman is supposed to behave and what is considered ‘honourable’ are all constructed within a social context – different people, families, communities and societies will have their own views as to what constitutes being ‘honourable’ (Marsh and Plummer, 2012; Gill, 2013). In the UK, the prevailing attitude amongst many feminists and activists in the area of HBV is that there is no ‘honour’ in HBV or forced marriages (Siddiqui, 2005; Anitha and Gill, 2011; Gill et al, 2014). Communicating this message through to communities, however, remains a challenge.

In June 2014, the Anti-Social Behaviour, Crime and Policing Act 2014 received the Royal Assent allowing Parliament to make important legal changes to the law relating to forced marriage. Sections 120 and 121 of the 2014 Act now make it a criminal offence to breach a Forced Marriage Protection Order and (separately) to force a person into marriage, highlighting the government policy that forced marriages represent a major human rights

violation and a crime (*Right to Choose*, 2010; Anitha and Gill, 2011; Idriss, 2015b). The Forced Marriage (Civil Protection) Act 2007 had originally inserted a new Part 4A into the Family Law Act 1996, which provided the civil remedy, the Forced Marriage Protection Order in England and Wales, breach of which previously amounted to a contempt of court with a maximum penalty of two years imprisonment. The terms of the Forced Marriage Protection Order contain legally binding conditions with the aim of preventing perpetrators from forcing a person into marriage, with an emphasis on prevention and protection rather than prosecution (Gill, 2011). This was the original defining feature of the Forced Marriage Protection Order – individuals were able to obtain injunctive relief swiftly to prevent a forced marriage instead of pursuing a criminal prosecution (Gaffney-Rhys, 2009). However, the House of Commons Home Affairs Committee (HCHAC, 2008, 2011) noted that despite the reform, Forced Marriage Protection Orders under the 2007 Act had not reduced instances of forced marriage (HCHAC, 2011: 6). Former Prime Minister David Cameron then announced that the Government was firmly committed to criminalising forced marriage, which it viewed was necessary to deter and appropriately punish perpetrators (Home Office, 2012). Yet the early indications suggest that despite criminalisation in 2014, it has not been a major deterrent (Idriss, 2015b). Latest figures from the Forced Marriage Unit state that they had supported 1,428 cases in 2016, having received over 350 calls per month (Home Office, 2017). Of the cases the Forced Marriage Unit supported, 371 (26%) involved victims below the age of 18 years, 497 (34%) involved victims aged between 18-25 and the majority of cases (1,145, 80%) involved women (Home Office, 2017). Despite criminalisation, the reforms have hindered the reporting of forced marriage by those who are afraid to incriminate family members, see them prosecuted, fined or imprisoned (Idriss, 2015b). During the first year of criminalisation, there was only one successful prosecution for forced

marriage under the new offence. This was not a case one would normally consider to be a 'traditional' example of forced marriage either. This was a case in Wales concerning a young devout Muslim woman who had been raped and then forced into marriage by her abuser – he was jailed for 16 years for rape, voyeurism, blackmail, forced marriage and bigamy (*The Guardian*, 2015). Criminalisation does not seem to have worked and it is submitted that community-based approaches require further investigation if the government wants to tackle VAWG in the current context (Idriss, 2015b).

Against this backdrop, the agenda for this thesis is to examine ways in which the government can address HBV and forced marriages. The thesis aims to influence government policy and the approach to HBV. Currently, government policies are enacted on an assumption that criminal justice responses are sufficient to stop the practice of HBV and forced marriages, although Begikhani et al have argued that there is 'no need for further legislation in the UK' because a range of legal remedies are already available to address HBV and forced marriages (Begikhani et al, 2010: 131). The authors recommend a more integrated and preventative approach that includes improving knowledge and public awareness amongst state agencies and the general public. The issue of criminal justice responses is particularly interesting because the government has not actively taken major steps to address HBV specifically either, instead preferring to focus on one distinct legal aspect of HBV (i.e. forced marriage and its criminalisation) rather than the wider context of HBV (Gill, 2009; Hague et al, 2013; Idriss, 2015b). This would include legislative and policy intervention to improve responses to victims of HBV (and not just forced marriages), such as the development of separate Sentencing Council guidelines for courts to use when sentencing HBV perpetrators and so-called 'honour' killers in order to send an important

declaratory message that English criminal law detests this kind of practice (Idriss, 2015a). It also includes wider and consistent government-led education initiatives in schools, colleges and universities to improve awareness and prevent HBV and forced marriages, instead of a reliance on underfunded NGOs and women's charities to fulfill these roles. Although the HCHAC made various recommendations to improve responses (HCHAC, 2008), only the criminalisation of forced marriages has been acted upon with a firm commitment (Ministry of Justice, 2009; HCHAC, 2011; Home Office, 2012). This was despite the publication of separate research that 'there does not seem to be an appetite for specific legislation' on forced marriage (Gill, 2011: 29) and that 'criminalisation [of forced marriages] was unnecessary' (Idriss, 2015b). The task of dealing with HBV has been left to NGOs who themselves are finding it difficult in a climate of austerity, funding cuts and closures (Gill, 2009; Begikhani et al, 2015). The natural question which then arises is what other suitable methods of intervention can be proposed to address HBV if criminal justice responses do not seem to be working? This thesis takes on this task under the research question: 'What are the recommended methods of intervention?' Its aim is to examine a variety of non-criminal justice responses to address HBV, which the government seems to have overlooked. However, the thesis also seeks to influence the attitudes of society at large and how communities can contribute to condemning acts of HBV and forced marriage.

Throughout this thesis, I use the term 'survivor' as opposed to 'victim'. A 'survivor' is defined as a person who survives, especially a person remaining alive after an event in which others may have died, a woman who offers resistance to male violence, a person who copes well with difficulties in their life; in contrast, a 'victim' is defined as a person harmed, injured, or killed as a result of a crime, accident or other event or actions; a person who has

come to feel helpless and passive in the face of misfortune or ill-treatment (Christie, 1986; Gondolf and Fisher, 1988; Kelly, 1988; Taylor and Whittier, 1992; Konradi, 1996; Atmore, 1999; Dunn, 2005; Morrison, 2006; Salazar and Casto, 2008, Nissim-Sabat, 2009). There are benefits of using 'survivor' and problems with using the word 'victim'. Describing women as 'survivors' emphasises the 'positive and the heroic' (although some women who have survived men's violence may not feel 'heroic'), 'triumph over despair' and 'opening up rather than closing down' (Gupta, 2014). Furthermore, there is also a question of accuracy – women who face violence do escape, survive and build a life for themselves (Gupta, 2014). Emphasis on 'survivor' implies that people are able to take back control of their lives and suggests that a person is still fighting, whether it is through the legal system, to improve awareness (as an advocate) or to live after experiencing violence (Morrison, 2006). The term conveys progression over stagnancy and many choose it because it is an essential part in moving along the empowerment continuum (Morrison, 2006). Describing women as 'victims' implies negative connotations such as 'helplessness', 'passivity', 'weakness', 'damaged' and 'powerlessness' (Gupta, 2014; Dias and Proudman, 2014). 'Agency' is also defined as the ability for a person to act for herself, that is, it is important to stress that individuals are self-determining (Dunn, 2005; Marsh et al, 2009; Gill, 2013). Though Gupta (2014) recognises the word 'survivor' is important because it recognises the agency of women (Kelly, 1988), Gupta also recognises that 'survivor' focuses on individual capacity. She argues that the notion of 'victim' needs to be reclaimed by feminists to remind people of the stranglehold of patriarchal systems that oppress women – "survivor celebrates the individual, but 'victim' recognises the enormity of the system we are up against, and its brutalising potential' (Gupta, 2014). Here, Gupta is referring to the 'brutalising potential' of patriarchy and how it dominates and controls women. I have chosen to use the term

‘survivor’ in this thesis because we should celebrate the strength of the women who took part in this study – the survivors I interviewed were on their way towards rebuilding their lives. As will be shown in the data chapters, these women intimated that they had ‘survived’, through their chosen words, and talked about their strength and how ‘strong’ they had now become.

Chapter 1 of the thesis explains the concept of ‘honour’, highlighting its historical and cultural links and how it is a concept that cannot be easily defined – its precise definition is difficult as people interpret it differently. Utilising a feminist framework, it highlights that there are serious issues about reproducing the term ‘honour’ because it belittles the experiences of survivors (Welchman and Hossain, 2005; Metlo, 2012). Chapter 1 also examines the (unofficial) statistics on HBV and so-called ‘honour’ killings, whilst recognising the unreliable nature of these statistics since HBV is an ‘invisible’ crime (Hall, 2014). Finally, the chapter sets the agenda for social-scientific research on this ‘hidden’ crime and why it needs to be addressed through multiple frameworks, including feminism and human rights.

Chapter 2 provides a detailed literature review of the existing material on HBV that focuses on the research questions posed. It offers a critical review on the literature that categorises HBV as a form of violence that falls within the domestic violence framework and does so by analysing whether the domestic/IPV model (defined and explained at pp.67-70) fits with accounts of HBV, as argued by writers such as Aujla and Gill (2014), Reddy (2014) and Xavier et al (2017). The contribution to knowledge that this thesis intends to make is that HBV is not just a form of domestic/IPV – there is a suggestion that HBV may at times be distinct from domestic/IPV given the level, sophistication of planning and multiple perpetrators

involved. While the chapter addresses the view that HBV is a form of male-on-female violence (Gill, 2009; Balzani, 2010), the chapter also utilises the patriarchal framework and considers the involvement of women as perpetrators in HBV cases. It considers the views of Balzani (2010: 81-84) who claims that women embody and 'perform hegemonic masculinity in support of the patriarchal gender order' and that this goes some way to explain why women also commit HBV. The argument is that women support men because they live in 'climates of unsafety', experience 'intimate terrorism' and are coerced into inflicting violence upon other women by men (Stanko, 1990; Stark, 2007; Johnson, 2008; Hunnicutt, 2009; Stark, 2009). However, this is under-researched within the existing literature, as there appears to be only two recent existing studies on HBV that specifically address female perpetrators with supporting empirical evidence through the process of interviews and analysis of police case files (Aplin, 2017; Dogan, 2018). This thesis did not interview female perpetrators in order to ascertain women's motives and why they became perpetrators in HBV cases. There are difficulties associated with recruiting perpetrators, as well as the very complicated and lengthy process it can take to approve prison research, given the short period of registration on the PhD. The supervisory team advised to conduct interviews solely with key agents and survivors who had been victimised in order to ascertain their experiences and perceptions of their victimisation (including why women, if at all, had abused other women). However, the intention is not to over-simplify women's motivations to simply 'fear and coercion' for some women may also buy into patriarchal values and actively choose to uphold notions of 'honour' (Balzani, 2010). The intention is not to imply that, if women are actively engaged in HBV, then it is not an issue of gender. Whether women are coerced or not, HBV is still a gender issue – women can be misogynists, their actions can be patriarchal and women can buy into the gender order/regime and police it as

men do, for the benefit of men. In addition, the chapter examines the literature on South Asian women's experiences of intervention in general. Linking in with this discussion, the chapter then discusses the current challenges faced, including funding cuts and mass media portrayals that can contribute to the demonisation of South Asians (Reimers, 2007; Anitha and Gill, 2015).

Chapter 3 investigates how 'honour' rationales pass through various generations of South Asians living in England and Wales through 'cultural reproduction'. This includes an examination of South Asian migration processes, the effects of migration on the preservation of 'honour' as part of South Asian 'identity' and how this continuity helps to maintain control over women (Metlo, 2012). However, tensions can surface when subsequent generations, often British-born and brought up with Western values, rebel and see the preservation of cultural norms as unfair and oppressive. Brought up within a Western lifestyle, marrying into the same (extended) family with little or no choice can become problematic for those wishing to challenge the traditional practices imposed upon them. Importantly, the chapter also explores how the 'cultural reproduction' of harmful practices can be challenged, with a particular emphasis on changing men's attitudes, and how this might be undertaken through religious institutions and through the framework of Islamic law (Appiah, 2010).

Chapter 4 addresses the methodological approach of the study. The method used to collect data is itself a contribution to knowledge as some of the work in the existing literature largely focuses on theoretical models and library-based approaches (e.g. see some of the essays in Mojab and Abdo, 2004; Idriss and Abbas, 2010; Thiara and Gill, 2010; Gill, Strange

and Roberts, 2014). Welchman and Hossain's (2005) co-edited book consists of a number of important empirical research and many of the chapters in this book are based on original empirical work from different jurisdictions. However, with the exception of Welchman and Hossain and other empirical studies on HBV (see e.g. Begkihani et al, 2010; 2015, Gill et al, 2012; Hester et al, 2015; Julios, 2015; Rogers, 2017; Mulvihill et al, 2018), there is generally a lack of empirical research directly with survivors of HBV or key agents *through the methodology of interviews* that investigates the experiences of key agents and survivors simultaneously.

This PhD examines these two groups in order to bring about a unique study. In particular, data from key agents is a topic worthy of analysis because such interviews enable one to discover if there are any agreements, tensions or disagreements between what key agents have to say. As thirty key agents took part in this study, there is an obvious range of people with different roles and backgrounds and, consequently, a diverse range of perspectives to analyse. I was able to tap into a variety of perspectives and key agents were approached as *vehicles* towards obtaining a better understanding of HBV. As will become clearer during the course of this thesis, there are debates between key agents about what HBV is – while they all agree that we need to do more to help women, they do not actually agree on what kind of problem it is and how it might be addressed.

Researching key agents and survivors required a suitable methodology to address the research questions. Despite early rejections, some key agents were open about being interviewed and it was not long before correspondence was exchanged and interviews arranged. However, survivors were less accessible and some were reluctant to speak about

their experiences. Some were initially uncomfortable talking about their abuse and the support they received. There was also some obvious censorship during interviews. However, reassured by gatekeepers, a small group of survivors were interviewed. This was achieved through qualitative interviews and within a feminist methodology that provided an opportunity for those women to discuss their experiences, as far as self-censorship permitted. There is also discussion about my own position as a researcher and the impact that it had on the research, as well as the ethical arguments behind persisting in this type of research in the face of a general reluctance of survivors to take part in interviews that are so invasive and personal. The arguments in favour of conducting this research, given that interviews can cause re-traumatisation for survivors, are also addressed in this chapter.

The objective of Chapter 5 is to provide the reader with background information about all of the participants who took part in the study. This includes a breakdown of the different key agents; their ages; ethnicity; and their personal experiences of dealing with HBV on a daily basis. The objective is to map the variety of people involved in HBV cases; to understand their biographies and career trajectories; and to understand the challenges of being a key agent. This includes the importance of specialist BME support organisations and budgetary cuts that threaten their existence. Chapter 5 also provides a profile of survivors and their stories leading them to describe their accounts as HBV. It includes information on their education; employment; their hopes and dreams in marriage; and their discussions of their mental health, depression and attempts at committing suicide because of their abuse.

The objective of Chapter 6 is to focus on the tensions and differences of opinion amongst the key agents, which includes an account of how HBV happens according to their different

experiences. How key agents define HBV is investigated, together with an investigation of their categorisation of HBV – some explained HBV as a form of domestic violence, while others suggested that it represents something distinct, especially when considered within the context of multiple perpetrators and ‘family councils’. There is an examination of the main causes of HBV, with key agents explaining that HBV represents patriarchy, male power and control over survivors. However, others highlighted the problematic behaviour of other women in HBV cases. With reference to the literature in Chapter 2, the discussion in the chapter specifically relates to whether ‘HBV is a form of domestic violence’ and what can explain women’s involvement in HBV. Similarly, Chapter 7 considers the survivor interviews and their experiences of HBV. Again, with reference to the literature in Chapter 2, an examination of the survivors’ narratives provides detailed insights into the women’s experiences and the processes that led to them to experience HBV.

Chapter 8 examines the participants’ recommendations for intervention. What key agents and survivors regard as ‘successful intervention’ is considered, together with their expectations of intervention. Although some had reported positive experiences, there were a number of accounts highlighting pockets of inconsistent intervention by state agencies. The objective of the chapter is to offer some solutions to help address women’s experiences of HBV and, by extension, to consider non-criminal justice initiatives. This aspect of the study seeks to add to existing knowledge on HBV as it aims to extract from the participants, in their own words, what ‘good intervention’ would look like and the type of intervention they would have preferred.

Finally, Chapter 9 provides detailed discussion of the key themes identified in the earlier data chapters. It argues and elaborates on the evidence that HBV is a complicated phenomenon that requires state agencies to reconsider how they view and respond to HBV. The discussion of key themes in this chapter includes the following: HBV fits within the domestic violence framework because it is an example of gender-based violence and concerns controlling and coercive behaviour by men who are the main perpetrators. However, there is some evidence to suggest that HBV may be distinct from domestic violence because of the involvement of multiple perpetrators and ‘family councils’, which may involve individuals acting outside domestic relationships with survivors. Whilst this does not alter the definition of HBV, state agencies may have to alter their approach to intervention. The data supports existing (theoretical) research that HBV is a form of patriarchal violence disproportionately affecting women, and that patriarchy explains those instances where women inflict violence upon other women. This is because women are compelled and act under duress in order to obey the rules set by men. Furthermore, although there are areas of good practice in intervention, the evidence suggests that state agencies are still struggling to cope with HBV and how best to respond to it, whether in terms of initial response or in the time after a report has been made. Participants recommended better training for all professionals and public sector workers, as well as improved awareness and preventative (non-criminal justice) initiatives within local communities. Such initiatives can assist in challenging ideologies that condone HBV and VAWG in general.

Concluding the thesis, Chapter 9 also provides a conclusion to the research questions. Based on the data presented, it concludes that HBV can and does fit within the category of

domestic/IPV, although the case of one survivor specifically demonstrates that HBV could sometimes be distinct. Where women are involved in the infliction of violence upon other women, this is often (but not always) the result of male coercion, where women obey men's commands to ensure their own survival amidst threats of harm. The aim of the thesis is to make a positive difference to women's lives by making important recommendations to support women experiencing HBV. The most important recommendation by participants relates to community-based initiatives to educate men that the 'cultural reproduction' of patriarchal attitudes that perpetuate 'honour' rationales serve to disempower and subjugate *all* women. The most important message participants wanted to convey to society at large is that 'there is no honour in HBV or so-called honour killings', a slogan coined by Southall Black Sisters and other South Asian feminists involved in the activism against HBV (Siddiqui, 2005; Gill et al, 2014).

1. HONOUR-BASED VIOLENCE AND SO-CALLED ‘HONOUR’ KILLINGS IN ENGLAND AND WALES: ISSUES OF DEFINITION AND MEASUREMENT

This chapter examines a series of debates behind the various definitions of HBV and its measurement in England and Wales. It provides an understanding of the concept of ‘honour’ and focuses on some of the controversial issues behind defining the concept. It also provides analysis of unofficial statistics on HBV and why they are considered unreliable. The purpose of the discussion is to demonstrate that we know very little about HBV. The intention of this chapter is to set forth an agenda for empirical research that understands HBV through the personal and first-hand knowledge of key agents and survivors through their everyday life experiences.

The Definition of HBV and Honour Killings: Radical Feminist Perspectives

HBV, like other forms of VAWG, involves perpetrators who are schooled in the everyday culture of patriarchy, which teaches men to be assertive, inculcates traditional sex roles and objectifies women (Bryden and Grier, 2011). So-called ‘honour’ killings fall within the definition of femicide as the misogynistic killing of women by men and represent the ultimate end of a broad continuum of VAWG (Kelly, 1988; Radford and Russell, 1992; Sev’er and Yurdakul, 2001; Gryzb, 2016). An analysis of HBV and so-called ‘honour’ killings attaches itself to various feminist schools of thought, namely *Radical Feminism* and *Intersectional Feminism* (the latter addressed in Chapter 2). There is no one single definition of feminism and there are significant differences in analysis and politics between the various schools of thought (Saul, 2003; Tong, 2009; Mackay, 2015). However, radical feminism recognises that the root (primary) axis of societal oppression is gender, where assigning women with an

exclusively feminine gender identity limits women's development as individuals and prevents women from leading their own lives and on their own terms (Tong, 2009: 50-51). Radical feminists focus on gender, male VAWG and men's control over women's sexuality and reproductive powers; it also sees men as a group responsible for women's oppression (Stacey, 1993; Tong, 2009: 2). Radical feminism accepts and recognises patriarchy, alongside a huge commitment to end it – radical feminists believe that patriarchy '...cannot be reformed but only ripped out root and branch' (Mies, 1986; Tong, 2009: 2; Mackay, 2015). Radical feminists aim to break the silence behind women's oppression by highlighting that patriarchy exists in all realms of micro and macro gendered relations, regardless of wealth, property or historical period (Sev'er and Yurdakul, 2001). One of the main goals is to locate HBV on a continuum of worldwide VAWG, whether it is domestic abuse, HBV or sexual violence, where violence is perpetrated against women within patriarchal structures and societies. Understanding the complexities and varieties of VAWG in its universal dimension helps to capture the 'interconnectedness' of different forms of violence, regardless of the context (Eturk, 2009).

Radical feminists, as well as philosophers from various disciplines, have attempted to research the term 'honour' (Ortner, 1978; Delaney, 1987; Gilmore, 1987; Sev'er and Yurdakul, 2001; Welchman and Hossain, 2005; Gill, 2009; Appiah, 2010). At the very outset, there is no single definition of 'honour'. The term derives its meaning from the Latin words 'honos' or 'honoris' which is taken to mean being brave, courageous and signifying what it is to be a man (Metlo, 2012). 'Honour' is also defined as 'moral integrity', 'high respect', 'great esteem', 'a person or thing that brings esteem' and 'a woman's chastity or her reputation for being chaste' (Sev'er and Yurdakul, 2001: 971). When a family perceives itself to have

lost their 'honour' because of a woman's sexual behaviour, it can lead families to harm that woman as a way of restoring their 'honour' (Reddy, 2008). The emphasis here is 'perceived' or 'alleged' sexual misbehaviour, because men are the ones who set the standards. Men are responsible for the social construction of the notion 'sexual misbehaviour' – and it is not a norm that should be accepted either. 'Sexual misbehaviour' is defined as departing from usual or accepted standards in relation to sexual behaviour, including engaging in activities outside of a strictly monogamous marriage (Burnham, 1993; Walker, 1998). Such a notion is not an abject reality and by this I mean that the notion is value-laden and subjective – what one views to be 'dishonourable' may not be considered so by another. Notions such as 'sexual misbehaviour' view women's bodies as battlegrounds where men are able to exercise their masculinity. Women in such circumstances are objectified, making it easier to justify HBV if they undermine the patriarchal structure (Reddy, 2008; Bond, 2014; Reddy, 2014). Such sentiments also legitimise violence in the eyes of male perpetrators by placing blame on the very women themselves. Families kill women based on allegations, suspicions or gossip, even if they are untrue (Awwad, 2001; Siddiqui, 2005; Payton, 2010; Gill, 2013). As Welchman and Hossain state in their introduction to their edited collection, an allegation alone is enough to stain a family's 'honour' and warrant the death of a woman (Welchman and Hossain, 2005). Throughout this thesis, I will be referring to the 'perceived' or 'alleged' 'sexual (mis)behaviour' that is socially constructed as 'culturally inappropriate' by perpetrators who commit acts of HBV.

ACPO define HBV as 'a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community', and which 'may include murder, unexplained death (suicide), fear of or actual forced marriage, controlling sexual activity,

domestic abuse (including psychological, physical, sexual, financial or emotional abuse), child abuse, rape, kidnapping, false imprisonment, threats to kill, assault, harassment, forced abortion' (ACPO, 2008: 5-6). The NPCC similarly define HBV as 'an incident or crime involving violence, threats of violence, intimidation, coercion or abuse (including psychological, physical, sexual, financial or emotional abuse), which has or may have been committed to protect to defend the honour of an individual, family and or the community for alleged or perceived breaches of the family and/or community's code of behaviour' (NPCC, 2015: 5, 14-15). Likewise in their edited collection of essays, Welchman and Hossain, together with the Centre of Islamic and Middle Eastern Laws at the School of Oriental and African Studies, London University and INTERIGHTS (International Centre for the Legal Protection of Human Rights), use the term 'crimes of honour' to encompass:

...a variety of manifestations of violence against women, including honour killings, assault, confinement or imprisonment, and interference with choice in marriage, where the publicly articulated justification is attributed to a social order claimed to require the preservation of a concept of honour vested in male (family and/or conjugal) control over women and specifically women's sexual conduct: actual, suspected or potential (Welchman and Hossain, 2005: 4).

The focus on all of these definitions is on the on-going behaviour of control, where violence acts as a form of social and coercive control (see introduction to Welchman and Hossain, 2005; Myhill, 2015). HBV in itself may be very serious and the commonality between HBV and so-called 'honour' killings is the coercion and control exerted by perpetrators (Siddiqui, 2005). As a final act, perpetrators may kill their victims in the name of so-called 'honour', but typically, there may be control, coercion and limitations of movement well before a murder (Welchman and Hossain, 2005). What differentiates HBV from other forms of domestic violence is that it is not just intimate partners that carry out the acts, but extended family and community members – multiple perpetrators may be involved (Meeto and Mirza,

2010). There is an acceptance of 'honour' codes – collectively, shared norms that determines one's claim to gain respect (Eturk, 2009; Appiah, 2010). These norms connect people together in the same 'honour code', which has consequences for how 'honour' is guarded and what is considered a breach of those norms. So-called 'honour' killings are committed in communities where there is a desire to protect families against 'dishonour' and where the 'honour' code outweighs the value of the lives of women perceived to have broken such codes (Gill, 2014). The CPS has also explained the 'extended family' is such that those not directly related to the woman will often take it upon themselves to enforce codes of 'honour' and that one must look beyond the immediate family and those who pose a threat (CPS, 2008). The CPS has also made reference to contract killings and the use of hit men in one out of the nine cases they investigate, where the primary inciter of violence does not wish to carry out the murder (CPS, 2008: 19-20; see also Johal, 2003: 37). Some contract killers may even refuse payment and choose to commit killings out of a belief that they have a duty to enforce codes of 'honour' (CPS, 2008).

'Honour' is a word that varies from culture to culture, region and language and a precise definition is thus difficult to establish. It has multiple meanings related to pride, reputation and virtue where young women are policed within traditional environments (Ortner, 1978; Akinpar, 2003; Sen, 2005; Begikhani, 2005). The Urdu word *izzat* also applies in this context too, which is understood to mean 'respect' and good moral character as defined by 'honour' cultures. As Hall describes:

Izzat is a fluid form of symbolic capital that can be gained, lost and converted in various ways. Put simply, it refers to the individual's and the family's reputation, level of respect and prominence in the community (Hall, 2014: 88).

Izzat encompasses the reputation of the individual and the family with the expectation of retaliation when *izzat* has been violated. *Izzat* and 'honour' reside within the bodies of women and women are the supposed 'repositories' of 'honour' (Welchman and Hossain, 2005). Deconstructing this through a feminist framework, women are expected to protect their sexual 'honour' for the duration of their lives – before, during and after marriage (Sev'er and Yurdakul, 2001). Women must also protect the sexual 'honour' of other women and girls related to them, including daughters and granddaughters (Sev'er and Yurdakul, 2001). 'Honour' is related to the chastity of women, but it is also simultaneously far too important to be entrusted to women alone (Sev'er and Yurdakul, 2001). This is a demonstration of patriarchy since it centres upon controlling (young) women's sexuality and their reproductive powers by claiming the female body as 'man's territory' (Sev'er and Yurdakul, 2001). Like other forms of VAWG, HBV is nothing more than a conscious process of intimidation by which men keep women in a state of fear (Brownmiller, 1975: 15; Brownmiller, 1999). Brownmiller explains that the focus on the female body never allows women to have freedom of the mind – she is never free from self-consciousness, never satisfied and never secure (Brownmiller, 1986: 33). Sev'er and Yurdakul similarly state that '...the patriarchal culture...[is]...frightened by the emerging sexuality of young women and their (potential) challenge to male rules...cutting down a few women in their prime of their youth is expected to deter other young women from expressing themselves in a sensual way' (Sev'er and Yurdakul, 2001: 986). HBV represents the talons of an aggressive patriarchal culture that subjugates women by depriving them of free choice and economic independence and by commodifying their bodies (Sev'er and Yurdakul, 2001; Gill, 2013). Radical feminism highlights the powerlessness of women relative to men and provides a powerful framework for understanding HBV (Sev'er and Yurdakul, 2001). The patriarchal

narratives that underpin HBV demonstrate an expectation that women will spend their lives under the constant guardianship of a close male relative so that their behaviour can be constantly scrutinised (Gill, 2013). Radical feminism also recognises the fallacy that men are responsible for acquiring 'honour' for their families, while women are seen as the potential producers of 'shame' (Eturk, 2009). Women are viewed as the vessels that 'hold' the family's 'honour', while men are viewed as responsible for guarding them against behaviour that could be considered 'shameful' (Gill, 2009, 2013). Fathers, husbands, brothers, uncles and other male relatives are all expected to take part in sanctioning women who deviate from expected norms, born directly out of male jealousy, possessiveness and an all-encompassing patriarchal system that controls and dominates women (Sev'er and Yurdakul, 2001: 973). HBV exhibits the commodification of women, their bodies and the preoccupation with virginity together with men's supposed predatory prerogative to cleanse and restore the family name through HBV (Sev'er and Yurdakul, 2001). Women as commodities, not human beings endowed with dignity and rights equal to those of men, are deeply entrenched in 'honour' cultures (Tripathi and Yadav, 2004; Keyhani, 2013). Feminist perspectives highlight that women are placed in a secondary position, reinforced by their exclusion from public life and where decisions about life are determined by men (Gill, 2013). The female body often lies at the centre of feminist thinking and an understanding of 'honour' cultures within a feminist framework positions the bodies of women at the very heart of a family's reputation (Gill, 2013).

The concept of 'honour' produces inequality between men and women, in that while women become the sources of 'honour', men control women because women pose a danger to male 'honour' (Tripathi and Yadav, 2004; Welchman and Hossain, 2005; Reddy,

2008). Men are able to demonstrate self-worth by regulating and disciplining female relatives by protecting them from the potential 'dishonouring' by other men (Reddy, 2008). This connects to the commodification of women, which results in attempts to control female behaviour and their sexual autonomy (because the 'owner' of property has the right to decide its fate: Tripathi and Yadav, 2004; Reddy, 2008; Keyhani, 2013). Masculinity is also constructed in terms of male 'honour' and female 'shame' (Hasan, 2002; Akipinar, 2003; Reddy, 2008; Eturk, 2009; Gill, 2009; Gill, 2013; Gryzb, 2016). Avoiding 'shame' is important to the overall understanding of HBV. As Gill states:

Shame (Urdu: *sharam*) is often associated with transgressions of personal honour, and functions as the opposite to honour: honour is valued highly, whereas shame is to be avoided at all costs. Fears about the loss of personal or family honour shape how individuals act; shame is therefore an effective tool for curbing the behaviour of individuals, and operates as a threatened sanction imposed by a community on those who transgress against the community's norms, traditions and values (Gill, 2010: 219-220).

'Honour' refers to a person's sense of 'righteousness in the eyes of their community' and that it is 'often employed to ensure that people act morally' – if people 'follow what is considered socially good, they are honoured. If not, they are shamed' (Gill, 2012; 2013). Hall states that 'Honour represents a specific set of social standards against which an individual's behaviour is evaluated. That evaluation is connected to recognition and feeds into an individual's and/or group's social standing and status' (Hall, 2014: 87). 'Shame' brought upon the family by a woman's behaviour is addressed through punishment (Araji, 2000) and the alleged 'shame' caused by the actions of a woman can be 'washed away' through the eradication of the source of that 'shame'— the woman herself (Reddy, 2008). Women are subjected to violence when families perceive that they have little choice but to remove the stain on their reputation. Families take part in HBV because they *perceive* that it is the *only* way they can protect their 'honour', instead of recognising that the more 'honourable' thing

to do is to respect women's choices and human rights (Wikan, 2008). The family unit considers 'the family' as the 'victim' and so it must take corrective action – patriarchal structures and the historical dominance of men in society legitimises HBV as a 'necessary corrective force' for sustaining the hierarchical social order (Kandiyoti, 1988; Wilson, 2006; Gill, 2009). Men who do not attempt to restore the male family 'honour' are seen as emasculated (Gilmore, 1987; Abu-Odeh, 1996; Reddy, 2008). Any failure to take 'corrective' action may lead to the labelling of men as 'less manly' and consequently they may be ostracised by the community (Araji, 2000; Reddy, 2008). Women are viewed as chattels, to be passed, and disposed of, controlled and violated in the name of 'honour'. They are dehumanised and harmed if they attempt to resist or undermine the patriarchal structure through their perceived 'shameful' actions (Reddy, 2008).

'Honour' is subjectively attached to an individual's sense of position within a hierarchical social order – the more 'honourable' they are, the higher their position within that social order. It is a socially defined/constructed view of a person's status and social role and is based on people being worthy of good opinion of others. However, those hierarchical social orders disempower women and promote inequalities and injustices in favour of men (Araji, 2000; Reddy, 2008). They prescribe certain 'rules' to women, but not men, because in such settings men are able to take advantage of regulating and disciplining women (Siddiqui, 2005; Reddy, 2008; Aujla and Gill, 2014). This is a very patriarchal and abusive perception of the honour/shame paradigm. Men feel a need to respond instantly to women who have besmirched their 'honour' – so fragile are men's 'honour' that it can be cracked by the behaviour of a woman who they perceive they have lost control over (Metlo, 2012). A more positive version of the 'honour' paradigm would be to recognise equality between the

sexes, not to commodify women and to recognise women 's freedoms and human rights (Reddy, 2008; Aujla and Gill, 2014; Hall, 2014; Julios, 2015).

HBV and so-called 'honour' killings have existed since ancient times as, historically, societies have always punished women for adultery and for what perpetrators perceive as immodest behaviour (Mojab, 2004; Appiah, 2010; Carline, 2010). However, despite the progressive movement of women's rights, women all over the world still experience discrimination and misogyny, particularly those who come from minority communities and who experience 'customary' forms of violence that violate their human rights (Tomasevski, 1993). This is particularly the case with HBV, which 'is used to discriminate against women, control their sexuality and maintain unjust power relations between the genders' (Hall, 2014: 92). Women find themselves the target of HBV *because* they are women (Idriss, 2015a: 208). Masculinity is strengthened through HBV since it is the only way men perceive they can restore 'honour' (Reddy, 2008). Men must guard women's chastity in order to protect their 'honour', masculinity and the family's social standing – to be 'unchaste' will be perceived as having defiled the male's name (Ortner, 1978; Reddy, 2008). Here, 'unchaste' is defined as relating to or engaging in sexual activity, especially of an illicit or extra-marital nature, in which a woman is 'damaged' (Ortner, 1978; L'Armand and Pepitone, 1982; Scutt, 1994).

The women who took part in this sample wanted to be treated with dignity and respect. They did not do anything to justify or warrant abuse. Radical feminist explanations stress the gendered nature of VAWG and its roots to patriarchal systems, which are found the world over (Crowell and Burgess, 1996; Gill, 2009; Hall, 2014). Men raised in patriarchal family structures in which traditional gender roles are encouraged are more likely to

become violent, to harm women and to abuse intimate partners/female relatives than men raised in more egalitarian homes. As some authors describe, 'patriarchy is killing our planet' and that 'patriarchy must die' (Dobash and Dobash, 1978; Crowell and Burgess, 1996; Hunnicutt, 2009; Ahmed, 2015). That means taking responsibility for the fact that patriarchy is integral to the structures of power that we take for granted, whether in the 'East' or 'West' (Ahmed, 2015; Abu-Odeh, 1996). As the behaviour of male perpetrators is at issue, it is the behaviour and decisions of men that needs to be challenged through a combination of processes. This includes positive education on human rights; changing attitudes and narratives that support 'honour' rationales that are detrimental to women; and advancing the discourse on human rights and protection through the criminal law (Sev'er and Yurdakul, 2001; Idriss, 2015a, 2015b). This is discussed further below.

Definitional Problems

While 'honour' is not an inherently evil term, there have been calls for the term 'honour killing' to be abandoned because it is an oxymoron (Sev'er and Yurdakul, 2001; Welchman and Hossein, 2005; Siddiqui, 2005, Mirza and Meeto, 2010; Alinia, 2013). Although there is no statutory definition of HBV in existing legislation, commentators have long argued that we should not use the word 'honour' in our reference to such violence (Akinpar, 2003). As the NPCC state, 'There is not, and indeed cannot be any honour or justification for the abuse of human rights and crimes committed against women, men and children. There is only shame and dishonour in the perpetration of such crimes and abuses of human rights' (NPCC, 2015: 14). Every time we reproduce the term 'honour' killing, we view the murder of women through the eyes of perpetrators (Dias and Proudman, 2014). 'Honour' killing is a misnomer because it is essentially a justification for male violence in order to control

women (Meeto and Mirza, 2010). The use of 'honour' in this context also articulates that 'male honour' was at stake (Tripathi and Yadav, 2004; Welchman and Hossain, 2005) and that the term is not gendered enough to explain what really is at the heart of the issue – men deciding to harm women (Sirman, 2004; Gill, 2006; Reddy, 2008; Gill, 2009). This has led authors such as Sev'er and Yurdakul (2001) to argue that 'honour' and 'killing' are mutually exclusive (rather than interrelated) concepts, arguing that a more appropriate term would be to label such violence as 'patriarchal violence' or 'patriarchal killings'. The term 'honour' praises the crime, making it potentially more acceptable and justifiable (Reddy, 2008). The term allocates power to perpetrators and is highly offensive to survivors and to women in general. It plays down the severity of the crimes, belittles survivors and becomes a 'megaphone' for perpetrators by repeating exactly what they want the world to believe (Gill, 2010; Imkaan, 2011; Alinia, 2013). Instead, the crime should be viewed through the lens of women who are harmed by 'honour' codes – there can be no 'honour' in such crimes (Welchman and Hossain, 2005; Siddiqui, 2005; Gill et al, 2014). Welchman and Hossain believe that the use of the term 'honour' also becomes associated with the uniqueness of South Asian cultures, in particular with communities who follow traditional practices and who refuse to recognise women's rights (Welchman and Hossain, 2005; Terman, 2010). This also highlights a potentially racist and Islamophobic application of the term. The association of HBV with particular groups is problematic because 'crimes of honour' take place in various societies (Abu-Odeh, 1996; Baker et al, 1999; Welchman and Hossain, 2005; Carline, 2010; Keyhani, 2013). While various communities around the world will form their own cultures according to their own social, religious, legal and political climates, the culture of 'honour' is a phenomenon that cuts across all geographical and racial boundaries (Baker et al, 1999; Metlo, 2012; Keyhani, 2013). As Terman states:

Western media gives a disproportional amount of attention to intimate partner violence in immigrant communities by labeling them as a uniquely disturbing phenomenon, 'honor killings'. Even though rates of rape, sexual harassment, and inter-family murder are staggeringly high in the 'West', the media singles out Muslim and other immigrant communities for perpetrating these types of crimes, thereby ignoring the whole truth concerning violence against women. This seeming hypocrisy has led many to question the term 'honor killing' (Terman, 2010: 15).

Another disadvantage is that by reproducing the term 'honour', it can obscure the real motivation and intention for committing the crime. Such obscurity may be the real intention of the perpetrator because there may be a mixture of motives (defined here 'as a conscious or unconscious goal'), such as male entitlement; masculinity; patriarchy; narcissism; the dehumanisation of women; and complete disregard for women's human rights (Welchman and Hossain, 2005; Reddy, 2008; Appiah, 2010; Bryden and Grier, 2011). There may also be various sociological considerations involved with HBV and so-called 'honour' killings, including social standing and mobility, economic opportunities, arguments over inheritance (Amnesty International, 1999; Pope, 2004), arguments between brothers and sisters, or simply a husband trying to get rid of a wife he no longer loves (Appiah, 2010). These may be the goals behind such violence, with 'honour' playing a minor role in the commission of the crime, but is nevertheless cited to mask the true intentions of the perpetrator where, in some legal systems, criminal acts committed within the context of HBV are met with less severe punishments (Welchman and Hossain, 2005 and the various chapters included; Hussein, 2010). These motives/goals may be interwoven with the claim of 'honour', making it difficult to locate the true motivation behind the act (Bryden and Grier, 2011). For example, in some Arab states such as Jordan, Article 340 of the Jordanian Penal Code exonerates and provides reduced prison sentences for perpetrators who have committed so-called 'honour' killings. Article 340 allows a reduction in sentences when a man kills or attacks his wife or any of his female relatives in the alleged act of committing adultery or in

‘unlawful bed’. Sentences can be further reduced under Article 98 where the perpetrator commits the offence in a ‘fit of fury’ resulting from a dangerous or unlawful act on the part of the victim; Article 97 allows a court to impose a sentence as little as one year if the ‘fit of fury’ defence applies. Sentences can be reduced even further if the victim’s family requests leniency (especially if the victim’s family is complicit in the killings). These laws not only reveal that men can escape punishment for the murder of women by hiding behind legal defences, but these institutionalised defences can help mask the perpetrator’s primary goals and allowing them to walk free (see Abu-Odeh, 1996, 2010; Ruggi, 1998; Ruane, 2000; Arnold, 2001; Faqir, 2001; Hadidi et al, 2001; Hussein, 2002; Lehr-Lehnardt, 2002; Douki et al, 2003; Nesheiwat, 2004; Warrick, 2005, 2009; Kulczycki and Windle, 2011). There has been sustained protests by Jordanian feminists who argue that Articles 98 and 340 are examples of many laws that supports VAWG and does not protect women from violence (Hussein, 2010). Articles 98 and 340 have yet to be repealed, although the Jordanian Parliament recently voted to repeal Article 308 that spared rapists punishment if they married their victims and stay married for at least three years (Osman, 2017).

Meeto and Mirza and Hussein argue there is ‘no honour in honour-killings’ and go to great lengths to suggest that such acts should be labelled ‘so-called honour killings’ because the ‘honour’ element in HBV crimes is false and legitimises crimes against women (Meeto and Mirza, 2010; Hussein, 2010). This is understandable and has led to Welchman and Hossein as well as others to label HBV perpetrators themselves as ‘dishonourable’ in order to destabilise current definitions (Welchman and Hossain, 2005: 7). In the memorial to Heshu Yones, a victim of a so-called ‘honour killing’, a campaign slogan was used which stated ‘There is no ‘honour’ in domestic violence, only shame!’ (Welchman and Hossain, 2005: 7;

Siddiqui, 2005; Gill, 2006). Similar statements were made at the Shafiea Ahmed Memorial Day in 2015. In the literature, one can visibly see activists using the word 'honour' (in quotation marks) to demonstrate their disapproval. Throughout this thesis, I reject the idea that there can be any 'honour' in HBV. This represents the feminist movement challenging practices that disempower women in the name of male 'honour'. As will be discussed in more detail shortly, one recommendation is to focus on terms and concepts that focus on human rights violations such as justice, gender equality and equal rights (Reddy, 2008; Gill, 2010; Julios, 2015). A human rights-based approach might encourage the issue to enter more prominently into the public domain and encourage the state to view HBV as human rights violations. State agencies must challenge both patriarchal and racist positions that damage the security of women, as the argument that South Asian women's victimisation is the result of a clash between Western and South Asian culture can add to their sense of victimisation (Razack, 2004; Gill and Brah, 2014). It can distance women from their own communities as well as mainstream society, which they may perceive as attacking them (Burman et al, 2004; Chantler, 2006). Some of the participants who I had interviewed did not like the way in which HBV was portrayed by the media. This is most likely because they have supported female victims of violence from a variety of ethnicities and backgrounds and view HBV as a continuum of VAWG. One support worker said: 'The way that the media, however, portrays this issue appears to be very 'labelling' of the BME communities, as if there is total gender equality in white society, which is just not true' (White British Female Support Worker). Another support worker said it: '...also silences a lot of the victims from other communities, who think 'This doesn't apply to me' or 'This isn't what's happening to me because I'm not in that community' (South Asian Female Support Worker).

My own view is that there are some advantages with continuing with the term 'honour' in its present format. Recognition of the term and current understanding by professionals and the lay public has provided greater awareness of the problem. The term is understood within communities and is key for prevention work. Given this familiarity, it seems unwise to discard the term as this may damage the significant progress and efforts already made to raise awareness on HBV (Ali, 2001; Terman, 2010). In January 2017, Conservative MP Nusrat Ghani called for a ban on the term 'honour' killing in the House of Commons within a new Bill (The Crime and Aggravated Murder of and Violence Against Women Bill) because 'language matters' and because the term is a means of 'self-justification for the perpetrator' (BBC News, 2017). However, there was strong criticism levelled at Ghani by organisations such as IKWRO and Karma Nirvana, who argued that removing the label would invalidate the suffering women have endured in the name of protecting their families' 'honour', it disempowers both victims and survivors and ignores recognition that the term is rooted in terms of 'shame' and 'dishonour'. These organisations argued that survivors endorse and own the term 'honour' because it helps others to understand their experiences and the risks that they have (and continue) to face (IKWRO, 2017). Nusrat Ghani MP later withdrew her proposal to ban the term in view of these criticisms.

Data on HBV and Honour Killings: Issues of Measurement

There is no separate criminal offence of HBV in England and Wales and a range of legislation or common law offences (including assault, GBH or harassment) may be used to prosecute perpetrators. This adds to the difficulty of understanding the picture on the prevalence of HBV in England and Wales. HBV (and domestic abuse generally) remains largely under-reported and underestimated (Women's Aid, 2016; Myhill, 2017) – it is only partially

understood and therefore liable to prejudicial cultural stereotypes and media sensationalism (Hall, 2014). In relation to statistical data concerning the prevalence of HBV and so-called 'honour' killings, there is a lack of data of any value to give an exact measurement (Hall, 2014; Julios, 2015). Neither official Home Office reports nor the Crime Survey for England and Wales contains data on the extent to which such acts are committed. There are no reliable statistics available on the exact prevalence of domestic violence and VAWG, and this too is the same for HBV and so-called 'honour' killings. This was also confirmed by the HCHAC in 2008. Specifically in relation to so-called 'honour' killings, Amnesty International estimate that approximately 5,000 cases of so-called 'honour' killings occur worldwide each year (Amnesty International, 1999; United Nations Population Fund, 2008). However, this is considered an underestimate as it fails to take into account cases not reported as well as those women taken 'back home' to their ancestral country and who have then 'disappeared' (Hall, 2014). Estimates are also difficult because so-called 'honour' killings are rarely reported to the police and families often cover their crimes by disguising deaths as 'accidents' or 'suicides' (Warrick, 2009). Furthermore, Amnesty International has not explained how they have methodologically reached their estimation, casting further doubt on the reliability of their statistics. While the London Metropolitan Police Service estimated in 2004 that there are approximately twelve-fifteen so-called 'honour' killings in the UK per annum, this is by no means certain (MPS, 2007; Brandon and Hafez, 2008; Gill, 2009; Gill, 2010). These estimated statistics must also be placed into context – the website *Counting Dead Women* has consistently recorded approximately 140 women killed by men each year in a various circumstances of abuse and coercive control (www.kareningalasmith.com/counting-dead-women/). Male VAWG is a worldwide issue and not limited to crimes of 'honour'.

In relation to HBV and non-fatal offences, again there is not enough data in the literature, though there have been unofficial attempts to quantify it. Those statistics are however, at best, speculative. It is possible thousands of incidents of HBV go unreported with some unofficially estimating that 17,000 women are victims of HBV in the UK each year alone (Brady, 2008). Despite these estimates, there is no certainty how many cases of HBV there are because it is a 'hidden crime' and perpetrators attempt to conceal their crimes (Begikhani and Hague, 2013; Hall, 2014). Furthermore, when dealing with statistics, there is a general risk of double counting because cases are passed between various state agencies (HCHAC, 2008; Khanum, 2008, 2009; Aujla and Gill, 2014). The inconsistent way in which statistical data is collected and interpreted may also be one of the main reasons why it is difficult to determine statistics with any accuracy.

It has been suggested that HBV is on the increase because the number of victims coming forward has more than doubled in the three years to 2011 (Bingham, 2011). Calls to HBV support organisations like Karma Nirvana's Honour Network have also doubled in the four years since the helpline was set up; they receive over five hundred calls a month which is considered only 'a drop in the ocean' (BBC Panorama, 2012). However, if the prevalence of HBV cannot be determined in the first place, can one really claim it is on the increase? An increase in calls may not be indicative of more crimes being *committed* – it may indicate that more people are reporting HBV because of an improved *awareness*; or women recognising that what is happening to them is not acceptable. According to one unofficial compilation of statistics, the number of women experiencing such violence is rising rapidly with 2,823 incidents reported to the police in 2010 (Williams, 2011). Those estimates indicate HBV incidents went up by 47% in just a year, although a small number of police

forces are still not collecting data (Williams, 2011; Hall, 2014). Thirteen out of the fifty-two police forces did not respond to a request to release such information (BBC Panorama, 2012). This still appears to be a trend and in 2015, HMIC reported that a number of police forces had 'self-assessed' themselves as 'not yet fully prepared' in terms of leadership, enforcement and protecting victims from HBV (HMIC, 2015: 54). It is not clear why certain police forces are not properly reporting on HBV, but one explanation could be the way in which police officers on the frontline record crimes – police forces have been criticised for recording all domestic violence cases inconsistently and erratically (Caught Red Handed, 2014). Lack of awareness and training can result in officers inadvertently overlooking the possibility that certain crimes are HBV, which can itself lead to inconsistent recording of crimes (Bingham, 2011; Imkaan, 2011; Julios, 2015). There have also been suggestions that the integrity of current crime data is questionable because police forces incorrectly record crime statistics as a direct result of 'performance' pressures and a need to show that crime is going down (Caught Red Handed, 2014).

There are also reports following a Freedom of Information request by the Huffington Post that in some areas just 3% of reported incidents of HBV to the police result in charges, despite the variety of offences that may be committed, suggesting that the police and CPS are poorly equipped to deal and respond to HBV (Snowden, 2016). The CPS has, during the last five years, attempted to formally register the number of prosecutions concerning HBV as part of their strategy to highlight VAWG and to improve prosecution success rates (see CPS, 2012; 2013; 2014; 2015; 2016). In their latest report (CPS, 2017: 12-13), the CPS explains that between 2016-2017 there were 44 prosecutions for forced marriage cases (a fall from 53 from the previous year), of which 72.7% were successful (a rise from 60.4% in

the previous year). In relation to HBV cases, 171 cases were prosecuted (a fall from 182 on the previous year), of which 52.6% were successful (a rise from 50% from the previous year). Because of the small number of cases involved, the CPS are at pains to point out their statistics should be approached with caution and is not intended to reflect the real extent of the problem. These statistics, however, demonstrate that prosecuting authorities are treating HBV seriously, which justifies the recording of separate data and the training of specialist prosecutors to bring perpetrators to justice.

A Human Rights-Based Approach to Address HBV

Gill (2009; 2010; 2013), Meeto and Mirza (2010), Reddy (2008) and Keyhani (2013) are commentators who call for the adoption of a human rights-based approach to address HBV, which incorporate important declaratory messages through a broader legal framework that recognises HBV as human rights violations affecting *all* women across the world (Merry, 2006; Hall, 2014). Promotion of human rights is a widely accepted goal and provides a useful framework for seeking redress of gender abuse because 'human rights' strikes deep chords for many to promote women's equality and to assist in breaking down patriarchal norms (Bunch, 1990; Miller, 2004). A human rights framework universally advocates for women under the rationale that regardless of culture, gender or religion, women are entitled to certain basic rights, such as freedom from violence and political economic and social freedoms (Reddy, 2008; Critelli 2010; Keyhani, 2013; UN Human Rights, 2014). It asserts that VAWG is a form and a manifestation of discrimination against women, which impairs or nullifies their enjoyment of human rights and fundamental freedoms (UN Women, 2015). Human rights activists therefore aim to enforce states' obligations by denouncing violations of their duties under international law (Thomas and Beasley, 1995). There are a large

number of international treaties and national laws that prohibit gender-based discrimination and VAWG – a direct result of the persistent lobbying by women’s and human rights groups. International norms of non-discrimination on the basis of gender have been created through international human rights instruments such as the Convention on the Elimination of Discrimination Against Women 1979 (CEDAW), which prohibits practices that perpetuate and promote women’s inequality and offers the basis for equality and social justice in accordance with an internationally accepted set of standards (UN Human Rights, 2014). A human rights-based approach aims to protect women from HBV, forced marriage and FGM because they are all serious public issues affecting women – they deny women basic rights, such as the right to bodily integrity and rights over their own bodies; freedom of thought, conscience, and autonomy; the right to (freely) choose who to marry; rights relating their own personal and private life; and the fundamental point that living a life free from violence should be a basic human right. It also places women’s human rights at the centre of prevention efforts (UN Women, 2015). Gender-based violence is clearly a human rights issue that demands for vigorous and multifaceted preventive and remedial action by the state (Copelon, 2003). Creating new legal mechanisms to counter sex discrimination, gender-based violence and VAWG seeks to characterise women’s rights as important human rights (Bunch, 1990). CEDAW clearly illustrates this (ratified by the UK in 1986), where existing legal and political institutions work for women and to widen the scope of the state’s responsibility for the violation of women’s rights (Merry, 2003; UN Human Rights, 2014). This includes the creation of laws to address sex discrimination; the criminalisation of forced marriages in 2014; and the process of ratifying the Convention on Preventing and Combating Violence Against Women and Domestic Violence (‘the Istanbul Convention’) early in 2017. The process for ratification of the Istanbul Convention culminated in the

Preventing and Combating Violence Against Women and Domestic Violence (Ratification of Convention) Act 2017, which received Royal Assent on 27 April 2017. The aim of the Act is to introduce new measures to protect women from crimes committed overseas as part of a new Domestic Abuse Bill (yet to be drafted).

Although the UK already complies with most aspects of the Istanbul Convention (e.g. the criminalisation of forced marriage; the roll-out of Domestic Violence Protection Orders; the Domestic Violence Disclosure Scheme; and the new criminal offence of controlling and coercive behaviour, etc.), a new Domestic Abuse Bill would be the final step to enable ratification and extend 'extra-territorial jurisdiction' under Article 44 of the Convention so that certain offences committed by British citizens can be prosecuted in UK courts regardless of the country where they have been committed. Currently, this does not apply to all criminal offences. In this respect, the 2017 Act is welcomed and is an additional tool to address VAWG as human rights abuses, given the international dimension of HBV and crimes related to 'honour'. While one of the limitations of a human rights framework is that the implementation of human rights ultimately depends on the will of the State, the UK government takes human rights and VAWG very seriously. The latest 2017 Act is testimony of this. Recent policy developments in the UK have significantly improved the framework within which human rights and VAWG is addressed (Rights of Women, 2010).

A human rights-based approach to HBV, which transcends the cultural context, is also the way forward because 'it highlights patterns of domestic violence across all cultures, and gives gendered violence the status of a global risk though creating a collective awareness of the issues' (Meeto and Mirza, 2010: 43-44). It bridges the 'space between race and gender,

without trampling on the rights of black and minority communities' (Siddiqui, 2005: 279; Bunch, 1990: 487), breaks down culturally-relativist arguments and foregrounds justice and equality for all, irrespective of class, race and gender (Thapar-Björkert, 2010: 194). When considering the practice of HBV, a human rights-based approach helps to alter women's experiences as well as society's view of her. Instead of women being presented as voiceless, racially stereotyped victims, they are seen as active agents working to strengthen their capacities to determine their claims for rights as empowered individuals (Meeto and Mirza, 2010). A human rights-based approach can help to 'develop a more equitable and culturally neutral perspective, where women's rights are ensured and privileged over patriarchal cultural practices' (Meeto and Mirza, 2010: 60). Our responses to such women are altered – HBV, forced marriages and FGM are viewed as human rights abuses, which encourages state institutions, communities and members of the public to *view* such acts as *human rights violations*. This can encourage and empower all abused women to access their rights.

However, there are some difficulties with upholding a human rights-based approach. First, international laws and treaties (including CEDAW) which have been signed and ratified by the UK government have been criticised for failing to directly address the question of VAWG from women's perspectives, as the language adopted by CEDAW is largely male-centred (Bunch, 1990; Charlesworth, 1994). It was not until General Recommendation 19 when CEDAW began to underline the significance of the private sphere as a site for the oppression of women, having initially focused on equality in public life, the economy, law and education (Charlesworth, 1994). Furthermore, although it obliges the UK government to address VAWG through laws and policies, VAWG still remains an endemic problem in the UK and elsewhere in the world despite the enactment of laws. One of the limitations to human

rights-based approaches like CEDAW include the little power or ‘teeth’ to demand its implementation into the national framework – apart from preparing, presenting and discussing periodic reports on the implementation of laws and policies under CEDAW, any failure at implementation results only in exposure, international condemnation and other ‘shaming’ techniques – ‘CEDAW is law without sanctions’ (Bunch, 1990; Copelon, 2003; Merry, 2003; Kelly, 2005). Another argument relates to the narrow definition of ‘human rights’ as ‘a matter of *state violation* of civil and political rights (Bunch, 1990). While a human rights-based approach involves a broad range of rights and legislation, it is often difficult to decipher human rights violations committed by state actors and those that are committed by non-state actors. For example, the Human Rights Act 1998 provides state obligations to respect the human rights of citizens, but not between private citizens themselves (c.f. Foster, 2011; Buxton, 2000; Hunt, 1998; Wade, 2000; Phillipson, 1999 who recognise the ‘horizontal’ effect of the Human Rights Act 1998 and how it can be used in both public and private proceedings). By virtue of Section 6 of the 1998 Act, the courts as a ‘public body’ have a duty to apply the ECHR regardless of whether the proceedings are public or private, meaning that the issue of ‘human rights’ has an impact on both public and private proceedings. However, international human rights law has been traditionally concerned with violations perpetrated or directly condoned by the state. Yet there have been developments towards including serious acts by private individuals within the concept of torture, with some authors arguing that the state has a ‘positive obligation’ under international human rights law to act ‘diligently’ and to prevent private acts of HBV committed by private individuals, since this can help women’s empowerment and disempower patriarchy (Eturk, 2009; Grans, 2015; 2016). An-Na’im (2005) explains that ‘human rights are by definition intended to protect people against excess or abuse of the

powers of the state...crimes like homicide are not human rights violations unless committed by agents of the state'. This has not prevented human rights activists such as Grans challenging the public/private distinction and that basic human rights principles include certain positive state obligations and responsibilities that apply to private gender violence (Copelon, 2003; Grans, 2016). Grans states that although it is not up to the state to regulate human relationships and that family affairs should remain out of reach of the state, exceptions do apply and HBV should require state intervention when the authorities are aware of violence or a risk of violence within the home, which is severe enough to violate the ECHR. This can include Article 3 and the prohibition of torture and Article 8 and the right to private life, marriage, etc (Grans, 2016). Grans argues that the state is not responsible for the private acts of violence, but the way it *deals* with them (Grans, 2016). She argues that, in certain circumstances, the state has a 'positive obligation' to interfere in families to remove 'external obstacles', by which she means intrusions into physical or psychological integrity by other family members (Grans, 2016: 198). If this is correct, we could see some important intervention and prevention work in the field of HBV through a human rights discourse that might previously have been unimagined, further highlighting the positive aspects of using a human rights framework. Recognition by the international human rights system is an important step in transforming private gender violence from a personal to a political issue (Copelon, 2003). A human rights framework helps to recognise the experiences of women by transforming it from an 'isolated' or 'individual' problem, to a human rights violation that governments must respond to (Edwards, 2011). By classifying violence by private individuals as human rights violations according to human rights law, this could lead HBV to receive more legal and political attention and thus better resources for its prevention (Grans, 2015).

Some might argue that shifts to human rights-based approaches will not materialise without improving widespread interest in and understanding of human rights amongst domestic violence advocates and by society in general, especially if the public only understands ‘human rights’ as civil and political rights in the context of war crimes and abuses by state actors or the government (Libal and Parekh, 2009). An-Na’im argues that ‘the human rights approach should be seen as only one option among others’ (An-Na’im, 2005: 71), supplementing, not undermining, alternative (legal) approaches, including stimulating ‘community discourse’ approaches to education and awareness, which aim to transform family and community attitudes about these crimes, as well prompting and supporting state officials and institutions to combat them more effectively (An-Na’im, 2005; Critelli, 2010). Challenging deeply entrenched community norms that accept VAWG should be pursued as part of multiple strategies to improve the legal status of women and their rights to be free from violence (Critelli, 2010). The human rights discourse must form part of the very culture and traditions of that society, and campaigns to place pressure on governments to formulate policies on gender equality are crucial to this process (Critelli, 2010).

The responsibility of always being judged by their families and the community, for being criticised and commodified, for daring to be free, is disrespectful to women (Dias and Proudman, 2014). The incentive for women to abide by ‘honour’ rationales relates to the need to avoid ‘punishment’. Kandiyoti (1988) explains that through the process of ‘patriarchal bargaining’, women obey men through fear and the need for survival – these are all incentives to ensure that women remain alive. Women affected by HBV cannot freely express themselves, nor are they able to make free choices (Reddy, 2008, 2014). In an effort to encourage equality, equal standing and human rights, women should be accorded the

freedom to explore and to make choices (as well as to make mistakes). It is important to examine not only how HBV affects women, but also to examine the entire structure in which women occupy a 'lesser' position and an impossible set of expectations. Research studies have shown that victims of coercive control in general (including South Asian women affected by violence and 'honour' rationales) suffer confusion and anxiety, have no voice, develop feelings of misery, shame, self-blame, and guilt, all of which affect their self-confidence and self-esteem (Izzidien, 2008). They can also suffer depressive illnesses and may self-harm and attempt suicide (Southall Black Sisters, 1994; Gill, 2004; Sooch et al, 2006; Hurwitz et al, 2006; Izzidien, 2008; Imkaan, 2011). The incentive for women to abide by 'honour' codes is survival, yet they become trapped within the patriarchal system. If they show resistance, they are challenged, harmed or threatened with death. In the sample of South Asian survivors who took part in this study, none of the women who showed resistance did so without penalty – at some point, the women in this study faced verbal or physical violence, were ostracised, threatened with death or had actual attempts made on their life for daring to be free. While women are idealised (e.g. mothers) and are promoted as being beautiful and pure (e.g. the virgin daughter), women simultaneously experience misogyny and are dehumanised if they go beyond the codes expected of them (Reddy, 2008). Bowing down to patriarchal rules does not guarantee happiness for women either – for some, it may actually lead to their further domination, control and victimisation. There is clearly a need to explore methods of how women can obtain support away from the control and domination of men and to become empowered, heard and respected. There is also a need to explore how we can challenge misogynistic beliefs in the community. In line with An-Na'im's arguments, what is needed is a triangulated approach to tackle HBV and to challenge the underlying causes of it, which includes provision, protection and prevention

(Siddiqui, 2016). Prevention in particular requires the state *and* the community to take responsibility to tackle HBV by challenging the attitudes of men and women who support ‘honour’ codes and HBV. Prevention and challenging cultural attitudes is a priority for the government in their latest *Ending Violence Against Women and Girls Strategy 2016-2020* (Her Majesty’s Government, 2016). However, the government appears to have done little to focus on any national campaigns on challenging and shifting cultural attitudes that exist within all communities in collaboration with specialist support organisations about HBV, forced marriage and VAWG (Hall, 2014). Nation-wide human rights education in schools, colleges and universities about HBV and forced marriages appear to be lacking.

Conclusion

This chapter has examined a series of debates about definitions and the measurement of HBV. It is because of the incomplete statistical picture that makes empirical research on HBV that much more necessary. This PhD aims to provide an insight into the nature of HBV through the lens of key agents and survivors. Definitions of HBV are too often through the lens of male perpetrators – this PhD intends to unveil how the *survivors* themselves were oppressed by patriarchal systems and to provide them with the opportunity to explain, in their own words, what they really think about so-called HBV. It is clear from the feminist literature that ‘honour’ embodies the ‘honour’ of men, to the very detriment of women. Women are objectified and considered inconvenient obstacles that threaten male pride and ego. There is an urgent need to address HBV and to support women to escape such abuse. Research in this area is necessary because cultural and ‘honour’ codes constitute barriers towards conducting social-scientific research in HBV (Hall, 2014). The agenda emerging out of the review within this chapter (and why it purports to be a contribution to knowledge) is

that this PhD intends to examine methods on how we can challenge male attitudes that condone VAWG and to end the practice of HBV. The next chapter examines the literature review in more detail by exploring the specific debates emerging from the literature and the research questions that are posed, but which remain unanswered.

2. THE DIFFERENT PERSPECTIVES ON HONOUR-BASED VIOLENCE

This chapter provides a review of the literature examining the nature and causes of HBV. The first issue relates to HBV and how it fits within the broader framework of domestic/IPV. The 2013 cross-governmental definition of domestic/IPV states that such abuse includes: 'Any incident of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological; physical; sexual; financial; emotional' (www.gov.uk). Domestic/IPV is multifaceted and can involve coercive and controlling behaviour, defined as: '...a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploring their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour' (www.gov.uk). The United Nations also defines VAWG as: 'any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life' (Article 1, General Assembly Resolution 48/104, Declaration on the Elimination of Violence Against Women, 20 December 1993). One unresolved tension is whether HBV falls under the paradigm of domestic/IPV or whether it reflects something else distinct (Keeping, 2012; Xavier et al, 2017). This distinction matters because there is evidence that HBV does not neatly fall within the rubric of domestic/IPV. It is important not to simply subsume HBV into domestic/IPV – though the definition explicitly includes acts by intimate partners or family members, the Banaz case demonstrates the involvement of 'community members' who

were involved in her murder (*Banaz: A Love Story*, 2012). The domestic violence framework may therefore be unsuitable in those HBV cases where women face threats of violence from ‘unknown sources’ such as community members who know the victim, but who the victim does not necessarily know (Eshareturi et al, 2014). Arguably, wider community networks can mean HBV falls out of the definition of domestic/IPV.

A second issue relates to an unresolved tension involving the participation of women in HBV. HBV is described as gender-based violence – it is predominantly committed by men and disproportionately targets women (Reddy, 2008). However, if one examines the Rukhsana Naz, Banaz Mahmood and Shafiea Ahmed cases, women (admittedly, in varying degrees) were involved in the perpetration of violence against female victims. The existing literature already acknowledges that women can be perpetrators in HBV cases and that this is not necessarily a new issue (Akinpar, 2003; Pope, 2004, 2012; Sen, 2005; Wilson, 2006; Elden, 2010; Hussein, 2010; Pervizat, 2010; Kulczycki and Windle, 2011; Eisner and Ghuneim, 2013; Elakkray et al, 2014). What are the reasons for women’s involvement and why is it worth investigating? It is the wider gendered analysis of HBV that keeps it distinguished as a form of gender-based violence. Similar to debates that have been argued in other gendered crimes such as modern slavery, trafficking and gang-related/drug crimes (Iacono, 2014; Villacampa and Torres, 2015), commentators argue that when examining the role of women in HBV, women are co-opted by patriarchal forces in a kind of ‘kill or be killed’ mentality or through internalised misogyny (Balzani, 2010; Hall, 2014). It would be simplistic to assume that HBV is no longer an issue of gender-based violence just because women are involved in HBV – women’s involvement nevertheless helps to reinforce gender inequality. However, as women are involved in the infliction of HBV, their crimes need to be

exposed and some women need to be held accountable (Hall, 2014). Aplin (2017) argues that mothers are unable to safeguard their children who are victims of HBV and that police recordings of female perpetration is lacking. She argues that victim loyalty and reluctance to prosecute mothers can contribute to the blurred boundary between those mothers who are 'secondary victims' acting under coercion and those mothers who are direct 'perpetrators'. This chapter intends to contribute to existing knowledge by illuminating the role played by women that is both masked and empirically under-researched. The debates in this chapter also have implications for policy and will involve an examination of current interventions and experiences of South Asian women. This chapter also examines the challenges for analysis, which will involve a consideration of debates about whether HBV is culturally specific to South Asians and Muslims.

Is HBV a Form of Domestic/Intimate Partner Violence?

There is currently discussion about HBV and its relationship to other forms of violence including whether it should fall part of the paradigm of domestic/IPV. This raises an important conceptual question: can HBV simultaneously be related to domestic/IPV, but not necessarily viewed as the same? Reddy, Aujla and Gill argue that HBV should be approached primarily as a subspecies of domestic violence because of the need to avoid the 'inappropriate focus on the alleged cultural aspects of such violence, which treats the phenomenon as a species separate from wider domestic violence' (Reddy, 2014: 28 and 40-41; Aujla and Gill, 2014; Hayes et al, 2017). By singling out HBV, it draws attention to race and culture, putting the 'political spotlight' on the immigrant population (Eshareturi et al, 2014). If we view HBV as a subspecies of domestic/IPV, we avoid stereotyping HBV and amalgamate it within the wider experiences of VAWG (Aujla and Gill, 2014).

Domestic violence is traditionally understood as violence between two individuals within an opposite-sex relationship. Typically, the abuser is the husband, while the wife is the victim. This is where the term 'domestic violence' originates, where abusive behaviour was viewed as a form of violence within a domestic relationship. However, the term IPV has moved away from the traditional view that abuse occurs only within a marital relationship between husband and wife. IPV recognises that abuse can exist within any type of personal intimate relationship, regardless of gender, marital status or sexual orientation. Like domestic violence, IPV does not assign a particular gender to the role of the abuser or victim (WHO, 2012). In this way, HBV shares similarities with domestic/IPV – HBV exists within any type of intimate relationship, regardless of sexual orientation, marital status or gender of the perpetrator or victim.

Acts of HBV share similar features with other forms of VAWG. HBV is considered to be a patriarchal form of violence and relates to male domination and control over women (Sen, 2005; Reddy, 2014). It acts as a method to police the behaviour of women and their sexual autonomy, thereby allowing men to exercise control (Ortner, 1978). Both HBV and domestic violence maintain male dominance and punish women for behaviours that are perceived to shame men (Hayes, 2017). A central component is the ability to protect male 'honour' by forcing women to comply with social norms of behaviour set and controlled by men (Sen, 2005). HBV also disproportionately targets women more so than men and so should be subsumed under domestic violence (Reddy, 2014; Aujla and Gill, 2014; Xavier et al, 2017). If men are targeted, it is usually because they are seen to have 'dishonoured' a female. In the so-called 'honour' killing cases of *R v Chomir Ali* [2011] EWCA Crim 1011 and *R v Ibrahim and Iqbal* [2011] EWCA Crim 3244, both cases involved male victims, although the latter was a

case of mistaken identity. There appears to be a growing acceptance that men are potentially the targets of HBV – Dyer cites 22 women and 7 men who were victims of attempted/so-called ‘honour’ killings in the UK in the last 5 years (Dyer, 2015). Whoever HBV is committed against, at the centre is male domination and control, bearing some similarity to domestic/IPV (Rexvid and Schlytter, 2012; Reddy, 2014).

Both HBV and domestic/IPV involve physical and non-physical abuse of victims however one wishes to explain it – abuse is abuse and both involve physical, emotional and psychological violence perpetrated against victims that, in extreme cases, can lead to death. Another similarity between the two is that there is currently no single offence of HBV or domestic/IPV in English criminal law, with the criminal justice system instead pursuing a range of criminal offences to convict offenders. This includes murder, ABH, GBH, false imprisonment and coercive control (Myhill, 2015), all of which are deemed appropriate and sufficient to tackle both forms of violence, although forced marriage was recently criminalised separately in June 2014 (Idriss, 2015a, 2015b). While Xavier et al (2017) claim that domestic/IPV is less violent or severe than HBV, this is contentious – both can involve extreme forms of violence that result in the death of a woman, representing the extreme end of a continuum of VAWG: see e.g. *R v Su Hua Liu* [2007] 2 Cr App R (S) 12; *R v Bevan* [2010] EWCA Crim 255; and *R v Zelder* [2009] EWCA Crim 2958 for illustrations). In their quantitative study of sixteen so-called ‘honour’ killing cases in the USA between 1990 and 2016, Hayes et al (2017: 17) found that HBV involved a familial victim–offender relationship. HBV thus falls under the umbrella of domestic/IPV because victims and offenders are family members (immediate and extended), or current/former intimate partners. They found that more than half of the so-called ‘honour’ killings had a documented history of domestic/IPV

(at 57.89%) and that ‘honor killings are intriguingly a strain of domestic violence homicides’ because there were not significant differences between the two groups (e.g. separation was a motivating factor for six of the sixteen so-called ‘honour’ killings, and six of the sixteen domestic violence homicides forming part of their sample).

Allowing HBV to be subsumed under the domestic/IPV framework also ensures victims can still receive appropriate support from domestic violence agencies – it allows existing resources to be pooled and integrated; avoids the duplication of work; avoids diverting staff unnecessarily; aids in signposting to other specialist service providers; and minimises the cost on the criminal justice system as the domestic violence framework is already established and in operation (Aujla and Gill, 2014; Eshareturi et al, 2014). A discussion of HBV within the domestic/IPV framework also allows both to be promoted as human rights violations and encourages intervention from the state (as discussed in Chapter 1).

While the above arguments recognise the similarities between HBV and domestic/IPV, the distinction between the two can sometimes be blurred (Siddiqui, 2005; Thapar-Björkert, 2007). Siddiqui recognises the possibility that cases that ostensibly appear to be HBV may simultaneously have elements concerning forced marriage; honour killings; domestic/IPV; and the patriarchal (coercive) control over women (Siddiqui, 2005). This assessment reveals the ‘complex’, ‘multi-faceted’ and multi-dimensional features cases present, which largely depend on the facts of the case (Gill, 2010; Reddy, 2014). It is perfectly possible for a case of domestic/IPV to transform into a HBV issue (and vice versa), thereby blurring the distinction between the two. A very good illustration of this is the case of Sabia Rani, a young Pakistani woman who was murdered by her husband in the family home (*R v Khan* [2009] 1 Cr App R

28). She had been in the UK for only five months. Rani had been subjected to extreme violence three weeks leading up to her death, including suffering ninety percent bruising to her body and fifteen broken ribs (equivalent to being hit by a car or train) on the night she died. The pathologist report indicated she had suffered injuries in the weeks leading up to her death and had sustained further bruising upon her original bruising from previous beatings (Herbert, 2007). This would have caused Rani extreme pain and should have been noticeable to other members of the household. On the evening in question, her husband had bludgeoned her to death in the garage, carried her through the house, up the stairs and placed her body in the communal bathtub full of cold water. He was eventually convicted of her murder and sentenced to life imprisonment. Her husband confessed he had been angered by her failure to grasp English and by her failure to place fresh sandwiches in his lunchbox ready for work (Herbert, 2007). When she did place food in his lunchbox, he was furious that she did not establish he was actually off work the next day (Herbert, 2007). However, could this case be considered HBV too? Three members of the same household (the mother-in-law and two sister-in-laws) were prosecuted under Section 5 of the Domestic Violence, Crime and Victims Act 2004 for causing the death of a vulnerable adult and were duly sentenced to 2 years imprisonment for failing to take steps to report the violence sustained by Rani. This was not only a case of domestic/IPV but also HBV. As likely witnesses of abuse, if they had reported and contributed to the prosecution of their son/brother, they too themselves would have been the cause of 'dishonour' to the family. Was this a reason why they remained silent? Perhaps. As other family members were aware of the abuse experienced by Rani, one could also argue that family 'honour' was important to them and that they took part in a 'hush culture'. Some might speculate that to let others in the community know that domestic/IPV occurred in their home was too shameful and so they

remained silent – their own perceptions of ‘honour’ that personally affected them might have been far more important than the abuse experienced by Rani. Alternatively, what steps could they have taken in an environment where a psychotic man was terrorising his wife? Might they have been terrorised too? Or fearful of the ‘dishonour’ that might result if they had reported his behaviour? Whatever their reasons, the discussion demonstrates how domestic/IPV cases can transform into HBV. This has also led some to coin the term ‘Honour-Based Domestic Violence’ (Centre for Social Cohesion, 2010: 27), recognising the links between the two.

Gill has also stated that HBV is an example of a wider species of VAWG and so should not be considered distinct from other forms of gender-based violence (Gill, 2010). She argues HBV should be viewed as a form of VAWG because it is only *cosmetically dissimilar* to domestic violence and other forms of VAWG (Gill, 2009: 484; Gill, 2010: 227). This raises an important question: is HBV really *cosmetically dissimilar* to domestic/IPV? Or, once we begin to look deeper at the differences and scratch at the surface, are the actual differences between the two more pronounced? Gill further argues that ‘responses to HBV that focus on culture exoticise the act instead of enabling the issue to be viewed as part of the larger struggle against VAW’ (Gill, 2014: 10). The issue that some commentators have is that considering HBV to be different racialises HBV as a practice that is undertaken by certain communities. Payton similarly warns against the creation of a distinct category as it ‘risks increasing racial tension’ and risks creating divisions (Payton, 2010: 76). There are thus advantages in understanding HBV within an overall framework of VAWG because it eliminates an over-emphasis on particular communities perceived to practice HBV (Thapar-Björkert, 2007). It will not differentiate between BME and white women – it is a form of VAWG experienced by

all women (Baker et al, 1999; Thapar-Björkert, 2010). If HBV is considered separately, the danger is that it could create a dangerous backlash that could also heighten racism and xenophobia (Meeto and Mirza, 2010; Hellgren and Hobson, 2008; Strange, 2014). Distinguishing HBV could lead to marginalising communities and contribute to problems relating to cultural-essentialism. Gill's insistence that HBV should be seen as but one manifestation of the wider VAWG problem recognises the possible racialisation of HBV – by integrating it within the VAWG framework, it can then be tackled without a racist backlash that has been witnessed in the discussion on forced marriages across Europe (Siddiqui, 2005; Gill and Anitha, 2011).

While one can understand the need to avoid supporting any cultural stereotypes about HBV, Keeping (2012) and Xavier et al (2017) argue that HBV should be considered distinct from domestic violence. There is certainly a need to avoid stereotypes that single out HBV as a 'cultural tradition'; HBV does disproportionately target women more so than men; and there are similarities between HBV and domestic/IPV that allow such acts to fall 'absolutely within a broader continuum of forms of violence against women' (Sen, 2005: 43). However, Keeping and Xavier et al argue that there are several elements that make HBV distinct from domestic/IPV. The first relates to motivation and that the infliction of HBV is motivated by a perceived need to restore 'honour'. Three primary rationales/motivations for domestic/IPV are identified as sexual jealousy; victims failing to meet the expectations of perpetrators; and an expression of will and power by perpetrators (Baker et al 1999; Xavier et al, 2017). While these motivations apply to HBV, as the definition states HBV is motivated by a desire to restore familial 'honour' as perpetrators subjectively justify it (Keeping, 2012: 11). Thus, the ambit of domestic/IPV cases is broader than HBV as they do not require specific criteria

regarding the motivation of 'honour' (Hayes et al, 2017). Perpetrators view familial 'honour' as paramount – it centres upon a patriarchal right to protect family 'honour'; domestic/IPV on the other hand centres upon the internal personality and psychological characteristics of the perpetrator who uses violence as a means to exert control (Xavier et al, 2017: 374-375). This provides a difference between the two – HBV is based on the restoration of 'honour' entrenched in collective social practices and beliefs of the cultural context in which it occurs, while in domestic/IPV the motivation is internally driven by a need to control coupled with personality and/or other mental health disorders (Xavier et al, 2017). Xavier et al continue that in HBV physical harm is inflicted upon women because it represents 'just deserts' and an oath to restore 'honour' through exacting punishment – perpetrators who commit HBV are thought to have no remorse because they consider themselves to be the 'victims' (Reddy, 2008). In contrast, perpetrators in domestic/IPV cases are thought to demonstrate guilt for their acts of violence because of its unplanned and spontaneous nature (by Xavier et al, 2017: 375-376).

A second element that differentiates HBV and domestic/IPV is that HBV appears to be sanctioned by others from the same community (Keeping, 2012: 11). Keeping argues that people from the same sub-culture or community approve of HBV and consider it a justified use of violence. Keeping states that '...we are not dealing with an isolated individual's viciousness, or lack of self-control, but instead with a culturally-sanctioned phenomenon' (Keeping, 2012: 11). HBV occurs within a collective family, community and societal structure, while acts of domestic/IPV are generally detested amongst society and occur within a nuclear family network (Xavier et al, 2017: 374-375). Generally, domestic/IPV victims are able to access support and advocacy from members of the community, yet this

appears to differ in HBV cases. Community members may support and may even be involved in the metering out of 'punishment' against a woman who is deemed to have digressed from expected norms (Xavier et al, 2017: 375). This was vividly depicted in Dua Khalil Aswad's murder in Bashiqa, Iraqi Kurdistan for supposedly eloping with a man of a different religion (CNN, 2007; Alinia, 2013). Her public stoning to death took place in front of an audience of hundreds of men and boys cheering her killers – she received a public and violent retribution – 'violence as theatre' – whereas in cases of domestic/IPV, they tend to remain more discreet in direct proportion to public knowledge of the crime (Payton, 2010). Domestic violence is also generally viewed as a criminal act – many countries have passed laws to support victims and punish perpetrators. Perpetrators are increasingly viewed as serious criminals who face the full force of the criminal law (Xavier et al, 2017: 376). This can be contrasted with HBV as discussed in the previous Chapter – in some legal systems (e.g. Egypt, India, Jordan, Lebanon, Morocco, Pakistan, Syria, Turkey and Yemen), crimes committed in the name of 'honour' are often considered to be a social, legal and religious right for perpetrators and their families (Abu-Odeh, 1996, 2010; Ruggi, 1998; Arnold, 2001; Awwad, 2001; Faqir, 2001; Hadidi et al, 2001; Hussein, 2002; Douki et al, 2003; Nesheiwat, 2004; Warrick, 2005, 2009; Kulczycki and Windle, 2011). In these legal systems, perpetrators can receive lenient sentences, clemency and protection from prosecution; in some cases they are even praised for their actions (Xavier et al, 2017: 376). Victims of HBV are rarely accorded the same rights or support as domestic violence victims, since the cultural context of HBV means that the need to publicly restore 'honour' supersedes any rights of the victim (Xavier et al, 2017: 375).

A third element that differentiates HBV and domestic/IPV is that HBV tends to be premeditated and committed by multiple perpetrators because 'honour' must be restored from 'inside' the family (Aujla and Gill, 2014; Reddy, 2014; Julios, 2015; Xavier et al, 2017). Keeping argues that law enforcement agencies in the western world are beginning to see HBV for its peculiarity and distinctiveness and in response have started to apply methods usually developed to tackle organised crime, including police protection of key witnesses (Keeping, 2012). Xavier et al agree that HBV involves carefully planned premeditated acts aimed at restoring 'honour' and 'shaming' the victim, while acts of domestic/IPV often occur spontaneously and without planning and are not considered culturally normative (Xavier et al, 2017). One feature peculiar to HBV is that family members may often meet in advance to decide which steps to take and who will ultimately inflict HBV. These 'family council' meetings are far from 'crimes of passion' (i.e. crimes committed in the heat of the moment). Though it is not 'new' to suggest criteria of premeditation in 'fit of fury' cases, in terms of commonalities with other jurisdictions, an English translation of Article 98 of the Jordanian Penal Code states that 'He who commits a crime in a fit of fury caused by an unrightful and dangerous act on the part of the victim benefits from a reduction of penalty' (Abu Odeh, 1997: 304). A perpetrator who commits a crime in a 'fit of fury' is regarded as having lost control over his reason and in this sense is said to have 'flipped' when he commits the killing of another (Abu Odeh, 1997: 293). This is very relevant in those situations where a perpetrator is confronted with an act that he perceives to be sexual betrayal. 'Fit of fury' is also relevant in the case of so-called 'honour' killings (i.e. a 'dishonoured' man 'flips'), but the belief that 'dishonour' must be avenged can surpass the initial moment of 'fury' so that the so-called 'honour' killing was premeditated and conceived after the moment of initial rage (Abu Odeh, 1997: 293). There should be no excusatory defence in the case of a 'crime

of passion/fit of fury' action that occurs after the initial moment of rage has elapsed under Jordanian law (Abu Odeh, 1997: 293). However, Nesheiwat (2004: 277-278) and Abu Odeh (2010: 926) discuss Jordanian law and how the courts have historically favoured defendants, even where there has been 'considerable delay'. Hassan and Welchman (2005: 204-206), on the other hand, discuss further developments on the approach of the Jordanian courts under Article 98 and 'shortening the time period during which the accused might be able to appeal to the defence of fit of fury' (Abu Odeh's (2010) piece is a republication of a much earlier piece before these developments). This is why Keeping argues that HBV and so-called 'honour' killings are premeditated acts 'more like the execution of an out-of-favour gang member than a murder committed, for example, by a jealous husband' in a domestic context (Keeping, 2012: 12). Any 'dishonourable' act is perceived to justify the intervention by anyone who has been 'dishonoured' and this can include a father, brother, son, husband, uncle and cousin (i.e. the collectivity of 'honour'). The notion of 'honour' includes a broad range of actions by a woman and is wider than sexual betrayal; only incidents of sexual betrayal can result in a 'crime of passion' since it is only the person who is sexually connected to the woman (e.g. a husband) who can be excused (i.e. the individualism of 'crimes of passion') (Abu Odeh, 1997: 293). This marks a difference between HBV and domestic/IPV. HBV and so-called 'honour' killings are often 'elaborate, pre-planned and can involve many suspects' including suspects who do not share a 'domestic' relationship or 'sexual connection' with the victim, such as hired professionals or contract killers (Keeping, 2012). Keeping believes HBV is 'not just another form of domestic violence but instead represents the acting out of a sharply regressive view of women' (Keeping, 2012: 11). HBV is condoned and executed collectively, while comparatively domestic/IPV is rarely condoned by the wider family and is generally understood as an individual crime committed by violent

men, such as an intimate or ex-partner (Xavier et al, 2017: 374). It is also generally uncommon in domestic/IPV cases for brothers to kill sisters or males to kill female cousins, since most domestic/IPV cases commonly involve a male inflicting violence upon an intimate (including former) partner in order to assert control and self-esteem (Walby and Allen, 2004; Xavier et al, 2017). In their study of sixteen so-called 'honour' killings cases, Hayes et al (2017) calculated that such killings had a total of forty murder victims (eight of those killings involved one murder; three involved two fatalities; two involved four fatalities; and the remaining murders each had five, six, and seven fatalities (n = 40 murder victims), indicating that so-called 'honour' killings involve multiple murder victims, which may be uncommon in domestic/IPV cases, where there may be only one murder victim. However, the most common perpetrator-victim relationship identified, again, was father-daughter, demonstrating the link between HBV and domestic/IPV. Xavier et al conclude that '...while both forms of violence share several characteristics, they are clearly motivated by different intentions and underlying phenomena. As such, they should be viewed as separate constructs, albeit with some covariate dimensions' (Xavier et al, 2017: 376).

However, how far should we agree with Keeping and Xavier et al on the differences between HBV and domestic/IPV? In particular, the argument that HBV appears to be sanctioned by others from the same sub-culture or community is contentious. First, much of domestic/IPV are also about notions of 'honour' and are implicitly 'sanctioned by others' (e.g. by men in society generally), but not necessarily recognised as such by wider society. Media coverage of white men who kill their wives or girlfriends because of an affair highlight notions of perceived 'honour' as a way of excusing the perpetrator's behaviour (Baker et al, 1999; Reimers, 2007; Carline, 2010). Thus, domestic/IPV may also be about the personal

'honour' of men, although they may not always be understood as such. Secondly, Keeping's claim that HBV is 'not just another form of domestic violence but instead represents the acting out of a sharply regressive view of women' can be challenged on the basis that all domestic/IPV against women are examples of 'sharply regressive' views towards women. What about those examples of domestic/IPV where men kill women (e.g. the murders of Jeanette Goodwin, Christine Chambers and Maria Stubbings)? The male perpetrators in those cases equally demonstrated 'sharply regressive' views towards the women they had killed. Thirdly, Keeping explains that law enforcement agencies are beginning to examine HBV for its distinctiveness and apply methods developed to tackle organised crime, including the protection of key witnesses. Yet Keeping's claim about the protection of key witnesses implies that domestic/IPV or sexual violence does not have the same approach when clearly they do (Ellison, 2007; Foley and Cummins, 2015; Madoc-Jones et al, 2015; Wheatcroft, 2017). A fourth criticism relates to premeditation – far from being 'crimes of passion' (committed in the heat of the moment), she argues that multiple perpetrators in HBV cases meet in advance and decide which steps to take against the woman in question. Again, this implies that domestic/IPV cannot be the same. While much of domestic/IPV is situational (i.e. opportunistic, in the 'heat of the moment'), domestic/IPV can also be premeditated. Jeanette Goodwin, Christine Chambers and Maria Stubbings are all examples of women who were stalked and murdered by their ex-partners, demonstrating premeditation in their cases. Conversely, some acts of HBV and so-called 'honour' killings are opportunistic and situational themselves, with little planning and premeditation, such as the case of *R v Mohammed* [2005] EWCA Crim 1880. Here, the father after his return home from the local mosque, stabbed his daughter multiple times upon discovering her boyfriend

was in her bedroom – he then went to his bedroom to fetch a knife and only then did he stab his daughter downstairs. In her view, Keeping also concludes by saying that:

In the end we have to accept, I think, that ‘honour’ killings really are different from other forms of violence against women in some ethically important ways, and we thus must be able to talk about them as a distinct category of that violence (Keeping, 2012: 18).

Keeping’s wording is particularly dubious here – is she suggesting that HBV is somehow worse on an ‘ethical’ scale in comparison to domestic/IPV? The killing of women, whatever the context, is abhorrent and on the same ethical scale as one another. Perhaps the argument is not really about whether HBV is the same as domestic violence, but whether HBV is a form of domestic violence as it is understood by practitioners (i.e. whether HBV is a form of IPV). Domestic/IPV can quite clearly include collective violence and multiple perpetrators and although definitions and theorisations of domestic/IPV are (to an extent) compatible with HBV, the way that the term ‘domestic violence’ is used as shorthand for the term ‘IPV’ is crucial. Thus, the argument may not be that HBV is different to domestic violence as such, but rather that practitioners commonly ignore other aspects of wider domestic violence that do not necessarily form part of IPV. These are the debates emerging from the literature review on the distinction between HBV and domestic/IPV. The literature leaves open the question about the conceptual categorisation of HBV because there is disagreement between commentators about its nature. These unanswered questions prompt the necessity to conduct an empirical study in order to search for answers by directly asking participants within the field about their experiences and if HBV fits within the category of domestic/IPV as they understand it.

The Role of Women and the Perpetration of HBV

This section explores the main causes of HBV. It explores the research question ‘Is ‘patriarchy’ useful to explain acts of HBV perpetrated by women upon other women?’ An analysis within the overall framework of patriarchy is undertaken, although in light of the existing literature, three main causes are identified: (a) an individualistic/particularistic interpretation; (b) a cultural interpretation; and (c) a universalistic/collectivist interpretation with a specific feminist emphasis on patriarchy (Dogan, 2014: 365).

An individualistic/particularistic interpretation of HBV contends that HBV has nothing to do with the culture or social environment within which violence takes place, but relates to the individual psychological frame of mind of the perpetrator. Terms such as ‘temporary insanity’, the ‘murderer was crazy’ or a killing was committed in the ‘heat of passion’ is often referred to in the literature on HBV and so-called ‘honour’ killings (Abu-Odeh, 1997; Kurkiala, 2003; Dogan, 2014). Some commentators examining the murder of Fadime Sahindal, a young Kurdish woman killed by her father in 2002 for dishonouring the family, take a particularistic interpretation of her death – her murder had nothing to do with Kurdish culture but should be explained in individual psychological terms: ‘the father was crazy’ (Kurkiala, 2003: 6; Alinia, 2013: 3). The direct opposite of the individualistic/particularistic interpretation is the universalistic/collectivist interpretation. The universalistic interpretation agrees that HBV has nothing to do with culture but rather a universal worldwide patriarchal structure that oppresses all women in general (Kurkiala, 2003; Eisner and Ghuneim, 2013; Dogan, 2014). However, a ‘middle position’ is also argued – a cultural interpretation that can be explained in terms of ‘cultural dimensions’ where HBV is qualitatively different from other kinds of violence because it is governed by ‘the specific

logic of an honour culture' (Kurkiala, 2003: 6; Dogan, 2014: 365). The danger of this 'middle position' is that HBV might be generalisable, peculiar or labelled to particular communities or specific categories of people (Kurkiala, 2003; Reddy, 2008; Reddy, 2014). This can lead to HBV featuring in the political projects of racists, nationalists and right-wing groups in the name of gender equality, instead of recognising HBV as part of a wider universalistic continuum of VAWG (Sev'er and Yurdakul, 2001; Alinia, 2013; Gryzb, 2016). In light of these arguments, this section will discuss the universalistic interpretation of HBV within a specific (feminist) framework. Although there may be individualistic/particularistic explanations for committing acts of HBV, given the worldwide endemic nature of VAWG predominantly perpetrated by men, this section analyses the patriarchal framework and how this can influence women to become perpetrators of HBV.

Radical feminist commentators are well acquainted with patriarchy and, in this sense, this is not new within discussions of VAWG. 'Patriarchy' refers to an unjust social system that varies in form both over time and in space and relates to the institutionalisation of male power and dominance, where men control women publicly, privately, structurally and ideologically (Lerner, 1986; Walby, 1989; Bhopal, 1997; Goldrick-Jones, 2002; hooks, 2004; Geetha, 2015). At its simplest, the classical term means 'the absolute rule of the father or the eldest male member over his family' (Geetha, 2015: 4; hooks, 2004: 19-21). Although originally used to describe the power of the father as head of the family, 'patriarchy' has been used within the post 1960s feminist movement to refer to the systematic organisation of male supremacy and female subordination through its social, political and economic institutions (Stacey, 1993). A universal sex gender system operates and feminist commentators have sought to expose, challenge and bring an end to this type of male

domination. This is no more illustrated within the area of VAWG (hooks, 2004; Eturk, 2009; Mackay, 2015). Radical feminists typically characterise 'patriarchy' as a social construction, which can be overcome by revealing and critically analysing its manifestations (Stacey, 1993: 68). Patriarchal societies are male-identified, male-centred and cause the oppression of women by devaluing their work and rendering women 'invisible' (York, 2011). In her classic work on sexual politics, Millett explains that in our social order a relationship of dominance and subordination exists whereby males rule females and that this represents the most pervasive ideology in relation to the concept of power (Millett, 1969: 25). Millet explains that in all civilisations, patriarchy exists because the government, the state, the 'military, industry, technology, universities, science, political office, and finance – in short, every avenue of power within the society, including the coercive force of the police, is entirely in male hands' (Millett, 1969: 25; Connell, 1987; Walby, 1990; Stacey, 1993; Eturk, 2009). This arrangement is also twofold: males dominate females and older males dominate younger males (Millett, 1969; Pope, 2012). Patriarchy's two chief institutions is the state and the family, and the family in particular because it is both the mirror of and a connection to larger society – 'a patriarchal unit within a patriarchal whole' (Millett, 1969: 33). The family unit, as an agent of the larger society, provides control and conformity to patriarchal norms where political and other authorities are insufficient (Millett, 1969). Traditionally, patriarchy granted the father nearly total ownership over his wife and children, including the powers and ability to commit physical abuse, even murder and the sale of women and children (Millett, 1969). As head of the family, traditionally the father is the acquirer and owner of property – and this includes the kinship of women and children (Millett, 1969; Dworkin, 1979). Historically, kinship and ownership of property was associated with the male line –

agnation excludes descendants from the female line to property ownership, even from recognition (Millett, 1969).

In modern times, women now have the ability to seek divorce (historically only granted to men), acquire citizenship and own their own property, women head their own households and female teachers educate male students. However, there is still male dominance in most social settings and social institutions (York, 2011). These systems and institutions intermingle in various ways, allowing male-dominance to flourish in a deep-seated and pervasive way. Women's 'chattel-like status' still continues through processes such as loss of name in marriage, the obligation to adopt the husband's home and the assumption that marriage involves an exchange of a woman's domestic service (including sex) in return for financial support from a man (Millett, 1969; York, 2011). Radical feminist analysis of rape (Brownmiller, 1975) and pornography (Dworkin, 1979) further highlight the power differentials and the exploitation of women by men on a global scale (Connell, 1987). Neo-patriarchy allows for the marginalisation of women within the spheres of education, economy, labour market, politics, business and not just family or domestic issues (Hapke, 2013). The main contribution of familial patriarchy is to socialise the young into an ideology about the role and status women and the power held by men (York, 2011). Uniformity is reinforced through peers, the education system, the media and other learning sources, which support masculine authority (Millett, 1969; Connell, 1979). Masculine and feminine social constructs are deeply embedded in patriarchy. Girls are socialised to be submissive and docile, while boys are socialised to value thinking and performance – being aggressive, dominating, competitive and to avoid feminine behaviour (York, 2011). Boys are expected to react with hyper-masculinity and exercise power over others (York, 2011). In relation to

sexuality, women bare the largest burden of guilt and are held culpable in any sexual liaison by patriarchal units, making women more of a 'sexual object than a person' through their 'chattel-like status' (Millett, 1969: 54). Women are continually surveyed and infantilised, denied their sexual freedoms and biological control over their body through the prescription of virginity and the proscription of abortion (Millett, 1969). Patriarchy plays an important role in creating a climate that supports VAWG. Violence is directed and viewed permissible because they are considered the least powerful in society – violence is normalised in order to preserve the 'traditions' of patriarchal culture (York, 2011). Men who hold power hold the violent means to impose themselves. Violence need not always be physical – men can control women because men enjoy the patriarchal society that makes women dependent up them through forced domestication and economic dependence (Barzilia, 2004).

For some feminists, however, the notion of 'patriarchy' is out-dated, with some believing that 'gender inequality', 'gender order' and 'gender regime' are concepts more useful to explore (Stacey, 1993; York, 2011; Greal, 2013; Patil, 2013). Some societies are understood solely through the patriarchal lens, while others are seen to have outgrown it (Grewal, 2013). The transition into modern society has resulted in changes in employment, education and citizenship for women, and the development of the modern state has therefore weakened classic patriarchy (Hapke, 2013). Another criticism relates to patriarchy's unidimensional conceptualisation of 'men' and 'women', neglecting the differences and power relations within each category (Patil, 2013). Furthermore, the 'universality' argument has also been criticised (Kandiyoti, 1998; Patil, 2013). Some have even accused feminists of creating the 'straw man of patriarchy' – 'the prototypical male chauvinist, patriarchal sexist oppressor who believes biology is destiny and wants women confined to the house,

barefoot and pregnant, inferior, subordinate, second-class citizen...[would]...probably be confined to a maximum security facility as a sociopath' (Baden and Goetz, 1998: 31, citing O'Leary). The construction of a homogenised 'totalizing' account of patriarchy is therefore unsophisticated or, as in the words of Patil, 'patriarchy as explanation is really no explanation at all' (Patil, 2013: 847, 852). There is some preference to examine other concepts such as 'gender inequality', 'gender order' and 'gender regime' rather than a focus on the concept of patriarchy per se (Kandiyoti, 1998; Patil, 2013).

Gender is the socially and culturally constructed role assigned to men and women. Gender as a social construction can be understood in relation to social structures, norms, values and practices connected to beliefs about femininity and masculinity, produced or reproduced in ongoing social processes and actions of 'doing gender' (Wiklund et al, 2010). Gender relations between individuals in everyday life interplay with wider gender patterns in society, so-called 'gender orders' (Wiklund et al, 2010). Ideal images of young people are 'constructed' and 'produced' through popular culture and media and can influence young people's self-perceptions, expectations and the actions they take (Wiklund et al, 2010). Women are expected to behave according to ideal images of what it is to be a woman (Wiklund et al, 2010). Gender relations are part of social relationships and refer to the ways in which the social categories of 'male' and 'female' relate over the whole range of social organisation – it includes all aspects of social activity, income, exercise of authority and power and participation in cultural, political and religious activity (Stacey, 1993). As well as establishing institutions between men and women, gender relations also describe the social meaning of being 'male' and 'female' and what is considered appropriate behaviour or activity for men and women (Hapke, 2013). Gender roles are defined as 'normative

behaviors and attitudes which are expected from individuals, based on their biological sex, and which are often learned through the socialization process' (York, 2011: 17; Connell, 1987). Hostile attitudes towards women are linked to traditional gender or sex role attitudes prescribed for men and women in the family (York, 2011). Assigned gender roles may be subtle and less overt and for men, they are typically constructed as being the owners of property, decision makers, heads of households and more 'rational'. When young women demonstrate feminine traits (e.g. better at communicating and being emotional), they are nearly always socially rewarded; conversely, they are nearly always penalised when they act outside designated roles (York, 2011). Men are socialised to be strong, dominant, independent, aggressive and socialised to reject feminine traits (York, 2011). Women are socialised to protect their virginity and to reject any sexual advances. Women are also socialised to want a 'family' consisting of a husband and children; they are encouraged to be maternal and to be the primary caretaker of the family emotionally and through domestic activities, to be good at multi-tasking, while men maintain the primary role of 'breadwinners', all of which combine to reinforce these forms of gender inequality (York, 2011; Hapke, 2013). Work that a woman does is secondary to a man – men maintain positions of power over other family members (York, 2011). These are not necessarily patriarchal or misogynistic attitudes that promote the hatred of women, but nevertheless result in gender inequality because male voices are accorded more authority than female voices. Furthermore, women's experiences of gender inequality is not necessarily obvious and it can also come through more as 'cautionary tales', where media accounts can subtly marginalise, castigate and depict women in undermining positions or their under-representation in life, or their trivialisation as more emotional and so less authoritative or weak (Moore, 2013, 2014). Moore states that a 'cautionary tale is particularly likely to

appear in media forms that are predominantly consumed by women – email forwards, glossy women’s magazines, soap operas. This is at least partly because, in many cases, the ‘message’ of the tale is aimed principally at women’ (Moore, 2014: 124-125; Garland et al, 2016). Thus, not all feminists rely on the notion of ‘patriarchy’ because gendered attitudes are not always clearly about objectifying or dehumanising women. York refers to an example of a social setting where there is clearly a subordinate group of people, but no single person or group can really be identified as being engaged intentionally in subordinating that particular group (York, 2011: 5).

However, patriarchy and gender roles are inter-related concepts. Gender roles is used as an ideological tool by patriarchy to place women within the private arena of the home as mothers and wives, while men get to play an active role within the public sphere (Stacey, 1993). Where derogatory gender role attitudes are present in a society, this can also lead to instances of VAWG (York, 2011). Radical feminist commentators discussing the field of HBV also frequently refer to ‘patriarchy’ in their analysis of women’s victimisation – the theory of patriarchy sets the overall context because it is a framework frequently cited in the literature as *the* main cause of HBV (Reddy, 2008; Gill et al, 2014; Aujla and Gill, 2014). Patriarchy still provides an important concept for the theorisation of how and why women are oppressed in general and feeds into the overall understanding of the relevance of the causes of HBV and so-called ‘honour’ killings (Millett, 1969; Walby, 1990; Stacey, 1993; York, 2011). The violence that women experience is a response to their resistance and struggles against on-going, hidden, everyday sexism (Alinia, 2013: 161).

Although HBV forms part of a wider continuum of male gender-based violence against women, no discussion of HBV or so-called 'honour' killings would be complete without acknowledgement of the role played by women in this form of violence – discussion of HBV does not preclude women inflicting violence upon other women/men or women adopting a role in policing other women's behaviour (Pope, 2012: 102-106). HBV may equally involve female on female violence or even female on male violence. As Alinia states, 'Women's involvement in violence against women is not new' (Alinia, 2013: 136). In a long list of works, mothers are implicated in the infliction of HBV upon other women in the literature on South Asian and Middle Eastern communities (Akinpar, 2003; Pope, 2004, 2012; Sen, 2005; Wilson, 2006; Elden, 2010; Hussein, 2010; Pervizat, 2010; Kulczycki and Windle, 2011; Alinia, 2013; Eisner and Ghuneim, 2013; Elakkay et al, 2014; Aplin, 2017). Although women seldom participate in the actual physical act of murder of other women (Keyhani, 2013), the so-called 'honour' killing cases of Rukhsana Naz and Shafiea Ahmed are testimony of mothers being involved in the killings of their daughters for the sake of family 'honour' (Gill, 2014; Julios, 2015). The subject of violent women within interpersonal violence is a cause of discomfort for radical feminists given that, traditionally, radical feminist debates have focused on male VAWG and women in the role of perpetual victims of oppression (Gangoli, 2007: 50). This is probably why the infliction of HBV by women has received little attention within the existing literature (Aplin, 2017: 2). Women who take part in violence pose problems for dominant discourses on heteropatriarchy because they challenge ideas of the 'family' and expose it as a site of violence and fear and because women themselves present a paradox – they are both victims and perpetrators, culpable and yet blameless, muse or mastermind (Morrissey, 2003: 67; Seal, 2010: 38). Women are open to a variety of gender constructions as 'women who kill', either as assistants under the heavy influence of men, or

cunning women who are able to manipulate men (Seal, 2010). All women, whether technically mothers or not, are constructed as being symbolically charged with being 'maternal', with the burden of caring for children and neglecting this duty carries a heavy penalty, including being scolded for being 'evil' as well going against norms of femininity (Downing, 2013). To this, one can add Dias's account of the *Ten Types of Human*, including the 'nurturer' and the 'kinsman' – on the one hand, women are nurturers because they want to protect their children, while on the other, they also want to preserve their social status and kinship, otherwise they face being ostracised (Dias, 2017). Women, as with other female perpetrators of family violence, are condemned more vocally in the media for harming young and vulnerable children for going against constructions of womanhood – they are 'bad' or 'mad' (Easteal et al, 2015). Seal believes that under these various gender constructions, women are ultimately constructed as being 'unknowable' (Seal, 2010: 38). They inhabit a paradox where extreme victimisation and the hands of men can lead to fatal retaliation, sometimes against their abusers, sometimes against other members in the home (Morrissey, 2003). However, viewing women as homogenously powerless and as victims does not provide for a sophisticated theorisation of women who are able to become the benefactors of oppression or as perpetrators themselves (Alinia, 2013). How women can be complicit as agents in patriarchy and 'rewarded' for their actions is also difficult and painful for radical feminists (Gangoli, 2007: 50). Pope states that the role of women in keeping harmful practices alive is perplexing – though patriarchal rules are designed to serve the needs of men, women are often patriarchy's most enthusiastic agents (Pope, 2012: 103). It is difficult to comprehend how a woman can participate in or collude in the cold-blooded killing of her own daughter, a child she has raised since birth (Pope, 2012: 103).

A consideration of the individualistic/particularistic interpretation of HBV reveals some women may have their own personal, psychological or sociopathic reasons why they may inflict violence upon other women. However, a universalist/collectivist interpretation of HBV insists that women inflict violence upon other women because they are acting within the confines of patriarchy and are universally oppressed (Stacey, 1993). Women become involved in the policing and subjugation of other women because they themselves are controlled and abused – they perpetrate abuse on behalf of men (Wilson, 2006; Aujla and Gill, 2014). Imkaan note that whilst mothers and other older female family members appear to be complicit in violence, they are subjected to threats, coercion and not afforded with the agency to go against the wishes of the more powerful men in the family (Imkaan, 2014). Wilson explains that women play this role on behalf of patriarchal power because of fear, a fear that ‘ensures that to be safe you have to show you are on the side of the killers’ (Wilson, 2006: 33). Wilson argues it is because of this internalised patriarchal ideology that stipulates the inferiority of women and their obedience to men, explaining why women take part in VAWG (Wilson, 2006; Aplin, 2017). Women seek to protect their own lives and their own positions within a community – some may realise that challenging the established patriarchal order would be futile as well as dangerous – if they if they go along with it, they are at least granted a small share of power (Pope, 2012: 103). Patriarchy is relevant even in those situations where women hold power and control over others. Even if a woman actively chooses to be involved in HBV, violence based on gendered norms (and primarily targeted at other women) is still a form of gender-based violence. Various (ethnically diverse) studies have found that the majority of domestically violent women, as well as women who kill, have experienced violence from their male intimate partners (Temple et al, 2005; Swan et al, 2008; Stark, 2007). An explanation for women’s involvement lies in their

interests for survival and for being coercively controlled by men (Kandiyoti, 1988; Stark, 2007; Reddy, 2014). This is sometimes referred to as 'bargaining with patriarchy', where women use coping strategies and mechanisms to protect themselves (Kandiyoti, 1988; Alinia, 2013; Reddy, 2014; Aplin, 2017). Female-on-female violence is inflicted not out of free choice, but because women are coerced into loyally following patriarchal norms to secure their own survival. Women do men's bidding to avoid suffering harm and who see no other way out, which may have much to do with a process of self-defence rather than a product of an intentional thought to harm others (Morrissey, 2003; Stark, 2007; Hunnicutt, 2009; Imkaan, 2014). Therefore, their actions do not reflect their true nature (Seal, 2010). Women use a variety of coping and resistance strategies to manage their experiences of violence within 'climates of unsafety' (Stanko 1990: 139). 'Bargaining with patriarchy' may also reveal women's rational choices and their gendered subjectivities about the dilemmas they face (Kandiyoti, 1988: 275-285; Alinia, 2013: 140). Ballinger states that women who kill have a long history of offering rational and 'reasonable' explanations for the actions they take and given the circumstances they find themselves in (Ballinger, 2005: 66). Kandiyoti states that women confronted with violence prefer to 'adopt interpersonal strategies that maximize their security through manipulation of the affections of their sons and husbands' (Kandiyoti, 1988: 280). In her other work, she explains that women may be rational actors 'deploying a range of strategies intelligible within their normative universe', arguing that women operate within the parameters of dominant gender ideologies that they are constrained by (Kandiyoti, 1998: 139). Stanko similarly argues that survival strategies represent a process of 'progressive awareness about confronting the daily damage' caused by the existence of male violence (Stanko 1990: 139). Some women may 'forget' they are victims; some resistance strategies might involve 'blocking out the effects of the abuse';

while other women may distinctively behave and act like men in order to 'avoid the constraints and confinements of being a woman' (Stanko 1990: 139-143). Women who try to help other women may themselves be threatened and become targets of violence – very often they cannot do much and a woman's refusal may awaken strong anger since it questions the very foundations of patriarchal power (Stacey, 1993; Alinia, 2013). Women will make choices within the contexts within which they are made. Survival is important for most human beings – and if the alternative is to be beaten, shamed, excluded or killed, the availability of 'choices' will be limited. The laws and rules that women abide by are men's rules, and to survive women continue them. If women question them, men tell them that they are flawed (Ortner, 1978; Kandiyoti, 1988; Wilson, 2006; Reddy, 2008; Imkaan, 2014; Reddy, 2014). Some women might make the 'rational' decision to sacrifice one member of the family in order to protect the rest of their children (Pope, 2012: 103), although Card and Banwell note that women's involvement in these types of environments is not 'voluntary' or 'rational' but the consequence of 'oppressive and coercive situations' (Banwell, 2011: 9). This includes bowing to patriarchal pressures and doing 'patriarchy's dirty work' (Card, 2000: 513). Patriarchal coercion is a strong factor why some women inflict HBV and this requires an understanding that women are trying to survive violent relationships (Stanko, 1990; Gangoli, 2007: 50, 105; Hunnicutt, 2009).

The hardship that young women experience is also eventually replaced by power and authority that they, as older women, have over younger women in the home (Alinia, 2013). Older women may no longer be perceived as a potential threat to the 'honour' of the family as they reach middle age, lose their 'sex appeal' and have produced (male) children (Pope, 2012: 103). Older women may often enjoy a degree of power within the family, but this

power is still 'bestowed and mitigated by men' (Pope, 2012: 103). Matriarchal figureheads may rule over younger women and often make life difficult for daughters-in-law, but they still owe their position largely to men (Pope, 2012). Pope states that older women use their newfound influence to deny younger women the freedom that had once eluded them during their youth; they may also play a role in the spreading of malicious gossip (Awwad, 2001; Pope, 2012). However, Kandiyoti states that 'for the generation of women caught in between', their involvement and bargaining with the patriarchal order 'may present genuine personal tragedy, since they have paid the heavy price of an earlier patriarchal bargain, but are not able to cash in its promised benefits' (Kandiyoti, 1988: 282). Having 'bargained with patriarchy' at a young age, the older women transform into abusers themselves in support of the patriarchal order, whether against females or younger males (Balzani, 2010: 81-84; Chesler, 2015). By passing as 'men' or performing hegemonic masculinity (Seal, 2010), women feel that they can escape the threat of violence posed by men. Women living within deeply entrenched patriarchal homes and who accept patriarchal norms relating to female behaviour 'survive' and are simultaneously 'rewarded' as long as they conform to those norms (Gangoli, 2007). It has been suggested that in the context of South Asian communities, women attain power and prestige as mothers of sons – there is, therefore, a sense of rivalry with young daughters-in-law who often move into the family home (Gangoli, 2007: 105). There is an idealised notion of the 'mother-son syndrome', where a woman's status as a mother is more important than the daughter-in-law (Gangoli, 2007). Gangoli explains that new brides represent 'the sexualised image of the woman within the family' who is not deserving of respect (Gangoli, 2007: 105). The role of mothers-in-law in oppressing other women is understood through the feminist lens – women's oppression of other women feeds into patriarchy by celebrating male power by colluding with men in

oppressing other women (Gangoli, 2007). For women, inflicting HBV upon other women who threaten or transgress social norms can be a way of shoring up their own position and reputation. Women are the 'carriers of culture' and patriarchal norms and this is reinforced when they oppress other women (Yuval-Davis, 1997; Gangoli, 2007). According to some commentators, it is also mothers who often instigate murders or keep it secret (Mora, 2009; Keyhani, 2013: 263). Any alleged 'dishonour' may undermine the family's economic and marital prospects, which is a major concern to mothers because they are often financially dependent on their husbands and sons (giving them an alarming but vested interest in maintaining the *status quo*) and because they are responsible for producing male heirs to carry forward the family name by ensuring children enter into socially acceptable marriages (Keyhani, 2013). Anyone who disrupts these aims is a cause of major concern for mothers, who are prepared to take desperate measures to prevent these from occurring, including covering up the death of their own daughters (Keyhani, 2013). Women therefore play a vital role in ensuring that other females abide by strict gender norms, even though this serves to disempower all women (Keyhani, 2013). Most women are also aware of the weakness of their acceptance – even though they may enjoy 'rewards' and improved 'honour' status, they still risk being harmed the moment they appear to go against patriarchal norms (Gangoli, 2007). However, is there empirical evidence in HBV cases to support the claim made by commentators such as Balzani, where women 'embody and perform hegemonic masculinity in support of the patriarchal gender order'? Although women coerced into committing acts of HBV is nothing new (Kandiyoti, 1988), a literature review was conducted on databases including WestLaw, LexisLibrary, EBSCO and ProQuest and on qualitative studies on HBV, patriarchy and women's involvement. To my knowledge, this revealed only two relevant research results: Aplin (2017) exposes the role played by mothers in HBV cases,

drawing upon findings from one hundred HBV investigations between 2012–2014 and fifteen semi structured interviews conducted in 2016 with specialist police officers in one UK police force; and Dogan (2018) who conducted interviews with four female Turkish perpetrators. Their findings demonstrate that women play both a fundamental and ‘massive’ role in the perpetration of HBV against other women and often condone HBV inflicted by other male relatives, including sons. In Dogan’s (2018) study, female perpetrators were actively involved and took part in so-called ‘honour’ killings of other women, which arose from a combination of factors including anger, fear, frustration and desperation. Aplin argues that victim loyalty and reluctance to prosecute mothers contributes to the blurred boundaries between ‘mothers as perpetrators’ and ‘mothers as secondary victims’ acting under coercion. Aplin also explains that the way mothers present themselves, both to their daughters and to police officers, can lead to the belief that mothers are ‘secondary’ or ‘indirect victims’, despite evidence of the very controlling and oppressive behaviours by women as direct perpetrators (Aplin, 2017: 6-7). An examination of some of the incidents led Aplin to conclude both the difficulties and blurred lines that exist establishing whether mothers are ‘victims’ or ‘perpetrators’ acting out of ‘individual agency’ (Aplin, 2017: 8). This is due to social constructions that society portrays about how women and men ‘should’ behave (Aplin, 2017: 9). She also concludes that there was evidence in only three of the one hundred investigations that the mother’s personal safety was at risk by the wayward behaviour of the daughter. Numerous extracts in both Aplin’s and Dogan’s studies illustrate that the women had initiated the violence without the presence of pressurising influence of men, questioning the duress argument by commentators such as Kandiyoti (Aplin, 2017: 9). Aplin argues that victims paradoxically possess an ‘unwavering trust in mothers believing that mothers will protect them from the

wrath of fathers, in terms of hiding discreditable or shaming behaviour’ (Aplin, 2017: 6). However, the theorisation of women’s roles (and specifically their acts of HBV) is still under-developed in the existing literature and this is where this thesis intends to contribute. There is lack of empirical evidence that asks *survivors* why other women became involved in perpetrating acts of violence against them. This thesis further exposes the degree of participation by female perpetrators within acts of HBV, through an exploration of the accounts provided directly by survivors themselves and why women, if at all, abused them.

The Challenges for Policy – Current Interventions in HBV and Forced Marriage

Forced marriage has been an important political issue for successive governments in the last decade (Yurdakul and Korteweg, 2010, Simmons and Burns, 2013; Gill and Engeland, 2014; Sabbe et al, 2014). Over the last sixteen years, debates and discussion about policies to address HBV have featured prominently within the political arena, although the government has been more pre-occupied with responding to forced marriage rather than dealing with HBV in its wider context (Gill, 2009; Hague et al, 2013). One of the main catalysts for seeking to improve interventions in HBV and forced marriages was the murder of Banaz Mahmod (Payton, 2010). It will be recalled that during her victimisation, Banaz had contacted the police over five times only for the police to dismiss her pleas for support. Two weeks after her last visit to a London police station, she was murdered. In the aftermath, state agencies began to take notice of the failings and there was a strong commitment to respond to HBV (Payton, 2010). It led to organisations like ACPO and the NPCC to formulate policies on how police officers should respond to women reporting abuse (ACPO, 2008; NPCC, 2015). It also led to NGOs to campaign against so-called ‘honour’ killings, demonstrating state agencies are not the only bodies responsible for addressing this form of VAWG (Siddiqui, 2005).

In 2008, the HCHAC conducted a review of emergency responses and intervention as part of the government's response to tackle domestic violence, forced marriage, HBV and so-called 'honour' killings. In their Report, the government stated that it 'has made significant steps to improve its response to domestic and so-called 'honour'-based violence and forced marriage over the last few years' (HCHAC, 2008: 6). While this includes the passing of legislation and more recently the criminalisation of forced marriage, it also includes the extension of police protection and relocation for those in fear of their lives under the Serious Organised Crime and Police Act 2005 (as amended by the Anti-Social Behaviour, Crime and Policing Act 2014). However, the HCHAC acknowledged that 'the Government's approach to all forms of domestic violence remains disproportionately focused on criminal justice responses at the expense of effective prevention and early intervention' (HCHAC, 2008: 6). Some specific recommendations were then suggested by the HCHAC. With regards to front-line professionals, the Report stated that:

It is essential that front-line professionals who come into contact with victims of domestic violence and forced marriage are equipped to identify abuse and refer the victim to appropriate support. Currently many of these professionals are ill-equipped to do this. We recommend that a thorough programme of accredited training for front-line professionals should be implemented across the board, including teachers, health professionals, visa entry clearance officers, police, judges and magistrates (HCHAC, 2008: 7).

The HCHAC recommended that there should be better identification of abuse by health care professionals (HCHAC, 2008: 49-51); better responses from and improved training of front-line police officers (HCHAC, 2008: 64-69); that the public should have better awareness of HBV through more informed campaigns (HCHAC, 2008: 27-30); and that there should be education programmes in schools (HCHAC, 2008: 30-38). These preventative measures are vital towards tackling HBV, though the HCHAC recognised that education on these issues

varies and, in some schools even, is non-existent. There is no 'explicit' statutory requirement for schools to educate pupils about these forms of abuse and some schools deliberately avoid discussing these issues to avoid offending parents and communities (HCHAC, 2008: 6). However, apart from government policy on forced marriages, there is lack of a significant policy drive on HBV – there is, to date, no specific or official government document addressing HBV as a 'stand-alone' issue (Eshareturi et al, 2014). Instead, the task of dealing with HBV has been left to NGOs who themselves are finding it difficult in a climate of funding cuts and closures (Gill, 2009; Begikhani et al, 2015).

HMIC appear to be the only statutory body (besides the CPS) to make any real concerted effort to understand what key agents and survivors want from the police service (HMIC, 2014; HMIC, 2015; NPCC, 2015). The 2015 HMIC Report in particular focuses on HBV and contains useful recommendations for the police and other state agencies to consider, including devising an approach to collect statistical data relating to HBV, forced marriage and FGM; criminalising all forms of HBV where existing offences do not adequately deal with the particular context; imposing penalties on perpetrators appropriate to the aggravating features of the case (Idriss, 2015a); and an action plan to raise awareness of the role of the police within local communities to prevent HBV, forced marriage and FGM and protection from abuse (HMIC, 2015: 17-19). However, the lack of government policy on HBV requires the formulation of a third research question – as mentioned in the introduction, what suitable methods of intervention can be proposed if criminal justice responses do not seem to be working (e.g. in relation to forced marriages)? Have any of the recommendations made by the HCHAC been acted upon ten years since the report was first published in 2008?

Current Interventions for South Asian Women

South Asian activists and intersectional feminists such as Southall Black Sisters have long highlighted the problematic issue of intervention for BME women (Siddiqui, 2005, 2016; Thiara and Gill, 2010; Wilson, 1978, 2006, 2010). Intersectional feminists have had a very difficult job in that not only are they at the forefront of supporting women who have been victimised in violent relationships, but they have also become active in challenging patriarchal power within their own communities. Like BME organisations, they have also sought to expose racism and inequalities within national agencies primarily designed to support white women (Imkaan, 2014). Given their cultural and religious backgrounds, South Asian women can find it more difficult to disclose abuse and seek intervention in comparison to white women (Burman et al, 2004; Sokoloff and Dupont, 2005; Chantler, 2006; Thiara and Gill, 2010). While there is a general agreement that *all* women share a 'collective victimhood' on similar forms of violence, Thiara and Gill point out that this account is not particularly sophisticated when it concerns violence against South Asian women (Thiara and Gill, 2010: 42). Considerations of 'intersectionality' by intersectional feminists highlight that BME women are often marginalised, multiply-burdened and suffer discrete forms of discrimination because of the 'intersection' of a variety of factors, including race and gender (Crenshaw, 1989; Deckha, 2004; Conaghan, 2009; Tong, 2009). These factors contribute negatively to BME women's experiences of subordination and victimisation not only at the hands of perpetrators, but also at the hands of state agencies that fail to adequately support them. For example, it is generally accepted that 'mainstream refuges for white women [have] failed to meet the specific religious, cultural, and linguistic needs of South Asian women and children fleeing violence' (Merchant, 2000; Gill and Rehman, 2004: 76). Burman and Chantler argue that 'sometimes domestic violence [is] only

being replaced by racial violence' by service providers and state agencies that are unable to appropriately address the needs of BME women (Burman and Chantler, 2004: 389; Burman et al, 2004; Chantler, 2006). South Asian women are thus 'doubly victimised' (Razack, 1998; Gill, 2004; Imkaan, 2011).

Intersecting forms of discrimination can create different forms of oppression so that 'women' can be situated in powerful/less ways in comparison to one another (Tong, 2009: 200; Thiara and Gill, 2010: 38). In this context, BME women are placed at a disadvantage to white women. BME women are at greater risk of domestic violence and lethal because violence is more prevalent among low-income BME women than white women (Rennison and Planty, 2001; Sokoloff and Dupont, 2005). South Asian women are more likely to experience severe abuse (and over a longer period of time) in comparison to white women because the barriers to seeking help are considered to be far greater for South Asian women due to their isolation from wider society due to family structures (Minhas et al, 2002; Gupta, 2003; Thiara, 2005; Thiara, 2010). Patriarchal notions such as 'izzat' and 'sharam' can also weigh heavily against South Asian women's decision to leave their husbands for the fear of being vilified by their families (Gill, 2004; Thiara, 2010). Lower levels of awareness of the availability of specialist support organisations and a fear of insensitivity and racism from state agencies can also prevent South Asian women from seeking support from outside their families (Izzidien, 2008; Rai and Thiara, 1996; Thiara, 2010). Rai, Thiara, Gill and Burman have all argued that BME women face additional difficulties that increase their vulnerability and ability to leave abusive relationships, including their ability to recognise that they are even victims of domestic violence; factors relating to the observance of religion as a patriarchal construct, beliefs or particular religious practices (Latif, 2010); their nationality

and even their insecure immigration status that may be used against them to further their subordination (Rai and Thiara, 1997; Burman et al, 2004; Chantler, 2006; Anitha, 2008; Izzidien, 2008). This is further compounded by South Asian migrant women becoming economically dependent on their husbands and the *NRPF* rule for immigrant women means that they have no means for economic independence, relying financially on their abusers (Izzidien, 2008; Metlo, 2012). These considerations collectively impact negatively on BME women's experiences in comparison to white women. Experiences of inequality and discrimination by state agencies continue to mark the lives of BME women and compound their sense of abuse to the extent that some are dissuaded from leaving violent relationships (Thiara and Gill, 2010). 'Passive denial' by A&E hospital departments, failing 'to see the signs', failing 'to probe or ask questions' or to take BME women's obscure or defensive explanations of injuries at face value, can make some women feel 'invisible' and 'prevent [minoritised women] from accessing services' (Burman et al, 2004: 337-338).

The outlook for intervention, then, is bleak if existing experiences of intervention for BME women is already negative. However, what are the views and experiences of key agents and survivors of HBV from minority communities and what do they want from intervention? By accessing survivors and key agents, the intention is to learn from them – how did survivors demonstrate empowerment, strength and a willingness to survive? Patriarchal notions that promote gender inequality in all its forms should not be recognised as either acceptable, or impenetrable – it can be challenged and I propose to do this by linking this discussion with intervention. While there is an onus on the state and other public agencies to provide remedies and to support survivors, this should not be construed as placing the onus entirely on everyone else except perpetrators. Ending patriarchy will be achieved only by 'changing

how both men and women think about values and norms that legitimise the control of women by men' (Aujla and Gill, 2014: 155). HBV will continue until men take a stand against the misogynistic and harmful nature of VAWG.

Challenges for Analysis

The discussions so far need to be considered in light of the cultural distinctiveness of HBV and whether it is symbolic of violence in South Asian communities (Grewal, 2013). This issue raises the concern that HBV is unique to particular cultures and academics are concerned that this distinction could lead to racism and stigmatisation of communities. HBV and so-called 'honour' killings are portrayed by the media as premeditated 'backward' acts of violence of the 'Oriental Other' and exemplifies the oppression of women (Said, 1985; Grewal, 2013; Bredal, 2014; Begikhani et al, 2015). The term 'honour killing' has the power to label the nature of a crime and its solution as being linked and confined to some particular societies 'following a racial logic' (Grewal, 2013: 2-3, 6). This logic also implies that the more people adjust and live according to what is perceived to be western-liberal ideals, the safer life will be for South Asian women (Reimers, 2007). It also implies that violence within white communities or 'ordinary' partner murders are 'impulsive and unplanned' and are not seen as serious as so-called 'honour' killings by South Asians; it also implies that patriarchy has been erased from the West, even though there is considerable evidence that patriarchy and gender inequalities persist in the West (Grewal, 2013; Gill and Brah, 2014). Such media constructions of HBV ultimately become a brush used to tarnish all those from ethnic communities (Bredal, 2014). As high-profile cases of HBV become increasingly visible in the media, these become the subject for debate by the press and politicians, who often perpetuate stereotypical views that HBV is committed only by South Asian Muslims. High

profile cases in England such as Tulay Goren, Heshu Yones, Rukhsana Naz, Sahjda Bibi, Banaz Mahmod and Shafiea Ahmed have all featured prominently in the press and have been used to demonise Muslims (Gill and Brah, 2014; Gill, 2014; Anitha and Gill, 2015). These cases have desirable elements that make 'newsworthy' reporting, as they feature kidnap; torture; murder (and murder whilst bearing a child); rape; forced marriage; and young women wishing to lead a western lifestyle, only to be then killed by their oppressive fathers, brothers or relatives. Incomprehensible accounts of children murdered by their parents support portrayals that HBV is something very radical that threaten British values of individualism (Pope, 2004; Reimers, 2007).

HBV has captured the public's imagination and how the focus continues to be on 'immigrant communities' (Korteweg and Yurdakul, 2010; Korteweg, 2013; Yurdakul and Korteweg, 2013). The media highlight the problem by 'underlying the problematics of immigrants who refuse to integrate, and their backward, repressive and violent attitude against women' (Werbner, 2005: 20). Muslims in particular are the new 'problem' facing British culture (Werbner, 2005: Werbner, 2007; Meeto and Mirza, 2010; Anitha and Gill, 2015). Media narratives also construct the issue of one requiring Western intervention by white men 'saving the brown woman from the brown man syndrome' (Spivak, 1994: 92; Volpp, 2000; Razack, 2004). Labelling HBV in this way only increases the racism for those belonging to such communities. While in the UK, it more specifically relates to South Asian Muslims, internationally it relates to the Middle East and Arabs – this 'Orientalist' approach – 'Arabist' in its local version, attributes various social practices of the Arab Middle East 'because that's their mentality' (Hasan, 2002: 1). In the modern era, thoughts and ideas can go viral within seconds with the proliferation of Twitter, Facebook and YouTube. Globalisation through

technology has contributed to a 'moral panic' (Cohen, 2002) where even non-native English speakers are familiar with the term 'honour killing' (Anitha and Gill, 2015). Globalisation has therefore made the term a local word in a number of countries, but has negatively reproduced a stereotype that is specific to South Asian culture in the UK; internationally, the term is considered specific to Arabs and the Middle East (Abu-Odeh, 1996, 2010; Arnold, 2001; Faqir, 2001; Warrick, 2009; Kulczycki and Windle, 2011). The conclusion drawn from media portrayals is that HBV is unavoidable and consequently helps to reinforce racism and prejudice towards South Asians and Muslims (Pope, 2004). Begikhani and Hague state 'it is neither appropriate nor accurate to victimise particular communities' (Begikhani and Hague, 2013: 213). What is not included within current media representations is that so-called 'honour' killings are rare and that most South Asians are law-abiding people who do not practice so-called 'honour' killings (Gill and Brah, 2014: 74). Furthermore, the problematic issue of VAWG in white communities is not highlighted with the same passion as HBV. Yet, both domestic violence and HBV exist in white communities, albeit its manifestation and commission may be different. White Western women have, historically, always been killed on the basis of 'honour' rationales especially in cases of murder under provocation (Ali, 2001; Mojab, 2004; Siddiqui, 2005; Carline, 2010; Appiah, 2010). As Carline states, this "self/other construction' allows society to criticise killings perpetrated by South Asian (and mainly Muslim) men, but renders invisible the honour rationales in those murders carried out by white-Western men' (Carline, 2010: 80). Baker et al state that 'honor systems are an integral part of the process of killing women by their families or intimates, regardless of where the woman lives' (Baker et al, 1999: 164). They argue the fact that the 'honour' rationale is not overly apparent does not mean it is not relevant to the murders of white Western women (Baker et al, 1999: 180). Concepts of control and masculinity are applicable

whenever women strive for independence and individual autonomy in their careers, stimulating feelings of rejection, anger, 'shame' and non-manliness in 'dishonoured' white-Western men (Baker et al, 1999: 177).

The demonisation of South Asians can also complicate intervention. South Asian feminists view those from outside the community to be 'campaigners' seeking to attack South Asian culture in their enthusiasm to address HBV (Siddiqui, 2016). Yet South Asian feminists are concerned that women may be silenced, since they do not want to contribute to the demonisation process by confirming their abuse to state agencies (Siddiqui, 2016). Similarly, South Asian feminists are concerned about the tension in the discourse on race, with some NGOs suggesting that the government (and state agencies) are failing women out of a fear of being accused of racism (Korteweg and Yurdakul, 2010). It is vital to provide intervention for women, irrespective of their race, culture or religion, *and* to simultaneously challenge those narratives that seek to demonise particular groups because of the impact it can have on intervention for women. There can be no room for cultural sensitivity because VAWG is a wrong and must be challenged, whatever the circumstances.

Conclusion

This chapter has highlighted various questions emerging from a literature review and the existing studies on HBV have yet to provide definitive answers to these issues. Although some studies have attempted to address the conceptual categorisation of HBV and the involvement of women in HBV cases, they do not provide definitive answers or demonstrate how HBV is actually experienced by key agents and survivors through their 'real' and 'lived' experiences. An examination of the literature and the ensuing discussion about the various

gaps in knowledge therefore requires a thorough empirical exploration of the issues. Empirical research is needed to provide flesh to these debates about whether HBV is distinct, why women become involved in the perpetration of violence and what survivors want from intervention. In particular, the existing literature on intervention is limited as the few select studies specifically focus on key agent and survivor experiences from the Iraqi-Kurdish diaspora. The next chapter places the discussion into context by focusing on migration patterns of South Asian communities in the UK. In particular, it investigates how 'honour' rationales pass through various generations of South Asians through the notion of 'cultural reproduction' and how continuity and reproduction of harmful practices help to maintain control over women. It also examines the ways in which *all* within the community can challenge the 'cultural reproduction' of honour rationales that disempowers and subjugates all women. This includes men who can be co-opted to challenge HBV and other forms of VAWG.

3. SOUTH ASIAN COMMUNITIES, MIGRATION AND HONOUR-BASED VIOLENCE

This chapter focuses on migration patterns of South Asian communities living in the UK. To understand more about HBV, we need to place it into context by examining HBV and migration, ethnic identity and the politics of multiculturalism. Though not a direct cause, this chapter examines how globalisation has affected issues linked to the identity of migrants and how it has contributed to HBV as a way of preserving rules on social behaviour. In particular, it provides a sociological and social-scientific understanding of how 'honour' rationales pass through the various generations through the notion of 'cultural reproduction' and how this continuity maintains control over women through the perpetuation of violence. The role of South Asian women in diasporic communities who reproduce cultural norms as 'carriers of culture' (Yuval-Davis, 1997) is also examined. However, this chapter also examines the ways in which cultural reproduction can be challenged. The reproduction of cultural practices is not impenetrable and improved provision and protection for survivors should not be construed as placing all emphasis upon everyone else but the perpetrators – addressing the victimisation process in the first instance also must be considered. Change must come from within the communities themselves. This chapter argues that the entitled male privilege must be challenged by *all* members of the community to break away from those belief systems that contribute to the acceptance of VAWG.

Why Focus on the South Asian Community in the UK?

Violence against South Asian women has been a key focus for debate by South Asian feminists in recent decades (Wilson, 2010). South Asian feminists have sought to challenge

VAWG in their communities from the late 1970s and their work continues to form part of the wider feminist movement to present day. South Asians living in the UK constitute the largest minority ethnic group, with BME women making up around 4 per cent (around 2 million) of the UK's overall population. It will be recalled in Chapter 1 that statistics show that forced marriages and HBV in the UK predominantly occur in South Asian communities (Thiara and Gill, 2010). It will also be recalled that figures from the Forced Marriage Unit in 2016 indicate that 58% of forced marriage cases involved Pakistan, Bangladesh and Afghanistan, with Pakistan comprising 44% of the total cases alone; furthermore, more than 80% of the cases that the Forced Marriage Unit supported concern female victimisation (Home Office, 2017; Julios, 2015). There is, therefore, justification in exploring South Asians as a community when analysing forced marriages and HBV in order draw out important experiences and discussions. This study places South Asian women's experiences at the core of debates by exploring patriarchal power together with its connections and intersection with culture, religion and other forms of oppression that add to South Asian women's victimisation, oppression and inequality (Thiara and Gill, 2010). South Asian feminists and activists face the difficult task of challenging the operation of patriarchal power within their communities as well as exposing race and gender inequalities by the majority community (Thiara and Gill, 2010). There is a need to examine the different experiences of women from diverse backgrounds, not only in terms of their abuse by perpetrators but also by their treatment of state agencies when seeking intervention (Sokoloff and Dupont, 2005).

Migration, South Asian Demographics and Size of Population in the UK

The mass movement of people, goods and services has increased the different types of encounters for people of various cultures in ways never before imagined (Balzani, 2010).

Globalisation means we now live in a world of transformations affecting almost every aspect of our lives and what we do (Giddens, 2002). There are positive consequences to globalisation, or 'Westernisation' as it is sometimes understood, as it has increased the possibility of interaction between people (Walby, 2009). Globalisation concerns the promotion of the idea that we now live within 'one world' and the effects of globalisation can be felt everywhere as we exchange and converge with one another (Giddens, 2002; Forst, 2008). The global market is very different to what it was sixty years ago especially when we consider advances in technology and e-commerce. However, globalisation is more than just about technology or economics – it also affects culture. It influences intimate and personal aspects of our lives by connecting people both physically (e.g. through migration) and electronically (e.g. through social media) (Yuval-Davis, 1997; Giddens, 2002; Forst, 2008). Traditional family values and systems are transforming in many parts of the world as individuals are attempting to make a claim for freedom and gender equality (Giddens, 2002). This chapter explores how those systems have been affected in the UK.

According to the 2011 Census Data on Ethnic Groups, there are 1,451,862 Asian/Asian British Indians in the UK (2.3% of the total population); 1,174,983 Asian/Asian British Pakistanis (1.9%); and 451,529 Asian/Asian British Bangladeshis (0.7%) (ONS, 2013). Combined, this makes a total of 3,078,374 South Asians (4.9% of the total population, excluding other Asian groups and people of mixed ethnicity) (ONS, 2013). This is in contrast to the 2001 Census, which detailed a combined total of 2,083,759 South Asians (3.6%, excluding other Asian groups and people of mixed ethnicity). The South Asian population has clearly grown in the last twenty years (Ballard, 1994; Abbas, 2010; ONS, 2011). Although South Asia is not a homogenous area, HBV and so-called 'honour' killings have been

reported in many parts of South Asia, including Afghanistan, Bangladesh, India, Pakistan, Nepal and Sri Lanka (Amnesty International, 1999). From the early 1950s, successive British governments have developed various policies in relation to receiving large groups of migrants from these areas. Migration is a process that can simultaneously bring advantages and disadvantages for both migrant men and women (Akinpar, 2003). The Pakistani migration process began in the early 1950s, mainly from the urban and rural areas of the Punjab, Mirpur and Azad Kashmir. There are two main reasons that triggered migration patterns from this region (Metlo, 2012: 61): (a) the building of the Mangla Dam in Pakistan in the 1960s, which displaced over 100,000 local residents and, as a result, they lost their homes (the Government of Pakistan then issued work permits to local residents to work in the UK); and (b) there were labour shortages in the UK after the Second World War and Pakistanis were encouraged to come to work in the service, industrial and textile sectors (Abbas, 2010). The British Nationality Act 1948 made this possible, where all those born in a (former) British colony were considered to be UK citizens and were provided with special immigration status to freely enter work, earn and to settle with their families (Ballard, 1994; Bhopal, 1997; Mason, 2000).

Friendship and kinship networks have played a major part in migration patterns and many South Asians lived and continue to live within joint and extended families to maintain their cultural and religious traditions, as well as maintaining links with those back home (Anwar, 1998). Large numbers of Pakistanis left their villages to come to Britain and it was not uncommon for entire villages to be emptied of men. Several years later, the wives and daughters of migrants followed their husbands and fathers to Britain in the late 1960s (Metlo, 2012). The arrival of Pakistani women in the UK occurred for several reasons,

including the fear that immigration rules would soon get tighter (which occurred as a result of the Commonwealth Immigrants Act 1962) and so Pakistani men were urged to quickly bring their wives and children (Metlo, 2012; Choudhury, 2014). This pattern of migration also demonstrates patriarchal attitudes towards women as Pakistani men left their homes to pursue a life in Britain, leaving their wives behind, and a conscience to raise money to improve their family's wealth and status (Metlo, 2012; Khadria, 2006). Another explanation why Pakistani men arrived before their wives also relate to the difficulties they had experienced when they first migrated – problems of settling in could be avoided if the men worked hard to establish a suitable base and then call for their families. Another explanation relates to control by elders living in Pakistan over their sons – the elders wanted to 'protect and detach' men from Western culture and by encouraging the migration of wives and children, this forced the men who migrated to be firmly committed to their families and home culture (Metlo, 2012: 64). This type of migration works as a life cycle, covering all ages and four main phases: male labour migration; family reunion migration; marriage migration; and migration for family care (Metlo, 2012).

While the current focus is on Pakistani migration, other groups also migrated to the UK from South Asia and from the former colonies. South Asians are not a homogeneous group of people and include Bangladeshis, Indians and Ugandan-Indians, who found themselves migrating to the UK from South Asia, Africa and the former colonies (Poros, 2011). In the 19th and 20th centuries, the UK became a home for more and more Indians, Africans and Caribbeans as 'the colonial masters sought to retain their lavish comforts with physical servitude provided from the servants of their colonies' (Choudhary, 2014: 102). The migration of ethnic groups from African, Asian and Caribbean colonies before the two World

Wars was not a cause for alarm to the general native British public because of their small numbers. In addition, they were scattered around the UK and so went largely unnoticed (Choudhary, 2014). However, the Second World War opened the doors to migration – Indians, Caribbeans, Africans (just like their Pakistani counterparts) were invited to fulfil the war needs of Britain (Ballard, 1994; Choudhary, 2014). Some had served in the army as well as in the navy. After the war, all were regarded as ‘economic migrants’ and saw migration as an investment for their future, aiding their financial stability and a chance to increase their reputation and status (Khadria, 2006; Sahoo, 2006). However, the Africanisation programme in Uganda in the 1970s saw the beginning of the Ugandan-Indian diaspora, in which the Ugandan government led by Idi Amin expelled 60,000-70,000 Ugandan-Indian Asians and forced them to migrate to the UK. Ugandan-Indians had been living in East Africa since the 19th century but also held British passports as former colonial members. They had legitimate claims to enter the UK, although swathes of Ugandan-Indians also found their new home in Canada and India (Herbert, 2012; Frenz, 2013).

Economic Deprivation

Many of the Pakistani migrants began to work in factories, on buses and trains (Brah, 1994; Abbas, 2010; Metlo, 2012). The majority of the migrant population moved to places like Birmingham, Bradford, London and Nottingham in search of employment and housing (Abbas, 2010). These areas today are still traditionally known for having large numbers of Pakistani and Muslim communities (Abbas, 2010). The city of Birmingham in particular has undergone a regeneration programme with the expansion of retail and commercial sectors within the region, although this is in stark contrast to other towns and cities where South Asians and Muslims have been ‘trapped in economic decline’ (Brah, 1994; Anwar, 1998;

Abbas, 2010). Although originally filling the gaps, many South Asians workers were employed in the unskilled and poorly paid jobs after the War (Anwar, 1998: 17). However, with a growing middle class, the boundary between the middle-class and South Asians widened, particularly in terms of deprivation. This is true with the Pakistani and Bangladeshi population, who tend to come from poorer backgrounds. In 2011, the Office for National Statistics reported that Bangladeshi men had some of the highest unemployment rates for any minority group (13%), while Muslim men overall had an unemployment rate of 13% – twice the rate of for Sikh (7%) or Hindu (5%) men (ONS, 2014). Whether male or female, deprivation is prevalent particularly in those from South Asian backgrounds. Similarly, the Office for National Statistics stated that Pakistani women (69%) and Bangladeshi women (75%) have the highest rates of inactivity in the labour market (ONS, 2014). One explanation for this is that such women are tied into their families because of childcare; some commentators also believe that some South Asian women do not participate in the labour market because they are prevented by culture from entering the public domain ‘by patriarchal ideologies which define women’s position in society’ and with men as the ‘breadwinners’ (Brah, 1994; Cressey, 2006).

Educational Attainment

Many of the migrants who arrived in Britain had a very hard start to life. Many were uneducated and illiterate and adapting to work proved difficult. This might also explain why they had to settle for the low-paid and unskilled jobs (Cressey, 2006; Abbas, 2010; Metlo, 2012). Early migrants had been placed at a disadvantage because of language difficulties, lack of appropriate qualifications and discrimination from the mainstream population (Abbas, 2010). With the passage of time, some of these difficulties disappeared with second

and third generation children having an opportunity to be educated and learn English (Metlo, 2012). However, difficulties still exist and second and third generation minority children continue to experience poor educational attainment and unemployment. Attainment (achieving 5 GCSEs at grades A*–C) by ethnicity had improved in 2011 (Strand, 2015). In some cases, the achievement gaps between some ethnic groups and the national level (for white British pupils, which stood at 58%) had disappeared, with Chinese pupils (78.5%) having far higher levels of attainment compared to white British pupils (Strand, 2015). However, Pakistani pupils still have lower attainment levels than white British pupils, which stood at 52.6% (an improvement from 35% in 2006/2007) (Strand, 2015). Pakistani and Bangladeshi schoolchildren traditionally have lower attainment levels than their Indian counterparts and several reasons have been put forward to explain this, including economic disadvantage, poverty, deprivation, low occupational status/expectations/aspirations of parents and the fact that English may be a second language for some children (Anwar, 1998; Bhattacharyya, Ison and Blair, 2003).

Culture, Mobility and the Connection with 'Home'

Although different in terms of their nationality, ethnicity, religion and originating region, South Asian migrants were all united by the colour of their skin and the need for 'coloured labour' in the aftermath of the Second World War (Choudhary, 2014). They were also united by their transformation into permanent settlers. The process of migration concerned settling and resettling other family members from the former colonies, achieved through a sense of kinship, male-bonding and through the accommodation of the community/*biraderi* system that saw wider members of the family/community as a unified group sharing a collective experience of chain migration from the motherland (Ballard, 1994; Sirman, 2004;

Din, 2006). However, South Asians 'brought the whole culture with them when their wives and children arrived' and the communities that were formed were 'deeply steeped in familial and ritual taboos' (Metlo, 2012: 62). Here, 'culture' is defined as 'a particular way of life, whether of people, a period or a group' (Yuval-Davis, 1997). South Asians show great loyalty and allegiance that bond them with their villages and motherland. Migrants arrived in the UK with strict beliefs, cultural and religious, and those beliefs led to the strengthening of family and community interests where migrants collectively supported the extended family *biraderi* system (Metlo, 2012). South Asian families collectively support the successive migration of other family members and support each other both in times of happiness and sorrow (Metlo, 2012: 66-68). This is the outcome of an ideology where South Asians appreciate the culture of 'collectivism' and pooling capital to enhance the family's power both materially and symbolically (Modood et al, 1997; Din, 2006: 113; Metlo, 2012). This is very evident also in marriage migration, where UK-born South Asian men and women are encouraged to marry cousins from their country of origin (Dale and Ahmed, 2011). This is symbolic of the attitude of such communities – marriage migration with cousins overseas is very significant to status within the family as a means of maintaining patriarchy and protecting family 'honour'. 'Honour' within the context of marriage is viewed as a form of 'social currency' and 'property' – giving and getting a girl for marriage means exchanging the family's *izzat*, 'honour', status and wealth (Metlo, 2012; Bond, 2014), which tends to be seen as a 'family' rather than an 'individual' affair (Dale and Ahmed, 2011). The idea of putting the interests of the family ahead of one's own interest underlies the purpose of marriage migration because they are not only the 'safest' choice for parents to make, but help to create good business alliances and strengthen social and economic interests (Werbner, 1990; Dale and Ahmed, 2011). Such marriages also ensure that patriarchal values

are protected with the passing of successive generations (Metlo, 2012).

Within a context of tradition and history of movement, South Asians approach the preservation of cultural identity very explicitly in comparison to other groups (Anwar, 1998; Metlo, 2012). While the South Asian diaspora has moved across the globe, South Asians still have an attachment and connection with 'home' and very traditional patriarchal cultures (Metlo, 2012). Although there is a history of movement, South Asians maintain a sense of history and culture wherever they go (Metlo, 2012). One can also begin to see the importance of 'honour' rationales here – if families come together to invest in each other's future, each person has a vested interest in the other person they are supporting. Likewise, living in the same accommodation or next to each other contributes to the 'honour' system, where neighbouring families become the 'eyes and ears of the community' (Julios, 2015). All become involved in maintaining the 'honour' system (Metlo, 2012). Concentrated residential clusters are where social control is exerted through gossip and a scandal can hugely affect a family's reputation and standing in the local community (Awwad, 2001; Werbner, 2005). In a globalised context, families are afraid of gossip and being at the centre of gossip because it is the strongest form of 'social control' (Metlo, 2012; Chesler, 2015). Gossip in the community may spread to local neighbours and religious institutions, and with the proliferation of social media, the potential is to lose face with entire communities locally, nationally and internationally. It therefore becomes very important to care about the community's 'accusation of failing to control' women and to be viewed as 'honourable' by one's own community (Metlo, 2012). Loss of 'honour' can also cause embarrassment and 'losing face' – parents therefore control their daughters to reduce damage to reputation (Awwad, 2001; Metlo, 2012). Families feel a sense of compulsion to follow prescribed rules

that make up codes of 'honour' – like labelling, gossip is used to maliciously mark the status of a family or a group of people (Awwad, 2001; Din, 2006; Metlo, 2012).

South Asian migration has also created a potential for 'identity crisis' where migrants have been forced to question 'who am I' within the new cultural context within which they find themselves (Akinpar, 2003). Metlo argues one explanation for not participating in British way of life was that South Asians had been socialised from early childhood that the Western way of life was bad and encouraged immorality (Metlo, 2012: 6, 137). Choudhary states that migrants arrived in the UK with 'attitudinal baggage, which incorporated a negative evaluation of many aspects of British society and life' (Choudhary, 2014: 103). These issues were further exacerbated by situations of uncertainty with regards to whether their stay abroad was temporary or permanent (Akinpar, 2003). Faced with uncertainty and a foreign 'unusual' culture, people will always cling onto what they know and what they are comfortable with. Faced with these uncertainties, migrants returned to South Asia whenever they could and their goal was to work, save money and return to the motherland with enough savings to retire with their families (Anwar, 1979). This explains why some did not fully adapt to Western ways of life – since they had intended to remain in the UK only temporarily, there was no need to adapt to the British way of life – to adapt would only have created conflict when they eventually returned to South Asia. Thus, migrants maintained the status quo and stuck to their traditions and cultural practices (Anwar, 1979; Metlo, 2012). This also led to the creation of the 'myth of return' – South Asians had intended to come to the UK and return home on retirement, but this never happened (Ballard, 1994; Choudhary, 2014). Metlo argues that the 'myth of return' is 'the root cause of displacement for people who have never found themselves at home in Britain' (Metlo,

2012: 67). If one is not staying permanently, why bother fully integrating? This led to first generation migrants to conform to what life was like back home. They wanted their families to believe that they (as well as their children) still supported the traditional values that they grew up with. Parents wanted to make sure that their Western-born children would not be criticised for being too 'westernised' by those back 'home' (Choudhary, 2014).

The process of migration was pursued in order to avoid poverty and to earn a better living in the West (Reimers, 2007). These issues make migration a very stressful and anxious process, especially when there is uncertainty about how best to manage the behaviour of children who will be living within an environment with a different set of morals, as well as faced with increased hostility and resentment by the majority group. This inevitably results in defensiveness and a retreat into one's own community (Cressey, 2006; Abbas, 2010). While migration provided increased social interaction, it also provided an opportunity to vent anger and rage 'onto concrete individuals or groups that can then become scapegoats because of their socially constructed marginal or minority status' (Balzani, 2010: 86). The difficulties of being unaccepted by mainstream society creates tensions and dual problems for South Asians, where they find themselves in a difficult position of having to choose their loyalties between two different sets of cultures – maintaining their national (and British) multicultural citizenship, whilst maintaining a connection to their cultural and religious roots (Ameli, Elahi and Merali, 2004; Werbner, 2005; Abbas, 2010). Cressey states that 'there is a constant tension in their [young South Asians] lives caused by the attraction of individualism promoted as a value in 'the west' and the attractions of the collectivism, promoted as a value in their extended family' (Cressey 2006: 149; Dorjee et al, 2012). Some have been dubbed as the 'halfway generation', demonstrating a 'culture clash' between immigrant

cultures and western cultures as we see resistance to traditional norms (Bhopal, 1997; Cressey, 2006; Din, 2006; Gill, 2014; Payton, 2014). When this clash of ideals becomes visible, this can result in the infliction of HBV to bring perceived 'rule violators' back to their cultural traditions, serving as a reminder of the patriarchal control and authority men have over women (Din, 2006; Metlo, 2012).

Gender, Culture and Patriarchy

There are important differences between Western and South Asian culture. British culture elevates 'individualism', whereas South Asian culture elevates 'collectivism' (Cressey, 2006; Metlo, 2012; Dorjee et al, 2012). Many South Asians arrived with ideas of collectivism and believed in caring for their kinsmen and the 'honour' code manifested through the maintenance of cultural practices (Metlo, 2012: 72). South Asians are keen to maintain their cultural practices and their identity, however, they are also anxious to ensure that their reputation is not stained (Gill, 2006). The concept of 'honour' is not to be found within a written set of codes, nor is it tangible or visibly concrete; it is a social construct, an informal and uncoded code and operates as a powerful rule of guidance (Gill, 2006). It defines the boundaries of acceptable behaviour and a woman's social group, extended family, or community will decide if these mostly-informal codes are breached (Gill, 2006). Most importantly, the concept does not apply equally to men and women, as women are negatively and disproportionately affected by codes of 'honour' more than men (Delaney, 1987; Reddy, 2014; Aujla and Gill, 2014). 'Honour' is highly valued, held collectively by a family and controlled largely by its male members (Bond, 2014). The concept is perceived as very valuable as a form of 'social currency' and functions informally as a 'form of property' – to families, communities and men in particular, it must therefore be protected (Bond, 2012;

2014; Hall, 2014). 'Honour' is valuable because it signifies the value and status of a family, which can be inflated or deflated based on a woman's perceived behaviour (Bond, 2014). An enhanced or 'inflated' currency/reputation may have positive consequences for marital, financial and business prospects for all those concerned. Conversely, a family considered 'dishonourable' or whose currency has deflated might find their engagement with the community restricted and the marital prospects of children limited (Reddy, 2014). Families, and men in particular, therefore have a vested interest in the maintenance of 'honour'. Men are socially constructed as the guardians of 'honour' and act as gatekeepers in relation to those who may or may not be associated with the family – notions of women as property and their objectification renders women disposable once they are perceived to have committed a transgression because they are deemed to lack worth and are no longer 'honourable' (Reddy, 2014). Men are also the definers of 'honour' and decide when it has been breached, implying that women possess negative power in that they can only ever (symbolically) tarnish family 'honour' through their behaviour (Gill, 2004; Payton, 2010). Not only do men have the responsibility under the patriarchal order for policing and maintaining the family's image at community level, 'honour' also reflects upon them individually (Aujla and Gill, 2014). A 'modest' and 'respectful' woman will be a good reflection on the male; a 'disobedient' and 'sexually deviant' woman will reflect negatively upon him (Reddy, 2008). There is, therefore, an incentive for men to guard the women under their control.

Patriarchal beliefs do not just simply disappear but continue, through cultural reproduction, for a long time in migrant communities despite migration having taken place to another country (Araji, 2000; Akinpar, 2003; Eturk, 2009). When people move from one country to

another, they are still shaped by their cultural heritages, traditions and patriarchal beliefs about the superior status of men over women to the detriment of all women (Derne, 1994; Eturk, 2009; Nora, 2009; Gryzb, 2016). As Metlo explains, 'Changing geographical boundaries does not mean changing symbolic boundaries. Symbolic cultural values take more time and effort to re-locate and re-construct' (Metlo, 2012: 68; Dogan, 2013). As migrants from South Asia, they entertain values that are prevalent in their countries of origin, especially those values traditionally related to gender and the behaviour expected of women. South Asians brought with them their beliefs and value systems that they had internalised in their motherland (Wilson, 2006). They also had to reformulate these ideals in the new social situations that they now found themselves experiencing in the 'increasingly globalised context' (Akinpar, 2003; Balzani, 2010; Meeto and Mirza, 2010). Gill describes this as 'intersectionally configured cultures', where traces of their culture are brought into negotiation when they enter and encounter their country of destination (Gill, 2014: 188). Balzani argues that older South Asian Muslims fashion 'themselves as upholders of Muslim values' and do so by developing an identity that is based on their own cultural and religious values, designed to reject what they may perceive as immorality in the West (Ballard, 1994; Balzani, 2010: 91). Women are often required to carry the burden of 'cultural reproduction', as they are constructed as the 'symbolic bearers', 'carriers of tradition' and 'carriers of culture' of the group's identity and 'honour', both personally and collectively (Yuval-Davis, 1997). Women are constructed as the 'carriers of the collectivity's 'honour' and as its intergenerational reproducers of culture (Yuval-Davis, 1997). Part of the rejection of western culture is the surveillance and policing of women's sexual behaviour to safeguard 'honour' and to impose sanctions upon those who act beyond social norms (Derne, 1994; Balzani, 2010). There is thus a cultural revival and identity clash within the UK between first-

generation migrants (who want to adhere to traditional values) and their children (including second, third and fourth-generations) who wish to adopt a more British and westernised lifestyle (Choudry, 1996; Werbner, 2005; Werbner, 2007; Hague et al, 2013). With the increasing number of British-born South Asians in the UK, many of these youngsters have been brought up with western liberal attitudes (Anwar, 1998; Gill, 2006). Dwyer undertook a study of South Asian British Muslim women about their identities in Britain. Many stated that they wanted to be considered 'British' and 'Asian', but thought that this was not possible because they were not 'English' or 'white' enough, and that to be considered British was a sign of 'ignoring their cultural heritage', something that their parents did not approve (Dwyer, 2000).

How do younger generations manage their lives faced with these challenges? Many learn to cope and to live contrasting lives within their homes as well as on the outside – like bilingual capabilities, people are able to switch between language and 'conceptual codes' with the competence to behave differently in a number of different contexts and thus manoeuvre around the 'culture conflict' (Ballard, 1994; Cressey, 2006; Metlo, 2012). There is some negotiation on the part of some younger South Asians, who are able to negotiate their lives according to the context and settings that they are in (Metlo, 2012). Some parents accept this and realise that their children have been educated in mixed schools all their lives, so they cannot 'blame them' for wanting to negotiate social change (Metlo, 2012). As Riz Ahmed (a famous British/Pakistani/Hollywood actor and rap artist) has expressed in one of his songs, teenage South Asians lead 'Double Lives', one in public (which portrays an acceptance of 'honour' codes), while in private, they exercise their freedoms and personal

choices (including sexual relationships) away from their parent's gaze (Ahmed, 2016). Hall calls this 'living separate lives in public and in private' or 'hybridised diasporic identities' (Hall, 2014; Yuval-Davis, 1997).

However, the 'gap' may prove far more difficult for some – 'The young British born...are on the one hand struggling to adapt to new ways of life and on the other to please their parents' (Metlo, 2012: 68). Hall states that for South Asian women, these challenges can become complicated and some women struggle with their 'hybrid cultural experiences', where the ideals on which their 'sexual purity' is based conflicts with western liberalism and 'hyper-individualism', in which womanhood is 'publicly sexualised' (Hall, 2014: 93). Some find themselves caught between their parents' culture and western culture. South Asian children are socialised into western values in places such as schools, colleges and universities, whilst at the same time they are socialised by cultural and religious practices at home (Gill, 2014: 188-189). Religion is also used as a tool to strengthen patriarchal control over women and is used as a strong weapon to subjugate and abuse women (Pope, 2004; Latif, 2010; Metlo, 2012; Idriss, 2017c). In some cases, this creates a clash between first and subsequent generations of migrants – those who wish to maintain traditional culture clash with those who wish to break away from traditional norms and adopt a more western-liberal way of life (Choudry, 1996). The latter may even be labelled as selfish because they are challenging the very purpose of migration – to secure a better life without compromising their traditional cultures. Acculturating is regarded with deep suspicion and can result in social control and in the monitoring of interaction with others (Choudry, 1996). This is especially the case with daughters, whose interaction with men is considered intolerable and a betrayal of cultural values (Metlo, 2012: 167). These challenges for women

become more complicated when they seek to exercise their freedoms. This is perceived to damage the 'honour' of the family and men therefore respond violently to violations of social norms to uphold patriarchal and socially constructed values (Reddy, 2008; Metlo, 2012). This is one of the reasons why we witness HBV today – men controlling women and women not having the freedom to exercise their own choices. Any value that threatens patriarchy – the promotion of sex, personal freedoms and the 'independent woman' – are controlled. When masculine ideologies are threatened, men resort to violence to protect them (Reddy, 2008). This is evidenced at its strongest in HBV, forced marriage and so-called 'honour' killings to control women's perceived transgressions (Gill and Anitha, 2011).

Besides the inherently controlling nature of HBV, the involvement of successive generations of relatives within the same family in the infliction of HBV is a significant development. Younger generations of South Asians are now buying in to such belief systems (Julios, 2015). One of the major concerns about HBV is that it 'is no longer the preserve of first-generation migrants. On the contrary, such practices are being handed down through successive cohorts of UK-born nationals' (Julios, 2015: 45). Brandon and Hafez similarly state that acts of HBV 'are not isolated practices but are instead part of a self-sustaining social system built on ideas of honour and cultural, ethnic and religious superiority...This is not a one-time problem of first-generation immigrants bringing practices from 'back home' to the UK. Instead honour violence is now, to all intents and purposes, an indigenous and self-perpetuating phenomenon which is carried out by third and fourth generation immigrants who have been raised and educated in the UK' (Brandon and Hafez, 2008: 1; Hall, 2014). We must address the reproduction of these harmful cultural practices that continue to threaten

women's safety. We need to challenge men's entitled privilege stemming from patriarchy by condemning so-called 'honour' killings by ending patriarchy and misogyny.

Other Communities Other Than the South Asian Community

Although the focus of this thesis is on HBV in South Asian communities, other studies demonstrate the relevance of HBV in other ethnic communities too. HBV exists in Muslim, Hindu and Sikh communities (Dogan, 2013) and there is already established scholarship based closely on empirical research with Iraqi-Kurdish communities both in the Middle East and in the UK, demonstrating that HBV is evident in other migrant communities (Begikhani et al, 2010, 2015). Other countries in the Middle East and North Africa (as well as other Islamic countries) include Egypt (Lehr-Lehnardt, 2002); Jordan (Abu-Odeh, 1997; Arnold, 2001; Faqir, 2001; Hadidi et al, 2001; Hasan, 2002; Nesheiwat, 2004; Hassan and Welchman, 2005; Madek, 2005; Abu-Odeh, 2010; Warrick, 2005, 2009); Pakistan (Ruane, 2000; Kakakhel, 2004; Waheed, 2004; Hussain, 2006; Kulczycki and Windle. 2011); Palestine (Ruggi, 1998); and Tunisia (Douki et al, 2003). Article 340 of the Jordanian Penal Code has already been discussed in Chapter 1, where perpetrators of so-called 'honour' killings receive extremely lenient sentences. The application of Islamic laws in Arab society in general has also been criticised by secular feminists as being patriarchal, religiously justified and oppressive to women (Al-Hibri, 1997). In Arab society and culture, sex outside of marriage is illegal and socially unacceptable. As a result, Arab women are expected to guard their sexuality before marriage. Arab society perpetuates the belief that deviance from marital sexual relations is shameful and brings 'dishonour' to the family. A strong emphasis is placed upon close familial relationships throughout the Middle East (Arnold, 2001). Again, it is important to re-emphasise that HBV is not confined to any particular type of society,

community, religion or culture since the practice occurs across a variety of religions and cultural groups (Begikhani et al, 2010, 2015).

Challenging the Cultural Reproduction – Ending Patriarchy and HBV

‘Honour’ and ‘shame’ appear to be normative mechanisms of social and cultural reproduction that focuses on the female body and where women are controlled and abused (Hall, 2014). This intergenerational trend has already been well documented – fathers, brothers, uncles and other male members of the community take leading roles in the planning and execution of premeditated attacks on their own daughters, sisters, nieces or female acquaintances (Julios, 2015). However, the belief systems and culture of the various generations are not ‘fixed’ but they are ‘fluid’ – they can change because they are changeable – they are transferable and they are negotiable (Yuval Davis, 1997; Metlo, 2012; Gill, 2013; Hall, 2014). There is, thus, some hope that we can challenge these harmful practices. Hall states that South Asian groups are by no means homogenous, stable and culturally cohesive and what one South Asian male views as dishonourable (i.e. an affront to social norms, values and attitudes) may differ from another person and so nothing is ‘fixed’ (Hall, 2014; Ballard, 1994). Along with other practices that may be different in a new environment, they can change. While it will not be easy to change entrenched cultural values from people’s minds no matter where they live (Metlo, 2012), a drive to challenge patriarchal attitudes that condone VAWG in the name of ‘honour’ can assist in ending HBV.

How might this be achieved? For this, one might refer to Appiah (2010) and his assessment for ending HBV and the practice of so-called ‘honour’ killings. Appiah believes we have to begin to speak of HBV and so-called ‘honour’ killings as an ‘immoral honour practice’

(Appiah, 2010: 97). To achieve this, people from the very communities in which HBV is practiced, both men and women, have to be more vocal in their condemnation of this harmful practice. This includes community professionals, teachers, lecturers and many others who are able to vocalise that HBV constitute a major human rights violations. Appiah explains that one route to change is to persuade people that the practice of HBV and so-called 'honour' killings, rather than bringing 'honour' to men, actually collectively brings 'dishonour' upon all men in the community who think it is acceptable to harm women (Appiah, 2010: 97). Appiah calls this 'the strategy of collective shaming' which has been successful in various parts of the world, including the UK, in relation towards ending the practice of slavery in the 19th century (Appiah, 2010: 97). However, to continue with the process of 'collective shaming', proponents must also do so in a way that does not 'essentialise' or 'racialise' the practice, as Appiah warns that this could result in a defensive backlash because 'outsiders' have declared themselves against HBV (Appiah, 2010: 97). This is why it is so important to include members of the South Asian, Middle Eastern and other communities in their condemnation of acts of HBV and, in the context of Islam, for Muslim religious leaders and scholars to insist that HBV and so-called 'honour' killings are 'un-Islamic'. 'Shame' should be attached to those who fail to 'enforce the very Muslim ideals' that they claim to follow (Appiah, 2010: 97; Idriss, 2017c). This could be done through the application of *Fiqh* (Islamic jurisprudence), where Islamic rulings are made based on the two main sources of Islamic law, the Holy Quran and the Sunnah (Prophetic narrations of the Prophet Mohammad, peace be upon him) (Weeramantry, 1988; Kamali, 1989; Al-Alwani, 2003; As-Sadr, 2005; Akgunduz, 2010). An interrogation of these Islamic sources will enable Islamic jurists (i.e. a *Faqih*, singular; *Fuqaha*, plural) to deliver *fatwas* (Islamic rulings/responses) on the impermissibility of HBV and so-called 'honour' killings under

Islamic law. There appears to be some move towards this approach – on 4 February 2012, the Islamic Supreme Council of Canada issued a Fatwa entitled '*Honour Killings, Domestic Violence and Misogyny are Un-Islamic and Major Crimes*' (Islamic Supreme Council of Canada, 2012) that was signed by thirty four Imams in order to remind Muslims that so-called 'honour' killings, domestic violence and misogyny are major sins in Islam punishable not only in domestic courts, but in the life hereafter. This is because 'there is no justification for honour killings' and that some Muslims '...use Islam to justify their crimes. According to the Quran the biggest liar is the one who tells lies on Allah'. The Fatwa also states that 'It is an obligation upon us (the Imams) to inform all Muslims in Canada and around the world that in Islam...Honour Killings, domestic violence...in all forms are forbidden'. For these reasons, Appiah believes that in the struggle against HBV and so-called 'honour' killings, religious scholars are actually an ally (Appiah, 2010: 97) and that we can begin the conversation by pointing out that perpetrators are contravening and dishonouring Islam when they carry out acts of HBV (Appiah, 2010: 98). However, for advocacy purposes, it is important to acknowledge the challenges that exist in simply insisting that HBV is 'un-Islamic'. Firstly, in the UK the Muslim Council of Britain (MCB) has not yet issued a similar statement condemning the practice of HBV and so-called 'honour' killings on religious grounds. What they have done instead is challenge a series of newspaper headlines by the *Daily Mail* and *The Sun* that appear to link so-called 'honour' killings with Islam (see www.mcb.org.uk). This appears to have been challenged not on the basis that so-called 'honour' killings, misogyny and domestic violence are forbidden in Islam, but by a motive to ensure that Islam's reputation is not tarnished in public. Secondly, persuading the MCB and mosques in the UK in general to take a public stance against VAWG may prove difficult given the patriarchal nature of such institutions (Idriss, 2017c). This is not to suggest that mosques

in the UK are not taking active steps to challenge VAWG; some mosques may actually be doing better than others, but some mosques clearly could do more to vocalise VAWG as human rights violations. Thirdly, Appiah's focus on Islam and Muslims potentially sends a message that HBV is peculiar to Islam. There is an assumption that so-called 'honour' killings is based on the tenets of Islam, but this assumption is erroneous and has nothing to do with Islamic law (Al-Hibri, 1997; Kakahel, 2004; Kausar, Hussain and Idriss, 2010; Idriss, 2017c). Therefore, religious leaders of all the main religions could unite to take a public stance that VAWG collectively contravenes religious teachings.

Another argument relates to the *Hadd* (i.e. penalty) for adultery under Islamic law. There are those who might argue that, for example, imposing the *Hadd* penalty in Pakistan for adultery is a form of honour-based punishment in the public sphere (which is death under Sharia law, if either the man or a woman is married) (Jafar, 2005; Standish, 2014) and so utilising Islamic law to challenge HBV may appear contradictory. Islamic law provides strict evidential prerequisites for punishing adulterous behaviour and requires the testimony of four witnesses before a *Qadhi* (a judge); the alleged adulterer is also given an opportunity to prove their innocence. Two verses of the Holy Quran (4:15; 24:4) clearly emphasises the requirements of evidence that satisfies an Islamic court and that no one is permitted to take the law into their own hands – to do so violates the rulings of the Islamic criminal justice system (Kakakhel, 2004; Nesheiwat, 2004). Whether Islamic rulings can live up to the promise of treating women and men with equal dignity represents a critical test for Islamic scholars today here in the UK and in the 21st Century (Tucker, 2008: 225). Community members themselves (without the intervention of religious institutions or religious scholars)

can help change the narrative and revise the codes of 'honour' that are the very source of the threat (Appiah, 2010: 98). In the main, this has been the task of NGOs because they understand that the practice of so-called 'honour' killing creates injustice, 'treats women as less worthy of respect – less honorable – than men' and the 'symbolic meaning of honor killing as an expression of women's subordination' (Appiah, 2010: 98). It reflects a belief that women are not entitled to a 'very basic kind of respect' (Appiah, 2010: 98). Communities, together with state agencies, can provide effective intervention because codes of 'honour' will be under pressure to capitulate (Appiah, 2010: 99). It is regrettable that more men in the community are not taking a stand against this form of oppression. We need to pour 'honour' and 'respect' upon those women who fight oppression and fight for their independence, whilst showering 'shame' upon those men who commit such heinous crimes. The responsibility of condemning HBV and so-called 'honour' killings should not be the sole purview of feminists and NGOs either. Men must take a stand against all forms of VAWG by declaring it a 'shameful' and 'dishonourable' practice (Kaufman, 2001). Kaufman states '...our starting point as men must be a recognition of the centrality of men's power and privilege and a recognition of the need to challenge that power' (Kaufman, 1994: 157). We have to show that 'honour' codes do not work in 21st century Britain (Appiah, 2010: 99-100). Treating women with respect, including respecting their choice of marriage partners, must be reconceptualised as being 'central to male honor' and not her murder (Appiah, 2010: 99-100). How can it ever be 'honourable' to harm a woman just because she wants to exercise her free choice? Appiah argues that 'the motivating power of honor [must be] channelled not challenged' (Appiah, 2010: 99-100). He argues that the right way to proceed is 'not to argue against honor but work to change the grounds of honor, to alter the codes by which it is allocated' (Appiah, 2010: 99-100). He concludes that 'reforming honor is relevant...to

every form of gendered violence; and, in particular, every society needs to sustain codes in which assaulting a woman – assaulting anyone – in your own family is a source of dishonor, a cause of shame’ (Appiah, 2010: 99-100). These must be the narratives if we are to end HBV.

Conclusion

In order to understand HBV, we must put it into context and examine South Asian migration in the UK. This chapter has discussed the significance of South Asian migration (whilst recognising its existence in other communities, such as Middle Eastern and Arab communities) and issues concerning the tensions between first-generation migrants and second/third-generation children born in the UK experiencing an identity crisis, where the former seek to promote traditional values and the latter a more western-liberal attitude. There is something about being South Asian and experiencing HBV that is worthy of discussion and which is relevant to this study. HBV is very pathological and exhibits an extreme desire to reproduce culture through the family. For want and use of a metaphor, HBV and forced marriage reflect the ‘policing’ of second/third-generation women and their behaviour. Some are able to negotiate these challenges and consequently lead normal lives. Some lead ‘double lives’ away from their families. However, for others, where clashes visibly emerge, this can lead to the infliction of HBV by parents and other members of the same generations as a method of enforcing cultural norms. This is worrying because these norms and values appear to be culturally reproduced through successive generations, from older to younger, by men to women, to the detriment of all women. The challenge then is to begin thinking of ways we can break those chains of cultural reproduction that serve to

disempower and subordinate all women. Challenging VAWG is the very purpose of this thesis because I had hoped to find out how this could be achieved from the participants who deal with HBV on a daily basis.

To begin the process of finding answers to the research questions, in Part 2, Chapter 4 explores the methodology of the thesis. It explains the process of recruiting participants to take part in this study and the difficult task of recruiting key agents and survivors to disclose their personal and intimate experiences. It also explains the challenges that I faced as a South Asian male researcher trying to access women whose victimisation had predominantly been caused by men.

PART TWO

4. THE RESEARCH QUESTIONS AND THE METHODOLOGY OF INTERVIEWS WITH KEY AGENTS AND SURVIVORS

Part I of this thesis contextualised HBV in South Asian communities and provided definitions of the phenomenon under study. HBV is a social problem that affects South Asian women given that they form part of the largest BME group in the UK. However, the literature highlighted important issues and research questions worthy of further investigation: (a) Is HBV a form of domestic violence or is it something else distinct? (b) Is 'patriarchy' useful to explain acts of HBV perpetrated by women upon other women? (c) What are the recommended methods of intervention and are current methods fit for purpose? The sections that now follow explain the methodological approach adopted as part of the research process, including an explanation of the difficulties during the research itself. The design for this study was qualitative in nature and interviews were conducted with thirty-eight participants and were analysed applying grounded theory in general. This was based on reading and interpreting the narratives of interviews to extract emerging themes from the discussions. The rationale of using these methods is also addressed in this chapter.

Justification for the Study – Limited Studies on Survivors

Only a small number of social-legal books have been published on HBV (Mojab and Abdo, 2004; Welchman and Hossain, 2005; Thiara and Gill, 2010; Gill and Anitha, 2011; Pope, 2012; Gill, Strange and Roberts, 2014; Begikhani, Gill and Hague, 2015; Julios, 2015). Furthermore, there is little social science research undertaken empirically that simultaneously explores (through interviews) the experiences of key agents and survivors of

HBV. Besides Begikhani et al (2010, 2015), Gill et al (2012); HMIC (2014, 2015); Aplin (2017); Rogers (2016); Dogan (2018); Mulvihill et al (2018) and my own published studies (Idriss and Abbas, 2010; Idriss, 2017a; Idriss, 2017b; Idriss, 2017c), to my knowledge there are no other empirical studies on HBV that simultaneously explores the data of key agents and survivors. Begikhani et al's (2010, 2015) study in the Iraqi Kurdistan region conducted one hundred and sixty-six semi-structured interviews with a view towards providing recommendations to combat HBV within that region and the Iraqi-Kurdish diaspora in the UK. In relation to the UK, the research highlighted 'basic errors in policing' where women and children's lives were unnecessarily being put at risk (Begikhani et al, 2010: 118). The authors also recommended the continued need for proactive policies on HBV in the UK; better provision (and resourcing) for specialist support organisations; and the need for a more holistic approach which recognises the complexities of HBV and which requires a more broader social, community and preventative response (and not just a criminal justice response) (Begikhani et al, 2010: 129). The authors concluded that there is 'no need for further legislation in the UK' because a range of legal remedies is already available to address HBV (Begikhani et al, 2010: 131). The authors recommended a more integrated and preventative approach, which includes improving knowledge and awareness among both public agencies and members of the public. In their 2015 Report, HMIC also focused on HBV and proposed useful recommendations for the Home Office and the police to consider in relation to improving police responses to victims of HBV (HMIC, 2014, 2015). While Aplin's (2017) and Dogan's (2018) study exposed the role played by women in HBV cases, they did not conduct any semi-structured interviews with survivors; Aplin interviewed only a small number of police officers in one force and her study does not explain the ethnic background of victims contained in her case studies (i.e. whether they are South-Asian, Muslim, Indian, Middle

Eastern, etc.). Similarly, Dogan only explored four Turkish perpetrators. Therefore, despite these important studies, there remarkably remains few studies exploring the experiences of key agents and survivors. These studies clearly overlap with this thesis, although this study can be differentiated. The basis of this study rests upon the experiences of South Asian communities as opposed to Iraqi-Kurds only, which may yield different experiences. Furthermore, the HMIC report and Aplin's study considers only police responses to HBV, while the present study holistically considers a range of responses by various public agencies. Also, while Begikihani et al interviewed thirty-four key agents mainly in the London area, the current study concerns thirty key agent and eight survivor interviews across England and Wales, accessing a variety of participants from different locations and who may again have different experiences. This study therefore builds upon the existing literature, although it is original and significant in its own right as it considers the experiences of key agents and survivors on HBV predominantly from South Asian backgrounds.

The Position of the Researcher

For some, researchers are considered to be 'experts' who are able to remove themselves from the research setting and who are capable of examining issues objectively. However, the general opinion in social-scientific research is that the researcher is 'bound up' in the research itself and cannot present anything else other than a partial account of what s/he has discovered (Bernasco, 2010). By recognising the individual impact that a researcher has on their study, one is able to acquire a better understanding of its strengths and limitations as well as adopting strategies to overcome limitations to improve the data's validity and the acquisition of knowledge.

It has been the dedication of feminist researchers to provide women within the criminal justice system a voice and to break their silence by allowing them to express their experiences as a process of history and to pave the way for reforms. Qualitative research that focuses on women aims to highlight consciousness-raising in stressing the importance of women's experience (Kelly, 1988; Gelsthorpe, 2009; Hesse-Biber, 2014). This is often undertaken through the process of interviewing and the advantage of personal one-to-one interviews is that it empowers women to 'have a voice' and to speak about their experiences in an open forum, a forum that perhaps they do not normally have (Hague and Mullender, 2005). This consideration is important to survivors, where women have lived their lives within strict cultural norms (Latif, 2010). The importance of qualitative research in a feminist context is the very theoretical framework that underlies it – that women are oppressed and that there is a commitment towards ending that oppression – feminist research concerns a call for action to help end women's oppression (Kelly, 1988; Gelsthorpe, 2009). In terms of positionality, I am '(pro)feminist' although this study has naturally led me to question 'men doing feminism' and whether men can undertake feminist research (hooks, 2000; Anderson et al, 2009; Baily, 2012; Flood, 2017). From the 1990s, there has been a shift towards an even greater acceptance of men within the feminist movement (Walter, 1999; Hanman, 2006; WASS Collective, 2007; Banyard, 2010; Baily, 2012: 22). Some feminists see men's involvement as vital to feminist politics (Walter, 1999; Rake, 2006; Banyard, 2010; Baily, 2012: 22). Although some feminist groups are committed to women-only movements, a growing number of mixed-gender feminist groups in the UK have now emerged (see e.g. *Bristol Feminist Network*, *OBJECT*, *Warwick Anti-Sexism Society*: Baily, 2012: 22). There are also a small number of pro-feminist men's groups and male-led campaigns such as the *White Ribbon Campaign* and *Men Against Violence* (Baily, 2012: 22).

Current feminist activity includes a mixture of women-only, men and mixed-gender groups (Baily, 2012: 22). However, though there is openness towards men's involvement, men's relationship to feminism is still contentious (Luxton, 1993; Digby, 1998; Bryson, 1999; Goldrick-Jones, 2002; Ashe, 2007; Elliott, 2008; Baily, 2012: 22; Jardine and Smith, 2013). Is feminist research the sole territory of women? Can men be 'feminists' or can they only be 'pro-feminists?' These questions rest largely on the different conceptions of feminism, either as 'a way of thinking created by, for, and on behalf of women' (Delmar, 1986: 27) or a set of ideas and practices that can be adopted by anyone, including men. These two paradigms represent two different feminist thoughts, 'the identity-paradigm, which argues that women are the subject that grounds feminism, and the action-paradigm, which makes political practice the essence of feminism' (Rubin, 1998: 308; Baily, 2012: 23). The primary issue with the identity-paradigm is that feminist identity is grounded in female experience only (Kimmel, 1992; Letherby, 2003; Heath, 2013) and that men's experiences are inherently patriarchal (Hebert, 2007). Though it may be well intended, the frame of reference is lacking, with an absence of understanding of how women think, their reasons, emotions, intuitions, experiences and analytical thoughts. Some commentators have commented that the word 'feminist' should be reserved only for women to respect the autonomy of feminism as a women's movement (Snodgrass, 1977). Men who support this position may refer to themselves as 'pro-feminists' (Brod, 1998; Holmgren and Hearn, 2009; Baily, 2012: 25). Kimmel contends that men can only be 'pro-feminist' because they do not share 'the felt experience of oppression' (1992: 3; Baily, 2012: 25-26; Klocke, 2013). Brod perceives himself as a 'feminist' but does not believe men should use this label because it translates as men 'co-opting women's identities and struggles' (1998: 207). However, Falkof believes that men should freely use the term 'feminist' so that men can be fully included within the

movement – ‘Why would anyone want to support a cause that refused to admit them?’ (2007: 8; Baily, 2012: 26). By adopting the ‘feminist’ label, it signifies support for the cause, whereas using ‘pro-feminist’ suggests a distance from feminism (Brod, 1998). Martinez (2017) believes that men are capable of being feminists but only if men are more active in the movement and help it progress.

One objection to men’s involvement in feminism relates to men’s interests (Baily, 2012: 24). Connell (2002, 2005) has stated that men benefit from patriarchy, whether their individual behaviour is oppressive towards women or not. Men are able to take advantage of a ‘patriarchal dividend’, which includes benefits of ‘authority, respect, service, safety, housing, access to institutional power, and control over one’s own life’ (Connell, 2002: 142; Baily, 2012: 24). However, men’s interests are complex and not necessarily patriarchal – Connell argues that the distribution of the ‘patriarchal dividend’ is uneven because men are also affected by inequalities such as class, race and sexuality (Connell, 2002, 2005). Men do not have equal access to gendered power and privilege and do not have an equal investment in the current gender order (Baily, 2012: 24). Patriarchy can be just as harmful to men since patriarchy is closely associated with heterosexism and so young, gay, or effeminate men are oppressed by the current gender order (Connell, 2005; Baily, 2012: 24).

Another objection to men’s involvement relates to Flood’s argument that, in popular discourse, the bar set for men’s involvement is very low with high-profile campaigns asking very little of men, yet rewarding them with praise and gratitude; that men do little to challenge systems and cultures of oppression; and that the turn to men reflects the wider limits of contemporary feminism, where feminism risks meaning everything but

simultaneously meaning nothing at all (Flood, 2017). Female researchers and participants, on the other hand (and assuming that they are of the same race, class and orientation), are able to share a common location within a social world based on gender and are capable of communicating on this basis. Thinking about *The Vagina Monologues*, could a man produce such perspectives on women's lives? Though this is an example of the limits of 'men doing feminism', it is incorrect to surmise that simply having an XX chromosome entitles a person to be a feminist. The goal of feminist research is to listen and to ultimately learn from women's lived experiences. I was comforted by the female participants in this study and by our joint goal to challenge patriarchy, as well as bell hook's proclamation that 'feminism is for everybody' (hooks, 2000: 118). Wiley et al's (2012) empirical study with 102 mostly white men highlighted that 'feeling connected' to feminists is an important antecedent of men's collective action in support of women. It is also important to consider men's relational interests to women (Pease, 2002). Men come to support feminism because of their concern for women who are close to them, whether partners, family members, children or friends (Connell, 1987; Kaufman, 1994). To reflect some of the debates highlighted in this section, I use the term '(pro)feminist' to highlight my own position and activism in this field.

Conducting research with South Asian survivors can be a notoriously difficult task because of the cultural nature of the group, who generally dislike talking to researchers and professionals about their very personal and intimate issues, their suicidal tendencies or their lived experiences (Trivedi et al, 2007: 221). Both the researcher and research participants have multiple identities and critical reflexivity requires a reflection on how differences and similarities between the researcher and the researched can influence the research process

and the knowledge produced. Critical reflexivity requires an understanding of both the advantages and limitations of the researcher's insider/outsider status, which can help the researcher to prepare for the challenges faced during the research and to produce reliable/ethical findings. As a South Asian Muslim male, my research was initially from an 'outsider's' position. An 'insider' is a researcher who belongs to the group to which their participants also belong, based on characteristics such as religion, ethnicity, gender and sexual identity, while an 'outsider' is not a member of that group. A common argument in the methodological research literature is that 'insider' researchers are more likely to understand and represent the participants' views and experiences (Bernasco, 2010). This can be particularly important in research with groups that have been under-represented and who are the victims of violence. Although I shared the same religion and ethnic origin as many of the participants, they were women. This made me an 'outsider', especially because it is widely understood that men are predominantly the perpetrators in HBV cases (Reddy, 2008). My 'outsider' status also produced complications. There was one occasion when I overheard one survivor speaking to a key agent saying: 'I thought you said I was going to be interviewed by a white man?' My initial reaction to this was that by being a South Asian male, she thought that I might know her family members and divulge information to others. I was worried that this might be a consistent pattern and that, upon seeing me in person, other survivors would decline to take part in interviews. At the beginning and during the interview with the aforementioned survivor, she repeatedly said that she had seen me before, although I had never met her before, nor did I know her family. I was therefore met with some reservation that placed me as 'the object of a guarded and polite suspicion...it separated me and placed careful boundaries around me' (Alexander, 2000: 31). It also placed me in a particular type of gaze – it placed me in a wider context of 'family' and

‘community’ in ways that I had not imagined (Alexander, 2000: 37). Female participants also censored their answers. For example, another survivor explained the variety of abuse she had experienced, including sexual abuse; however, while she was forthright in explaining the various types of abuse that she had experienced, she did not elaborate on her sexual abuse – and at the time, nor did I ask or prompt her to elaborate on this experience for fear of upsetting or embarrassing her. I took this example as an illustration that all researchers produce bias and censorship amongst their sample. This ‘guarded suspicion’ rather summed up my whole experience of conducting research on HBV. Initially, it felt strange visiting support organisations and being surrounded by women – I was ‘out of place’. When Lorraine Gelsthorpe conducted her research into all-male prisons earlier on in her career, she too felt strange (Gelsthorpe, 2009; Howe, 2010). This was not because I cannot interact or engage with the opposite sex. Rather, it was because I was asking women to reveal personal and intimate experiences of violence and requesting access to survivors, knowing very well that it is not very often that a South Asian man asks for and is granted access. It was not easy initially to form relationships with survivors either and this was for a number of reasons. There are established cultural practices that prevent the opposite sexes from mingling, which is an example of the ‘purdah’ system of segregation between the sexes stemming from patriarchal views on the seclusion of women (Metlo, 2012: 52-65). Furthermore, even though survivors were interviewed in support organisation offices, it was visibly clear that they were bound by patriarchal traditions and customs, which prevented them from openly mingling with me. Apart from the actual interviews, survivors were never alone with me and always maintained a sense of distance. This is another example of censorship, albeit physical. However, while at times I felt like an ‘intruder’ (Alexander, 2000: 35), with the passage of time and constant contact with key agent organisations, all

eventually became used to seeing me in the building or heard about what I was doing. Although I was an 'outsider' in terms of my gender, I was simultaneously an 'insider' in that I am South Asian and Muslim. This shared commonality helped to build mutual trust and build conversations (Hesse-Biber, 2014: 199). This is important because it demonstrates one of the ways in which the categories 'insider' and 'outsider' are not necessarily clear-cut and fixed. Participants eventually began to form a friendly association, albeit for the short duration of the fieldwork. Although I had received a number of rejections from various organisations, once I did engage with key agents and gained their trust, it was relatively straightforward to access other key agents. Despite our differences, I empathised with survivors through our shared identity. In this way, I used my ethnicity and religion to establish rapport and trust with those who took part in the study. Furthermore, once key agents reassured survivors that I was a genuine researcher, survivors were happy to proceed with interviews and felt more and more comfortable to talk to me, including revealing intimate details that included attempts to commit suicide. They could see that I was sympathetic. What I understood from this process was that South Asian women, once given an opportunity to talk about their experiences were, in fact, willing to talk. Some of the survivors also confirmed that they had profound ties with other women in similar situations, be they victims or key agents, for they all shared a common experience. Some of the key agents interviewed were themselves survivors of domestic violence and HBV and some of the survivors interviewed had started to undertake some voluntary work in the same organisations that supported them. Others aspired towards becoming support workers. I was very conscious that the research participants and I needed to understand each other and that the questions that I asked were clear, open and honest. The purpose of the research was to understand their experiences and the process of HBV and to

recommend suitable interventions so that the lives of others blighted by HBV could be changed for the better. The purpose was to effect change: changes in working practices, how state agencies can better support women as well as changing male attitudes about HBV. By providing these accounts of women affected by HBV, this provided the necessary information to highlight the changes needed. Participants understood the reasons why I asked particular questions – they understood that I wanted the world to know how we can support other survivors. Researchers must be ‘human’ and offer sympathy to survivors otherwise it becomes impossible to appreciate their emotional experiences. Survivors might misinterpret ‘detachment’ as ‘insensitivity’, which I clearly wanted to avoid. While I only interviewed eight survivors of HBV (and although I would have liked to have accessed more survivors), no one considered the interview process a negative experience. In fact, participants had some very interesting things to say about their experiences.

Selecting the Setting for Research: England and Wales

In 2011, I charted out the areas for my fieldwork in England and Wales. I also wanted to avoid areas that had already been researched such as London because the few existing empirical studies on HBV were undertaken in London (Begkihani et al, 2010; 2015; Gill et al, 2012). I had no prior contacts with key agents or survivors and so I sent correspondence in January 2012 to various organisations I thought would be interested in the research. The names of organisations were researched on the Internet. When contacting organisations, I explained that I was a researcher and provided them with a web-link to my 2010 book. I was uncertain about the potential success rate of my proposed research so a number of institutions in the selected area(s) were targeted, including Birmingham, Blackburn, Cardiff, Coventry, Derby, Leicestershire, Manchester, Northampton, Nottingham, Rotherham, and

Sheffield. Some organisations responded that they could not help, while others did not reply at all. However, several emails from support organisations thanked me for my correspondence and invited me to attend an initial meeting to discuss my project. I then arranged meetings to discuss the aims and purpose of my research. My requests were then met with approval and on reflection, this was most probably because key agents trusted me and understood what the project was about.

Recruiting the Participants: Key Agents and Survivors

After initial meetings with key agents, access to other participants was negotiated. I asked if they knew others who would be interested in participating and a number of key agents suggested others who could take part, which they later did. This is the very familiar snowball method used to help generate further participants. As I had no prior contacts, the snowball method was useful to maximise the potential recruits to the study. This was achieved by asking participants at the end of interviews if they knew others who might be interested. This was a very successful method for the research.

It was clear that I did not have to examine the entire population sample in England and Wales in order to obtain a good understanding of the overall issues concerning HBV. I concluded that it would be sufficient if I could obtain a workable sample of between 20-50 participants overall. What was important was to ensure that I obtained the chance to conduct interviews with a variety of participants that came from a variety of backgrounds and to conduct interviews in depth. Although my sample is by no means large, I concluded I was in a position to draw genuine conclusions about their experiences on HBV. A small sample was the best way to proceed as it proved more convenient to control and to acquire

the appropriate data, especially as some of the interviews lasted between 1-2 hours each – there was little need to search for a large number of participants. With the small sample acquired, I had to dedicate a lot of time setting up interviews, including travelling to those destinations by road and listening to and transcribing accounts.

The crucial criteria for interviewing were that survivors had to be South Asian and had experienced violent relationships that could be categorised as HBV. The larger numbers of key agents interviewed reflected the diversity of roles such a sample contained – the good cross-section of professionals working within the field of HBV is a very positive attribute of the research. Although I would have liked to have accessed more survivors, a smaller sample has the benefit of allowing data to be examined with greater vigour, which would provide a richer appreciation of South Asian women's experiences. Furthermore, though a small sample, the survivors were of different ages, experienced different perpetrators and experienced different types of violence within their individual scenarios.

A Qualitative Approach: In-Depth Interviews with Participants

Interviews took the format of personal semi-structured interviews with the use of an aide memoir, a popular format adopted by many other criminological researchers (Jupp et al, 2006; Bernasco, 2010; Hesse-Biber, 2014). It was also issue-orientated in the sense that I explored several topics as the interview progressed. This type of model was important because the study maintained respect for the narratives of the individual women as far as possible (Davies, 2006: 85). After several pilot interviews, I became comfortable with interviewing because I knew by listening to the narratives that I was able to obtain 'richer and more finely textured' sources of information, while remaining true to the source from

where it came from (Bachman and Schutt, 2003; Hesse-Biber, 2014). The pilot interviews were also useful because they helped to assess the suitability of my questions and interview techniques. Research involving narratives can provide a far richer and deeper understanding of criminal behaviour than other sources (Brookman, 2010). This is because this type of research can capture all of the reasons (including excuses, justifications and minimisations), through analysing the narratives of participants. This methodology is designed to capture the 'social reality' of participants from their perspectives as they have witnessed or experienced it, using a 'mirror reflection' and their 'own words' rather than making assumptions or using predetermined categories about their experiences (Bachman and Schutt, 2003; Copes and Hochstetler, 2010; Brookman, 2010). By utilising such a method, I intended to 'develop a comprehensive picture of the interviewees background, attitude and actions, in their own terms' (Bachman and Schutt, 2003: 238) and to develop an authentic understanding of the 'social processes' and 'social settings' of HBV, reflecting their various perspectives and attitudes (Bachman and Schutt, 2003). This was achieved by engaging interviewees in conversation and dialogue about the intended meaning of their comments (Bachman and Schutt, 2003). I began this project seeking not to test any particular hypothesis as such, but to discover what people thought about HBV and how and why they reacted in certain social settings. Only *after* the interview process took place was I able to develop general themes to account for what had been discussed and observed during interviews (Bachman and Schutt, 2003: 220). This was achieved through what appeared to be very normal activities – interviewing, listening and talking (Bachman and Schutt, 2003). The best information about the experiences of HBV came directly from those in the field.

It was important that I treated interviewees with the greatest respect and treated them as 'knowledgeable partners' because after all, many of the interviewees gave up their free time to assist me (Bachman and Schutt, 2003; Copes and Hochstetler, 2010). Some of the participants were vulnerable and 'bargaining power' was clearly in my favour as an academic from a university and it was important that I was aware of that. It was imperative that I built a level of trust and rapport with the participants because I asked them to divulge very sensitive and confidential information (Berk and Adams, 1970; Kelly, 1988; Copes and Hochstetler, 2010).

It was also important that I encouraged a natural narrative using the aide memoir as a template to guide discussion because the different participants meant that 'the specific content and order of questions' varied from one interview to another depending on what interested participants and what they considered they could add (Bachman and Schutt, 2003: 238; Jupp et al, 2006: 91). When beginning interviews, I did not immediately ask highly charged or emotional questions (Brookman, 2010: 91). Rather, I 'funnelled' – I began by asking introductory questions and then raised issues that were more difficult as the interview progressed. I also gave participants an opportunity to cool-down at the end of interviews (Bachman and Schutt, 2003).

Generating the Relevant HBV Material – Data Collection

Research of this nature requires clear data that proves and supports the assertions made by participants. To achieve this, reliance was placed on field notes; audio-recorded interviews; my own personal diary; documentation provided by support organisations; and observations of participants and their reactions to questions posed (e.g. happiness, sadness,

crying, defensiveness, etc.). Most importantly, I had to devise a relevant set of intelligent questions to be used to extract important data. Audio interviews were the key feature of the research as it concerned interviews with the use of an aide memoir, audio-recorded and stored onto computer ready for transcription and interpretation (Kelly, 1988). Some of the participants were interviewed on several occasions; these interviews were more interesting as these participants clearly had lots more to say about their experiences.

The Development of the Aide Memoir for Key Agents and Survivors

The use of an aide memoir helped ensure that interviews were flexible and allowed the researcher to probe any interesting issues that emerged. This was useful for the data collection and analysis stage of the project. The interview schedule was designed to ensure that the questions asked were sensitive and not distressing given the subject matter. The questions (see Appendix 1 and 2) were designed with senior research supervisors at Anglia Ruskin University who are experienced in criminology and sociology and who have undertaken extensive fieldwork in their respective fields. The questions were focused on issues that have been under-explored by the existing research material. I started with easier introductory questions before pursuing the more challenging questions. Questions were open so that participants had flexibility in what they wanted to say. The aide memoir was more of a guide through the interview process, rather than being a rigid script. However, reliance on the memoir increased where survivors struggled to speak fluent English.

Conducting the Interviews

Interviews started by thanking participants for agreeing to participate in the project. It was important to recognise the vulnerabilities of survivors and to appreciate the history of

violence they had experienced. All participants were introduced to the research project, its aims and objectives through the presentation of information sheets, the requirements of confidentiality (and its limitations), anonymity and the requirement to complete consent forms (see Appendix 3, 4 and 5). Some interviews lasted just under 40 minutes, while others were between 1-2 hours and conducted multiple times so not to overwhelm participants. All participants were given the chance to ask questions at the end of interviews. In line with the Code of Ethics for The British Society of Criminology, if information presented by participants indicated that they might be in imminent risk of harm or to any other individual, it was agreed with research supervisors that this would need to be addressed with the possibility of reporting such disclosures to the relevant agencies, including the police. All of the interviews were audio-recorded and stored on a personal computer in accordance with the requirements stipulated under the Data Protection Act 1998. The actual names of participants, their locations, address details or any other identifiable information have been anonymised during the writing-up process in order to safeguard those involved. When first beginning interviews, they were more structured as I relied on my aide memoir more heavily. However, as I gained confidence in questioning and probing participants, the use of the aide memoir was more peripheral and I provided participants with the freedom to discuss their life experiences how they wanted to. One-to-one interviews were undertaken due to the personal and sensitive information divulged. All interviews were undertaken in the offices of support organisations and other government institutions. This was necessary to ensure my own and the safety of participants. When interviews were carried out with survivors, support workers and research supervisors were notified of the time, date and location of meetings and when interviews had ended.

Ethical Considerations

Researching HBV can be problematic because the research involved survivors who had experienced serious violence. In some instances, they had fled or were in the process of fleeing and were relocated to another location having assumed a different identity. I therefore had to acknowledge the dangers presented and have their safety in mind. Several strategies were put into place to ensure the safety for all those concerned. This is one of the natural and challenging consequences of research that aims to research the experiences of HBV. Ethical approval was granted by Anglia Ruskin University's Ethical Approval Committee (see Appendix 6) on 28 February 2012, consisting of various academics from a number of disciplines/departments at the university. Approval was granted and obtained before recruitment and conducting any interviews with participants. However, the Ethics Committee was concerned about participants reliving their traumas because, after all, they would be victims of abuse. I justified the research by explaining to the Committee that accessing key agents and survivors enabled me to obtain knowledge and data that is not readily available in the public domain. I justified the research by explaining to the Committee the benefits of survivors reliving their traumas – that I would be providing an opportunity for survivors to talk about their experiences within an area where survivors are often silenced, and that we could learn important lessons from their experiences and improve intervention based on those experiences for the benefit of future survivors and key agents working in the field. Another concern of the Ethics Committee was my own personal safety and protecting the safety and identity of survivors. I therefore had to acknowledge the dangers presented and have the survivors' safety in mind. I was aware of these potential issues and I managed them in the following ways: (a) personal data connecting participants were not included in the writing-up process of the research; (b) all interviews

with key agents and survivors were conducted on location at the relevant organisation. This had a number of advantages. Not only were those organisations located in secure buildings (which meant access was restricted and secure), it was also at a location that both key agents and survivors were familiar with. Survivors were more comfortable with the surroundings and consequently more comfortable to discuss their experiences; (c) a short Risk Assessment was also conducted in relation to the participants (see Appendix 7). While this was of less importance with key agents, the risk assessment took on more significance for survivors and was completed with the help of support workers prior to interview; (d) although private interview rooms were provided and doors were closed, doors were intentionally left unlocked so that key agents could walk in briefly to check on survivors; and (e) most importantly, I explained to all participants that all interviews would be private, confidential and that their safety and security was paramount. Participants were told that they had the freedom to participate in the research but that I could not conduct interviews without their consent.

Confidentiality and Protection of Information/Participants

All research participants were informed that anything discussed with them or other participants would remain confidential at all times, and that I was not at liberty to discuss details about what other participants might have said during interviews. Fortunately, as my research covered a wide geographical area, many participants did not know of each other and therefore could not ask questions about what another person might have said. Confidentiality is one of the most important pillars of criminological research and traumatic details of HBV were disclosed, and in some cases, women had been severely abused and left close to death. Recalling these personal events was extremely distressing: in exchange for

this valuable information, I promised participants that I would protect their confidentiality and protect their privacy. I promised participants that I would not disclose any personal information to any other person, nor would I reveal their names, identities or locations in the research (Bachman and Schutt, 2003). This included expunging all possible identifiable material and altering unimportant aspects of a description where necessary to prevent identity disclosure (Bachman and Schutt, 2003). There was some hesitancy on the part of some participants who did not want interviews to be recorded for the fear of information being divulged word for word. However, it was explained that nobody but the researcher would have access to recordings and that the use of audio-recording equipment had the advantages of accuracy and speeding up the interview. It was also explained that recordings would be secure and destroyed after a conventional time period.

Obtaining Informed Consent

I provided all research participants with consent forms along with information sheets in English for all research participants to read, sign and take away with them for information purposes (see Appendix 3, 4 and 5). The information was also read out at the beginning of interviews to ensure research participants understood the nature of research and my promise not to divulge confidential information. Given the extremely distressing personal accounts, it was vital that women chose to participate (Kelly, 1988; Bell, 2014; Hesse-Biber, 2014). This helps to validate the research and methodological practice. Although some interviews had briefly paused because discussion about abuse had proved upsetting for some of the survivors, all interviews continued and were completed to the end. None of the interviews ended prematurely or with research participants walking out or withdrawing their consent. For those who did not speak fluent English, every effort was made to ensure

that they understood the nature and purpose of the research. Key agents assisted by reading and translating the consent forms and information sheets to ensure that those who could not speak fluent English understood the research and its objectives.

Data Analysis

The analytical categories I developed did not come from a hypothesis but from the categories by which key agents and survivors themselves described (either themselves or of one-another); their activities; and how they made sense of their 'social world' (Bachman and Schutt, 2003: 223). When interpreting transcripts, each sentence was examined based on close readings of statements and were aided by placing those statements within the overall context of that transcript. The analytical process was considered by the need to understand how participants located their experiences and any opinions they might have had, without being prejudiced or swayed by a particular theory.

The original comments from the recordings were manually transcribed from the audio recordings within a short period of time after interviews in order to capture every word and moment of the interview (Bachman and Schutt, 2003; Brookman, 2010). My research methodology involved an inductive and not a deductive process (Bachman and Schutt, 2003). I conducted an open-ended inductive process and approach to the data. I was not testing a hypothesis – rather I had certain questions and I developed them further as I progressed through the research. When interviews were transcribed, they were read several times whilst audio recordings were played so that I could become familiar with the data – this included noting pauses in speech, laughter and crying – such fragments and attention to detail captured significant thoughts, experiences or emotions to understand the meaning

attached to comments. Notes were scribbled in the margins, together with circles and highlighted text that the researcher regarded as particularly important. This not only concerned the content and context of what was said, but also the language used by the participant (e.g. sad, happy, angry, guilty, etc.) and my own interpretations of that content. The focus of my note taking on transcripts took me on a gradual journey of the interview process – what was said – how was it said – to why it was said (see Appendix 8).

Any statements or comments made by participants were then grouped into themes, representing emerging themes, ideas and contents that seemed to be considered important to those who participated, or those themes, ideas and content that I thought were particularly significant. There is no hard or fast rule for identifying themes in qualitative research (Ryan and Bernard, 2003), but academic opinion by seasoned researchers in the social sciences recommend looking out for: (a) frequency of comments; (b) repetitions; (c) indigenous typologies or categories; (d) metaphors or analogies; (e) transitions; (f) similarities and differences; and (g) linguistic connectors (Ryan and Bernard, 2003: 88-94). This method was replicated for each interview transcript before subjects and topics were believed to be applicable across the spectrum of transcripts. To undertake this task, I searched for any connections between those subjects and topics, what was considered significant, what was most frequently said and how a theme in one interview transcript connected to another transcript. This is also known as Key Words In Context (KWIC), and how comments are related and their importance within the overall interview (Ryan and Bernard, 2003). The resultant themes were then improved, sharpened, polished and organised into themes that were applicable to all of the transcripts across the board.

The analytical process was also enhanced by the use of computer-based systems (Bachman and Schutt, 2003; Hague et al, 2013). NVivo was used to add rigour to the process of analysis and help to extract key data, where certain key phrases or words were searched, located and identified and stored into 'nodes'. This helped in the analysis of the data as well as key phrases used by participants; for example, NVivo can be used to locate all those cases, phrases or texts where key agents used the words 'family councils' (Bachman and Schutt, 2003). I was then able to identify how relevant (or how common) 'family councils' were to participants. This was very useful because such 'tagging' and use of nodes helped to identify those comments, thoughts, attitudes and experiences that specifically referred to specific items I wanted to research, such as 'family councils' (see Bachman and Schutt, 2003). To isolate those key pieces of information that related to 'family councils', it was prudent to raise this as a specific question so that it could be 'tagged'. The use of parenthesis, where 'conceptual tags' were used, allowed me to examine all those statements by participants about a single concept by isolating key phrases and elements of the interview where information about this specific aspect of HBV was revealed (Kelly, 1988; Bachman and Schutt, 2003). I was able to import my audio files directly into NVivo, listen to the audio, create nodes and copied sections of audio into the nodes created.

Strengths and Limitations

From a technical and operational point of view, key agent interviews are the least expensive in terms of both time and cost. Several key agent interviews took place on the same day in the same department with several individuals. These individuals could also be approached again and re-interviewed with relative ease. Costs are relatively low too because interviews entailed simple transportation to the venue. One of the greatest advantages of interviewing

key agents is the vast and diverse array of expertise and experiences that can be studied, making such interviews a very useful and versatile method to collect data. A further advantage of key agent interviews relates to their knowledge of the local area and attitudes and experiences of HBV. Information extracted directly from these people with expert knowledge provided a rich source of information that simply cannot be obtained from other sources. Included is the release and dissemination of confidential information, privy only to the key agent's own environmental settings and therefore unavailable to others. Key agents were also able to explain sensitive or confidential cases, local incidents and patterns and trends that emerged locally. The use of key agent interviews provided flexibility and allowed for discussion to be open, including the discussion of a variety of topics, subjects and themes. An issue raised by one key agent was explored with others for their assessment, explanation and opinion. As part of this process, it was therefore necessary to recruit key agents from different locations and occupations. Key agent interviews were also useful for generating recommendations for successful methods of intervention. In total, thirty different key agents were interviewed.

However, a drawback with key agent interviews relates to potential organisational and individual bias. Some may have understated or overstated the true value of a comment. In some cases, some key agents might have been keen to demonstrate that they 'know what they are doing' and that the 'things they do are already working well'. If this was the case, this may potentially affect the validity of some comments. Conversely, some participants might have been afraid to reveal the true picture or criticise their superiors or organisations (Thapar-Björkert, 2007). Another criticism of key agent research is the tendency to interview the first available practitioner, expert, officer or any other superior because of their

organisational position, structure or because 'they happened to be available first'. However, this potential drawback is overcome if one is able to recruit participants from a diverse and wider pool, which was achieved in this study.

Similarly, with regards to interviews with survivors, the issue of reliability was also a concern. There was always the possibility that survivors modified their accounts or censored themselves because they wanted to be portrayed in a certain way, or adjusted their accounts because feelings of vulnerability were exposed during interview. There were, however, several methods that were employed to accommodate this. This included ensuring their safety on support organisation premises, ensuring that they were fully briefed about the research and that regular breaks were made during interviews if recollection of events proved traumatic. Upon reflection, there was also little choice in the recruitment of survivors as key agents selected and recruited the survivors on the researcher's behalf. Given that key agents had a degree of control over the recruitment of survivors whom they thought would be ideal for the research, this raises issues about reliability. Fundamentally, there is also the issue of the small number of interviews with the eight survivors. Although this was not a major concern with the key agents (whose interviews totalled thirty), the small number of survivors interviewed raises limitations about the data because the accounts could be unrepresentative of other survivors of HBV. Furthermore, as this thesis did not interview female perpetrators, one could argue that this thesis cannot adequately address the research question about women's motives and their involvement in HBV. However, given the serious and hidden nature of HBV, locating willing participants is a notoriously difficult task. Gaining access to the eight survivors was an achievement in itself given the hidden nature of HBV. Accessing a small number of survivors will nevertheless

help to provide an insight into their experiences and perceptions of their victimisation, including the reasons why they believed other women were willing to become perpetrators, if at all.

Some support organisations openly had policies against accessing survivors for research purposes. Some survivors also declined requests to take part in interviews. Given the lack of empirical work on HBV conducted to date, one should not therefore discount the data simply because a small number of survivors were sampled. Furthermore, given their personal experiences, gaining access to survivors could only be achieved through ‘gatekeepers’ – key agents were thus considered the most appropriate people to approach to facilitate the process of recruiting survivors. Also, as some survivors had rejected requests to take part in the study, it would have been interesting to address them – I would have liked to understand their fears and concerns, although key agents explained that some of the survivors that they had approached were ‘nervous’ and ‘scared’ to talk to a researcher.

Conclusion

This chapter has explored the methodological considerations of conducting research with key agents and survivors of HBV. A qualitative methodology was adopted, drawing some inspiration from the feminist literature, which advocates providing a voice to those who may otherwise be unheard. Conducting qualitative interviews was considered the best way to proceed in order to acquire the data to help answer the research questions posed. Ethical research, informed consent and confidentiality were vital components of this research leading up to the actual interviews. I also experienced challenges and concerns given my

own status as a South Asian male. However, my research experience was positive and my quest to conduct research was, in general, welcomed. Key agents wanted to speak about HBV because of their line of work – they felt that they had a duty to share their experiences and make them known to others. Survivors were also willing to speak about their experiences because talking about their traumas was cathartic in nature and they appreciated that someone was willing to listen to their accounts. In practice, I found that the participants were quite willing to talk about HBV and were willing to share their personal experiences of abuse, although survivors did censor themselves. The next chapter explores the participants and provides detailed information about their profiles including details of their professions, qualifications, experiences and demographic backgrounds.

5. WHO ARE THE KEY AGENTS AND SURVIVORS?

This chapter begins the process of presenting the data collected in this study. It focuses on the profile of key agents and survivors, including their professional positions, qualifications, experience and demographic backgrounds. The data collected from key agents is worthy of analysis because one is able to discover what they have to say about HBV and whether there are any tensions or disagreements on particular themes. As will become clearer during this thesis, there is an obvious range of people with different roles, backgrounds and a diverse range of perspectives. However, though one is able to obtain an idea about *what* key agents think about HBV, they are not necessarily the 'direct window'. One can get an understanding of their perspectives as they try to explain HBV, but there may be a variety of contradictions. It is important to be aware of this during data interpretation.

Who Are the Key Agents?

Chapter 4 explained a systematic approach to the recruitment of key agents. I had initially started out with a few key agents who responded to my emails to conduct research. These key agents had other networks and through the snowball method I was then able to network with other participants. Appendix 9 provides a summary of the key agents interviewed, their demographic background, profile and experience in the field. Of the thirty key agents, twenty-seven were women and only three men made up the rest of the sample. Of the twenty-seven female key agents, nine identified themselves as British South Asian Muslims who had been born and brought up in the UK. Only five of the female key agents were born in Pakistan, but were now living permanently in the UK. The rest of the female key agents identified themselves as White or White British, Italian and Black African. Of the

three male key agents, two identified themselves as White British males and the other was a British South Asian Muslim. The key agents were drawn from a variety of fields: most were support/refuge workers actively working in the field of domestic violence and HBV. Others recruited included those working within the criminal justice system, including serving police officers of various ranks (including Police Constable, Detective and Superintendent), solicitors/case workers in the CPS and local authority employees.

During the compilation of data, a variety of information was captured on the key agents' background, including their personal characteristics and attributes. This included their gender, age, ethnicity and religion. This was important because I wanted to capture the observations and opinions of 'cultural insiders'. Many of the key agents (fifteen in total: Key Agents 1, 4, 5, 7, 8, 10, 11, 13, 16, 17, 24, 25, 26, 29, 30) were Muslim, female and from South Asian backgrounds. As HBV predominantly affects South Asian women in the UK (Reddy, 2008), I concluded that this would be a group of individuals who would be in a position to draw honest and reliable conclusions based on being 'cultural insiders'. However, this does not mean that the key agents belonging to other groups were not able to provide useful data. Their data was equally as valuable – as 'cultural outsiders' they were able to validate or challenge observations made by 'cultural insiders'. The White British, Italian and African key agents who formed part of the sample provided their views and observations on HBV too. Their participation within the sample (fifteen in total: Key Agents 2, 3, 6, 9, 11, 12, 14, 18, 19, 20, 21, 22, 23, 27, 28) was important as it provided a balance to the rest of the interview data. It is legitimate to argue that a sample of both South Asians and non-South Asians is required for a study of this nature, although it is accepted that it is a

matter for empirical investigation how people's backgrounds influenced their understanding and capacity to intervene in cases of HBV.

What Do the Key Agents Do?

All of the key agents either lived or were born in England and Wales, and if they were born in another country, were residing and working in England and Wales at the time of interview. All had intimate knowledge of cases and the local area within which they worked and were very experienced. All key agents had actively supported survivors of HBV or helped in the implementation of HBV policy, depending on their roles. Interviews were conducted with women's groups (employed by NGOs) and police officers in Police Public Protection Units in the main. Interviews with CPS lawyers and local council workers revealed that some were also responsible for implementing policies on HBV at local/organisational and national level. The women's groups, police officers and CPS lawyers had all actively supported women experiencing HBV and forced marriage, from the point of initial disclosure, to the investigation and gathering of evidence once a formal complaint had been made, all the way through to the prosecution stage and outcome in criminal proceedings. These three groups of key agents are closely related and it is common for all three groups to interact with one another. For example, an initial disclosure by a survivor might require women's groups to contact the police to log a complaint of victimisation; similarly, the police might require the presence of a support worker from a women's group to gather evidence or help prepare a witness statement from a survivor; and CPS lawyers liaise with both the police and support workers about evidence and appearing as witnesses before a court of law. Out of the three groups, the women's organisations devoted a lot of their time and dedication to domestic violence, HBV and forced marriage in South Asian communities.

The police officers in Public Protection Units, whilst they did undertake work on HBV and forced marriage cases, also devoted their time and attention to other crimes, including domestic violence, sexual offences and modern slavery/people trafficking. This was the same for CPS lawyers, although both CPS lawyers and police officers had been specially trained to respond to HBV and forced marriage. Working on HBV and forced marriage cases fitted with other aspects of their work.

The Roles of the Key Agents

Many of the key agents had worked in their respective roles for a number of years and were experienced professionals. A number of key agents who worked for local support organisations were also survivors and previous service users. Taking the example of Key Agent 1 (who herself was once a victim of domestic violence/HBV and whose experience is similarly reflected in other key agents), she had worked at her support organisation for over ten years, was bilingual in four different languages and was a qualified immigration advisor. Having a dual role meant that not only was she able to provide emotional support to victims, but she was also able to provide advice on immigration issues and help with applications for asylum and permanent residency, a role that she described benefited her clients. Other support workers (e.g. Key Agents 4, 5, 6, 7, 8, 10, 13, 14, 16, 23, 24, 25, 26, 29 and 30) also provided frontline support, but some also offered on-going support to service users, delivered training courses to survivors allowing them to improve their English and other life skills. They also delivered courses on the concept of 'power and control' to educate service users about recognising the signs of abuse in relationships. Some provided training to (other) members of staff as part of CPD and to external organisations to improve awareness in their local communities (e.g. Key Agents 9, 11 and 26).

The police officers interviewed (Key Agents 3, 18, 19, 20, 21, 22, 27 and 28) worked in Public Protection Units at their respective police forces, actively responding to victims of domestic violence, HBV, forced marriage and other serious offences against the person. Although their primary role was to investigate crime, they also explained that their role also formed part of 'rescue work', stating that their primary goal was to ensure the safety of the public even if this meant that a formal complaint or prosecution was not always pursued. Police officers often liaised with support workers to assist with their enquiries and, in some instances, provided additional emotional support to women. Key Agent 19, for example, explained that she regularly keeps in contact with survivors she has assisted in the past, even if only by telephone or text message, to ensure that they are safe. Key Agent 3, a serving police officer for over 29 years, also worked in her local community as a Community Engagement Officer. Her role specifically was to raise the profile and improve awareness of HBV within her local community. Her role essentially concerned HBV prevention, which involved improving the public's knowledge about where they can access support.

Key Agents 2 and 9, two local council workers employed by their respective local authorities, were tasked with implementing policy and raising strategic awareness on domestic violence, HBV and forced marriage within their workforce. This included the benefits agency, housing and social services departments. Key Agent 9 worked on matters concerning migration and asylum. She worked within the Frameworks, Strategies and Policies Department, ensuring that council employees are trained and understand issues concerning HBV in minority communities. She also raised awareness about HBV with other outside institutions that the local council worked in conjunction and in partnership with.

Key Agents 15 and 25, two employees at the CPS, were actively involved in the prosecution of HBV and forced marriage including bringing offenders to justice. Key Agent 25 was a senior Chief Crown Prosecutor and had been actively involved in the prosecution of some very high profile HBV cases in the UK, which saw perpetrators convicted for HBV and so-called 'honour' killings and imprisoned for substantial lengths in custody. Key Agent 25 was also very heavily involved with government policy on forced marriage and had disclosed that he had liaised with the then Prime Minister (David Cameron) about the future direction of policy on forced marriage. Based on these profiles, one can conclude that the key agent sample surveyed is varied and experienced.

What is it Like to Work in the Field of HBV on a Daily Basis?

Speaking about their experiences of working with survivors, key agents felt privileged to work with them and to be a part of their process of recovery. This is because key agents often witness the sense of hopelessness and despair survivors feel when they first arrive at their doors, often by themselves and lacking in financial independence. Some survivors lack basic life and language skills when they first arrive in need of support (Wilson, 2006). This context puts into perspective key agents' intervention and their assistance in empowering survivors to become independent. Seeing survivors grow in confidence, develop and lead independent lives provided a great sense of satisfaction to key agents – all the things that the survivors had been denied when they experienced abuse. However, key agents also expressed mixed emotions about their work. Many explained that HBV work is rewarding, frustrating and draining all at the same time. One support worker found working within her refuge was very rewarding because *'it's like home to me and you know that you're making a difference to people's lives'* (Key Agent 10). Other support workers said:

Over the years, I think I had so many cases, in particular, I deal with the immigration side of things as well, when people, ladies who come from abroad, from Bangladesh and Pakistan, or any other country who come on spousal visas, then here they suffer domestic violence, in that case they have no status, they have to get indefinite leave to remain on the basis of domestic violence, and I prepared their cases and through a solicitor we have to forward it to the Home Office. Once that is done, then obviously they got indefinite leave to remain and they can move on with their lives, which is a big thing for them, otherwise they wouldn't be able to move on with their lives (Key Agent 1).

...if you can change a person's life, then that will be the reward. It's not just a pay packet, you need passion because at times it can be very difficult to provide emotional support to clients (Key Agent 5).

These privileged insights reveal the importance of support work and how key agents are able to transform the lives of survivors. The difficult experiences due to insecure immigration status heighten their feelings of desperation and hopelessness (Thiara and Gill, 2010), yet key agents were able to 'change a person's life' by helping survivors to become independent and gain permanent stay in the UK – independence that they had been denied by their abusers because they had been controlled (Reddy, 2008; Reddy, 2014). Some of the support workers were extremely passionate about their work (as is evidenced by Key Agent 5's statement, above – 'you need passion'). Key Agent 5 explained she was 'passionate' about her work having dealt with some difficult cases over a period of eight years. She also explained that her work was not a standard 9am-to-5pm job, as she often had to work outside normal hours, which often had an impact on her private life. She said her husband's support (including looking after the children) enabled her to pursue this type of work as a career. However, other key agents found HBV work very frustrating:

It's very hard, it's very draining...It is draining and it's quite a traumatic occasion and frustrating and I get quite angry some of the times [laughs], a lot of the times...I get angry because, while, I feel the frustration comes first and then the anger comes from that, because the frustration is when you're ringing around trying to get support for people, they don't understand what it [i.e. HBV] is, they don't, a lot of services still don't recognise this as a form of abuse, so whether you need refuge spaces for someone, most refuges and the domestic violence refuges and the national helpline are very good now, but we still come across people within organisations who will say: 'Well, you know, I can't deal with this today, you can try again tomorrow' and they don't get the sudden immediacy or urgency of the situation, I think it's that, that people don't take it seriously, and therefore don't act in an appropriate manner, which means that the service user is going to be the one that is going to lose out. And they don't understand that this could be a matter of life and death (Key Agent 13).

Some support workers highlighted their displeasure with state agencies such as the police, social services and healthcare professionals about their general lack of knowledge on HBV. The lack of awareness contributed to their feelings of frustration, and support workers in particular expressed feelings of helplessness – that they already faced a difficult task when supporting women but that their job was made all the more difficult when other organisations demonstrated a lack of awareness.

Some support workers also found working within the field scary, in the sense that their work posed certain threats to their own personal safety. Some support workers had expressed fears of being attacked or harmed because of their work by continually placing themselves at risk of being identified or known to the community, perpetrators and their families. These instances occur because support workers belong to the same community as survivors and may well be acquainted with others in their communities – they become highly visible as a result. There is an element of risk for support workers, especially when they have to accompany victims to court. Some key agents gave examples when they had left shopping centres or fled courts because they feared for their personal safety:

Sometimes it's scary. Sometimes it's scary for us when we go with these women and attend the appointments...Sometimes the perpetrators are in court and see us, it's a challenge for us because we are in the Asian community and it's not easy for us to hide ourselves because Asians know each other and they will find out – 'Who is this lady helping so and so?' ...It is dangerous for us because we prefer we don't accompany them, but we have to do on some occasions, and we have fled some situations, sometimes called the police to rescue ourselves (Key Agent 29).

Despite these dangers, support workers continue to work in the field – their selflessness and desire to help other women experiencing violence was the primary reason for their continued work. They play a very important role in supporting women attempting to free

themselves from violence and oppression. As will be demonstrated in subsequent chapters, survivors were grateful and appreciative for their support.

Funding Challenges

One of the biggest challenges relates to austerity measures limiting government funding for the organisations that took part in this study. While this was an issue for the police, CPS and local authorities, this was more of an issue for the specialist BME women's groups. The police, CPS and local authorities still remain active due to their work in other important areas, but given the narrow focus of specialist BME organisations (primarily supporting BME women), they continually face cutbacks and closures and, sadly, one specialist BME support organisation that took part in this study recently lost a tender with their local council to continue supporting survivors of HBV. At the time of writing, they are currently in the process of appealing against the decision and are seeking alternative funding. During interviews, funding cuts were a major issue for all of the support organisations and the safety of BME women may be compromised if they face closure (Zosky, 2011). The organisation that recently lost a tender is no stranger to challenges and under its previous tender it had to diversify under the contractual agreement of the funding body. Rather than catering solely for South Asian women, they had to contract to work with *all* BME women in their local community. As result of this diversification, it secured funding for four years and employed one black support worker through the local university Social Care Work Degree Programme (hence the role of Key Agent 6 who took part in this study). This represented a major change to the original purpose, personnel and vision of the specialist support organisation, demonstrating a need to diversify during financially difficult times. However, despite this diversification, four years later they lost a renewed bid for funding. All of the

support organisations provided examples where other local BME organisations had closed as a result of losing funding. HBV and forced marriage casework is now increasingly being managed by generic organisations such as Women's Aid. While there is no immediate issue about the general capabilities of these generic organisations, this shift has caused concern for some BME support organisations that were interviewed. Although one could argue that this is a matter of self-interest, the value and importance of having specialist BME organisations was argued by some BME support workers:

...generic organisations just do not know how to respond to support women when it comes to honour-based violence and honour-based issues. This is no good as women will go back to violent relationships and find it very difficult to get over the trauma they have experienced. To set themselves up in the community, the generic organisations will not know how to do that and this might exacerbate the mental health issues of victims (Key Agent 13).

It was argued that the danger of employing generic organisations to undertake BME work is that they may not have the cultural understanding or enough bilingual support workers to cope with increased demands (Merchant, 2000; Gill and Rehman, 2004). Key Agent 5 reflected on her own experiences, stating that in the late 1990s, there were no bilingual workers in one of the generic refuges for women in her location, although this had changed due to the recognition of the increasing number of BME women reporting abuse. However, she went on to explain: 'this is starting to happen again' because of budget cuts – generic refuges can no longer afford to employ bilingually skilled workers. This could have an impact on women wishing to seek help. To overcome this, one support worker said:

Generic providers do not have expertise to deal with honour-based violence, but could they create that expertise? So that experts within both generic and specialist organisations can work on honour-based violence cases? For example, why not employ those working in specialist organisations to work for generic providers? It could be on the basis of a 0.5 role or part-time role? (Key Agent 13).

However, when presented with this recommendation, other support workers challenged this. Key Agent 23, a refuge manager with eighteen years of experience at a generic organisation (but now with two years' experience as a manager at a BME organisation), was in favour of having specialist BME organisations dealing with HBV cases only. What was interesting about Key Agent 23 was that she was a White British woman who had worked in a generic organisation for twenty years, but who now strongly believed in having specialist BME organisations undertaking HBV work. This is because of their understanding of survivors' different 'intersecting' needs (Wilson, 2006; Thiara and Gill, 2010):

...I can see the different work and complexities that come out from dealing with BME women and BME women are able to get a very different service from specialist organisations that generic services cannot provide and this includes language, cultural and environmental differences – an understanding of the culture and religion and etiquettes. Women see this service from specialist organisations that is different and 'irreplaceable'. I really believe that. I try to avoid the word 'specialist' as to funders, that can translate as 'expensive' but they are not, they are cheaper, badly funded for doing a very difficult job very well. Of course, funders want a generic service, but 'one size does not fit all'. If [support organisation] goes generic and a specialist is based in-house within a generic service provider, then the whole dynamic changes, shifts and we get back into the mode of 'we have to work like this', which may not provide a good level of service for BME women. These are greater things and we have to resist that move to generic services and remain independent. Women are more likely to go to [support organisation] than a generic service provider. They are more likely to take that risk and seek help when they are able to approach specialist organisations like [support organisation] and word-of-mouth is vital in this area. From the many who have used [support organisation], they have seen crap funding, no accommodation, no funding for trips, no fancy bits, but their support needs are still nevertheless actively supported and received by [support organisation]. And they will tell other women. And for women who are too scared to come out of a relationship, organisations like [support organisation] will make that bit of difference when it comes to seeking support, if those women know there is an organisation out there who can be responsive to the individual needs as a Pakistani, or African woman – ask her – she's the expert. [Support organisation] do not claim that they can support every woman who walks through the door, but it is about [support organisation] acknowledging that every woman's need is different and that she will need different things, that [support organisation] acknowledge those different things, and work with it in a responsive and appropriate manner because they understand the nature of women's issues and problems in BME communities, they understand racism in the context of support provided by generic service providers and those sorts of issues which compound women's sense of abuse. We believe these issues are better understood at [support organisation] (Key Agent 23).

This was supported by Survivor 7's account:

(Translation from Urdu) I am contented to know that [support organisation] is from a similar background and understand my issues much more and that's why I feel comfortable here, because of that reason (Survivor 7).

Lack of funding threatens the existence of specialist BME organisations and if this trend continues, BME women will ultimately lose out. Lack of access to BME organisations will have negative consequences for women, including uncertainty, hopelessness and fear of the future (Zosky, 2011). The uncertainty about the future of some support organisations was concerning, as the benefits to BME women were clearly visible to see during discussions with key agents and survivors. The general opinion of key agents was that specialist organisations served clients much better than generic because they had worked in the local community for a number of years, understood the cultural issues, established positive local connections and built a level of reputation that they provide an effective service.

Mental Well-Being (Key Agents)

As noted earlier, working within the field of HBV can be a very traumatic experience. This was a feeling shared by several key agents:

It is all emotional stuff you deal with, they are human, you listen to the stories, and, you know, what happened to them, it affects you psychologically and mentally, and so that is kind of the emotional side of it. Then obviously, you need to make a plan to keep them safe and secure, so, and give them all the best support and safety and security as well as emotional support (Key Agent 13).

When I first started this job it was hard [to switch off and to disengage] at the beginning, I think I was not switching off, I was thinking constantly when I was in sleep [sic] and thinking: 'Yeah, okay, I need to do this'...but then slowly, you learn to, learn to cope with it, I think you will learn, but still, there are sometime [sic] when you still don't. What I do when I feel I need to, to talk to somebody, then I will probably ring a colleague or somebody who I can talk to and then I'll assess the whole case without compromising the name [of the client] if the person is not working, not a colleague, then I would be careful. But if it is a person, my manager, then obviously I will talk about the whole case (Key Agent 1).

Oh yeah, every day, pretty much. In this job, every day is different and you hear different stories every day, and you've got to kind of leave it at the door, when you get out [i.e. leave work], get on with your life. It's easy saying that but it's difficult when you're at home and that all you can think about, but it gets better, you know, as time goes on, but it's a very draining job, mentally draining (Key Agent 4).

Other key agents explained that working within the field could lead to stress:

...very distressing and I understand that case workers quite often find it emotionally draining to deal with honour-based violence. It is stressful in two respects because honour-based violence clients need such a high level of intervention that other women, women dealing with interpersonal violence and domestic violence, doesn't have that collective aspect, but dealing with someone who has got honour-based violence can be a very long drawn out affair and can be very tense and stressful throughout a lot of it, so it can be very draining for caseworkers. It can be difficult at first because they can be quite horrific because what people explain to you can be just mind-bendingly awful, which you can develop some defences around. Comparatively, I don't know, we can get a little dehumanised and desensitised to it. You need to be for your own self-protection, otherwise you'd be waking up at 3 o'clock in the morning saying: 'Oh God, that's awful, I can't sleep (Key Agent 12).

Some support workers reported as a result of working in the field and had requested time off work. Key agents who worked with survivors experienced intense feelings of secondary victimisation given the nature of their work: generic stress and diagnosed Post-Traumatic Stress Disorder (PTSD). This was an issue that I had asked key agents directly:

I've been here, all in all, about 6 years, but I left for 6 months last year... I just wanted a break from the organisation [nervous laugh]. I found at the time that things were getting just too much for me and I just wanted to do something different...[key agent then explained that HBV cases are not necessarily] depressing, but definitely traumatic and they can, sort of, erm, can be quite stressful at times (Key Agent 24).

While the mental health of survivors is often the main focus of attention for researchers (e.g. Raleigh, 1996; Wilson, 2006; Ineichen, 2008; Izzidien, 2008; Siddiqui and Patel, 2010), little attention is paid to key agents and their own emotional health and wellbeing. There is similar concern, for example, in regards to human rights workers working in humanitarian relief settings and who are exposed to traumatic events (Holtz et al, 2002; Joscelyne et al, 2015). Support workers in particular are, in one sense, secondary victims of violence because they directly support the primary victim (Iliffe and Steed, 2000). In this way, they experience hidden trauma because they work with highly dependent clients, experience increased caseloads, work for little money and suffer 'burnout' – all within an environment

where they too may be at risk of harm for supporting women (as noted earlier by Key Agent 29, who found HBV work sometimes 'scary'). Some support workers were also uncertain about whether they would even have employment in the future, as many of the BME support organisations interviewed faced funding cuts. As human beings, key agents are not immune to the negative experiences that survivors bring and this affected the mental health of support workers. Stress and PTSD was revealed in the instances where key agents found it difficult to sleep at night, suffered nightmares or had to take time off work. It was clear that some support workers did have a system of debriefing, of in-house counselling, within their organisation. Key Agent 1 (above), for example, explained that '...if it is a person, my manager, then obviously I will talk about the whole case', which demonstrates that she was willing and able to debrief and self-report stress and anxiety to her manager. Key Agent 24, above, was also diagnosed with PTSD and was away from work for 6 months as a result. However, it was clear that other support workers did not have a similar system of debriefing or counselling available to them. When I probed some support workers, they explained that they did not always have an opportunity to respond to their own emotional and mental health needs. This was because of a lack of resources, staffing and the limited availability of counsellors. In an ideal world, stress and PTSD could be managed where key agents had manageable caseloads or had opportunities to debrief, express their feelings, talk openly about their secondary victimisation and their anxieties about the lack of job security. It may therefore be beneficial for organisations to conscientiously set up formal relationships and mechanisms with counsellors and psychiatrists to monitor the wellbeing of employees who deal with traumatic events on a daily basis (Holtz et al, 2002; Joscelyne et al, 2015).

Who Are the Survivors of HBV?

Appendix 10 provides a summary of the survivors interviewed. All were recruited in England and Wales. Exact locations have deliberately been omitted to protect their identities. Some survivors were born in the UK, while others had migrated from Pakistan through marriage. All were living in England or Wales and consented to take part in semi-structured interviews to discuss their experiences. The survivors had little or no post-16 education as they were prevented from going to college or had 'arranged' marriages at a young age. Only Survivor 6 had university qualifications and was the only one in full-time employment during the course of her abuse. The other survivors were not in employment during their abuse and had become financially dependent on their abusers, although Survivor 5 subsequently found employment after escaping her father's attempts to force her into marriage.

The survivors became involved in the research through the recruitment and selection by support workers. These key agents explained the circumstances surrounding the various survivors experience prior to interviews, explaining that these cases would be beneficial to explore and to learn more about HBV. Some of the cases appeared to be good illustrations of HBV because those cases concerned attempted or actual forced marriage and the link to HBV became clear through further discussions. However, in terms of representativeness, an initial finding was that some of the cases were not the 'typical' examples of HBV that I was expecting. Apart from exploring what is meant by the word 'typical', some of the survivors were married women and their cases did not involve perceived 'sexual misbehaviour', unlike the cases often reported in the media (Reimers, 2007; Reddy, 2008; Anitha and Gill, 2015). An initial finding was that some of the survivors, and the circumstances presented, were not a 'typical' group of women one would normally associate with HBV as their cases appeared

to demonstrate more domestic violence and ‘intimate terrorism’ within the home (Johnson, 2008). However, I wanted to learn more about these cases and why key agents/survivors categorised these cases as a form of HBV. I wanted to explore if there was an additional subgroup of cases beginning to emerge that concerns HBV that may be overlooked in the existing literature. This is discussed in more detail with survivors in Chapter 7.

I also discovered that this was the first time survivors had talked to someone (other than a key agent) about their personal experiences concerning HBV. It was also the first time that they had talked to a researcher. This was a nervous experience for some of the survivors. While none had described the interview process as ‘frightening’, as mentioned in Chapter 4 there was an obvious censorship on the part of some because there was some concern that I was a South Asian male researcher (recalling that I was not a ‘white man’) and that I may have known the survivors’ families. Survivor 2 was convinced that I knew her family and who her abusers were, although I had never met them. Similarly, Survivor 7 was very nervous and in floods of tears throughout the duration of her interview because she was concerned that any disclosure might affect her application for permanent stay in the UK as a migrant. However, the key agents had reassured survivors about the confidential nature of the research and survivors showed a determined resolve to complete their interviews. None ended their interviews prematurely or withdrew their consent. I was genuinely interested in the survivors’ experiences to draw out important lessons on intervention. This is discussed in more detail with key agents and survivors in Chapter 8.

The Survivors' Arranged and Forced Marriages

All of the survivors were expected to marry once they had reached 'marriageable age' (which according to Islamic law is presumed to be the start of puberty at the age of 15 years for girls; Hindu law allows for marriage of girls at any age: Hossain, 2011: 224). All of the survivors had high hopes and expectations in marriage. Survivors born in England had dreamed of love and romance. Survivors born in Pakistan and migrating to England through marriage were also optimistic that they would find happiness and prosperity in their lives:

And before I came here, I don't know about this life because I'm from Pakistan [inaudible], I know that women start in college and at home they think I'm in England: 'She's going to be happy life' and like this, or, they didn't think, they think about me because just, thinking 'She's going to be happy'...

MMI: A good opportunity for her?

Yes, like this (Survivor 1).

Some of the survivors had their marriages 'arranged', although in some of the cases, it was difficult to decipher whether their marriages really were 'arranged' or whether there was some sort of slippage and their marriage 'forced' (Gangoli et al, 2011). For example, Survivor 5 experienced an attempted forced marriage, while Survivor 6 clearly experienced an actual forced marriage. In these two cases, there was a clear absence of consent – Survivor 5 left the family home before she could be taken to Pakistan to marry a man she had not met and who was nearly twice her age, whereas Survivor 6 felt she had no choice but to accede to her father's demands to marry a man from Pakistan. However, in other cases there were some grey areas that muddled their interpretation. When asking Survivor 1 about her experiences of marriage, she explained that when she first arrived in the UK, she had put on her immigration form that she was 18 years of age, when she was actually younger:

I don't want to show my real name, or real age but, erm, they just put my, erm, my age at that time was 16, but they show I'm 18 (Survivor 1).

When I questioned Survivor 1 later in the interview about whether she had been forced to do this and whether her marriage was forced, she considered her marriage to be 'arranged'. However, if Survivor 1 was made by 'them' to deliberately lie about her age to facilitate her entry into the UK, could this be an indication that she was controlled and lacked consent? This is also supported by her young age – she said that she was 16 at the time of marriage, but arrangements to get her married were made some time before (in Pakistan, a woman can legally consent to marriage at the age of 16. It is 18 years of age if in Sindh or Punjab – see e.g. The Sindh Child Marriage Restraint Act 2013). This demonstrates that if a woman is controlled and not permitted to make free choices, how can she make a choice about marriage (Gangoli et al, 2011)? Similarly, Survivor 6 explained that she had 'agreed' to marriage to escape the psychological 'nightmare' and intimidation by her father:

The marriage was, at the time you were told 'It's arranged', but it's only when you look at the difference between 'arranged' and 'forced', there really was no element of choice. The norm in our family was when you're 16, girls would just get married....So by saying 'No' meant, clearly meant, my father's displeasure, which was shown in a number of ways. I never recall my father ever hitting us, or hitting my mother....My father would be from everything to the shouting, the silent treatments, smashing plates, yeah, all of that, non-stop harassment, there was no other word for it. Things came quite unbearable and finally at the age of 20, I agreed, and I'll be honest with you, I agreed only to get out of the nightmare I was in. I thought: 'How much worse could it possibly be to get married, because all I seem to get is criticism after criticism, non-stop pressure from dad? Well, OK, this is what they want from me, I have no other options left'...[When Survivor 6 eventually got married]...I thought: 'I came out of one nightmare to one which is a lot worse because with my father, and my mother as well, it was verbal. Constant verbal abuse, the overwhelming feeling of not being wanted, that they wanted to be rid of me. 'Girls were just a burden, you just married them off' as and when it was convenient for them. Here though, in the marriage, it was [long pause, cries] a 100 times worse. Cos here, I've got someone who was not only hurling verbal abuse at me, putting me through psychological torture, everything from screaming one minute, to silence for days on end, I'm faced with physical violence (Survivor 6).

Though the survivors had high hopes and expectations in marriage, this could not be further away from what they had told me. The on-going abuse Survivor 6 had experienced from her father and then the abuse from her husband revealed the violent experiences she suffered. None of the survivors mentioned anything 'honourable' in their experiences or about the

conduct of perpetrators – the discussion of the concept of ‘honour’ raised in the earlier chapters is clearly out of touch with the survivors’ who did not describe their victimisation as ‘honourable’ at all (Welchman and Hossain, 2005; Idriss and Abbas, 2010; Gill et al, 2014). Rather, the picture that was constructed through their experiences was a sense of hopelessness and despair that many of the women felt, when all they had to look forward to was abuse within their marriages. Although they had hoped for happiness, the participants had informed me that it was not like that at all. In reality, it was all a myth. Where survivors did get married, it was perceived that that was the end of the role of their parents, as the women were now under the responsibility of their husbands and in-laws (Wilson, 2006). While some had undertaken activities before marriage, including attending college or university, once married they were expected to follow established gender norms, including being a dutiful wife and daughter-in-law (Reddy, 2008; Reddy, 2014). Survivors 5 and 6, who were born in England, appeared to experience greater challenges in comparison to the Pakistani survivors. They could not understand the expectations in marriage, which they felt were more associated with culture and not the western lifestyle that they had been accustomed to (Wilson, 2006: 10). They wanted to pursue education, careers and the freedom to choose their own partners. This was clearly an example of the ‘clash’ between first-generation migrants and their children, who wanted to adopt a more British and westernised lifestyle, discussed in Chapter 3 (Choudry, 1996; Anwar, 1998; Dwyer, 2000).

Mental Well-Being, Depression and Suicidal Thoughts (Survivors)

A sensitive and critical discussion needs to be undertaken about the realities of the survivors’ mental health and their thoughts about suicide. All of the survivors explained that

their experiences had a negative impact on their mental health and had made them feel very depressed:

And, er, that time I'm very struggling, very struggling all night, I can't sleep. Now, I use stress tablet before, how I'm sleep, that time, I didn't know what shall I do (Survivor 4).

Survivor 1 explained she had been ostracised by her family when she left her abusive relationship and that this had affected her emotionally (Araji, 2000; Reddy, 2008):

No, no one is talking to me. My husband's family, no one's talking to me. When I'm going in the same place because they live in one road, they just looking the other way and ignoring, like this...it makes me feel very bad, but now I'm not feel bad, because I think God made good way for me...Before I'd just cry everyday, now I know because I didn't do anything wrong and, why, wrong people doing like this, not me, so, now I'm not, before I'm too much, but now I think I'm strong, can't cry now, but before, when I'm talking about my past, I can't say anything, I just cried and cried, now I not, because, I don't know, I'm just strong now...before I'm going in depression, they giving me medicine, I just throw away, I don't want anything, I want to face everything...I just look after my kids and I'm going to give my kids a good life. I want to face everything, I don't want to, like, I'm going to eat the medicine...(Survivor 1).

Survivor 1 talked about her strength, about being strong and refusing her medication. She talks about realising how 'I didn't do anything wrong' and while it may be easy to focus on her ill-health and apparent powerlessness, she has taken control of her life and left an abusive relationship that made her unhappy. Although she is shunned and ostracised by her husband's family, she has stopped taking her medication – she was telling me that she was strong, empowered and wanted to free herself from oppressive behaviour. Survivor 6 showed similar strength:

Seems like when my family and community are concerned, I'm gonna be paying, like, forever. That's got to stop. I will not tolerate it. I will not bow down, now, and say: 'All that was for nothing'. I want my children to see that the fight was worth it and what we do with our lives is really only about us and *Allah*, nobody else (Survivor 6).

However, the traumatic and psychological experiences meant that some survivors did find it very difficult to trust others again:

For first year, my life was good. Only after second year [of marriage] I saw real side of in-laws and my husband. They two-faced and abusing other daughter-in-laws as well. I find difficult to trust now (Survivor 1).

Survivor 3 explained that she was, at times, locked in her room by her mother-in-law, denied food and allowed out only in the presence of other family members. Her deterioration was the result of being separated from the outside world, exacerbated by feelings of being lonely (Welchman and Hossain, 2005; Siddiqui, 2005; Metlo, 2012). This was also exacerbated by the fact that some of the survivors migrated from Pakistan through marriage and had no direct family in England. Survivors 1 and 2 explained that, because of their depression, they were advised to take medication but decided not to do this because they were concerned that they might become addicted to their medication. Again, like Survivor 1, they were telling me that they were strong. However, what was concerning was the disclosure by Survivors 2 and 4 that they had self-harmed and considered suicide. This was not merely a thought – the survivors disclosed their actual attempts at suicide because they could not cope with their abuse:

...and then I try suicide myself that time, when his brother done that to me, then I done overdose because he [i.e. her husband] has...tablets and then I took it all...(Survivor 2).

...that time, I says, I decided two or three times I'm just having tablet to kill myself. Because of too much stress. I have no time to tell my husband, sister-in-law, who's pressure me, do this, do that, you know, family problem, I can't share nobody. And I can't phone Pakistan, there's no phone in Pakistan, my house, and now I feel relax, I can do anything. Just because of [support organisation] (Survivor 4).

The disclosure of suicide attempts reveal the reality that suicide was considered to be a reasonable and the only close-by option to an impossible situation for these women (Southall Black Sisters, 1994; Gill, 2004; Sooch et al, 2006; Hurwitz et al, 2006; Izzidien, 2008; Imkaan, 2011). It reveals the desperation that these women felt and confirms studies that women who experience abuse live in extremely difficult environments and can think of no

other way to escape other than by killing themselves (Raleigh, 1996; Mojab, 2004; Begikhani, 2005; Wilson, 2006; Ineichen, 2008; Feldman, 2010; Siddiqui and Patel, 2010; Begikhani and Hague, 2013). Survivor 2 explained that she experienced caste discrimination because of her ethnicity (Pakistani-Kashmiri) and not being directly related to her mother-in-law (Afghani-Pathaan). Survivor 2 explained her mother-in-law had two other directly related daughters-in-law (Afghani-Pathaans) but did not experience abuse. Survivor 2 believed her mother-in-law wanted her son to marry an Afghani-Pathaan from her side of the family, but that her husband (i.e. the father-in-law) rejected this idea on this occasion. Survivor 2 then talked about her husband turning against her because the mother-in-law had 'turned' him. The on-going abuse Survivor 2 then endured became too intolerable:

Before, I was having problems with the family, he [i.e. her husband] was alright, then I'm ok. I could cope, if the husband is alright, supporting you and you can see that he loves you and cares, no matter what other people may do. But now they changed him, then he's saying 'My parents are right' and he wants to get married again from the mother's side. Now, about 3 years ago, he took child tax credit off me...he's on drugs now, erm, skunk, and then he wanted to get married again, he took my child benefit off me and child tax credit and they not giving me anything to eat in the house, I've got three children. And what is his brother saying, he's doing it, sometime he puts his shoes on and puts his foot on my foot, he's not moving for some time, sometimes he's hitting me, and you see the scars, that's a knife, and I've been badly bruises on my body as well...his older brother has been beating me up, you see my nose has been bent, because his brother, because he been punching me on my nose, then my nose and mouth start bleeding...and then I try suicide myself that time, when his brother done that to me, then I done overdose because he [i.e. her husband] has...tablets and then I took it all (Survivor 2).

Survivor 2's attempt at suicide became a reasonable option for her after being financially controlled, starved of food (including her children) and seriously assaulted by her husband's family. She clearly was trapped and confused – she was physically and psychologically attacked. Her abusers had tried to strip her of her self-esteem, self-confidence and self-love. They wanted to make her feel that she was at fault and her abuse left her helpless. Survivor 2 was also isolated, depressed and powerless and did not receive any treatment for her depression. At the time, she believed that suicide was the only way out for her.

Conclusion

This chapter provided details of the personal, professional and demographic backgrounds of those who took part in this study. Participants were drawn from a variety of backgrounds: the key agents recruited were very experienced in their roles and their varied experiences can generally be regarded as a positive attribute of the study. The chapter provided data on what it is like to work with HBV victims on a daily basis. All explained that such work is challenging, frustrating and rewarding at the same time, although the stress involved can become overbearing. Some key agents admitted that working with survivors led to stress or PTSD for which they had to take time off work. This is understandable as recounting survivors' experiences forces key agents to relive a secondary form of victimisation and one can appreciate the very stressful nature of working within the field. The chapter also provided data on the survivors. They experienced a mixture of emotions during their experiences, including feeling fear, shock, anger, confusion and emotional trauma. This affected their mental wellbeing and in some cases, it led to attempts at suicide. These feelings were completely understandable because the survivors were made to feel worthless. However, the accounts also demonstrate that all of the survivors showed strength, determination and empowerment – they broke free from their oppression by leaving their abusive relationships, by refusing medication and by challenging their abusers, sometimes with the help of the legal process. This teaches us a very important lesson – not only is there no 'honour' in domestic abuse, HBV or forced marriage, but that it *is possible* for women to leave and survive abusive relationships. All of the women who took part in this study survived. They survived, were in the process of rebuilding their lives and told me their intimate stories. One hopes that other women find such inspiration too. The following chapter now examines the processes of HBV according to the accounts of key agents.

PART 3

6. THE PROCESSES OF HONOUR-BASED VIOLENCE ACCORDING TO KEY AGENT ACCOUNTS

The objective of this chapter is to acquire a better understanding of the processes that lead to HBV in the views and experience of key agents. My approach was to ask key agents questions about the nature of HBV and how they define it. Having discussed their variety of roles and backgrounds in the previous chapter, the aim is not to treat key agents as a unified group with 'one voice'. Rather, the purpose is to explore the variety of responses and whether any trends or disagreements emerge. The chapter begins with an examination of how key agents define HBV based on their experiences working within the field.

How Do Key Agents Define HBV?

Key agents explained that HBV usually involves some kind of disclosure about the perceived 'misbehaviour' of a person that is considered to have brought shame upon the family:

There is some kind of disclosure from, either from outside, sometimes even siblings telling on each other really, that something has gone wrong in the perception of the family and then there is quite a lot of discussion and quite a lot of wider discussion in the extended family and possibly involving the community, and sometimes involving religious leaders. The decision taken to punish the young person or to move them to another country is never just one person's decision. It's usually a collective decision and it's usually part of the decision-making process and who is going to know about it and who isn't, who is trustworthy, who is not (Key Agent 11).

However, an action perceived to have 'tarnished' reputation does not necessarily mean that violence will be inflicted. This is largely based on the perpetrators themselves and whether they feel that their 'honour' has been affected:

Some will 'up and go' and immediately begin violence – others will take the time and think about what they want to do, like in the Banaz case. But they will always blame the victim for the violence suffered (Key Agent 13).

The term 'honour' was understood by key agents to mean *izzat* (i.e. an Urdu word meaning respect), the family's reputation and not doing anything that could bring 'shame' on the family (Welchman and Hossain, 2005; Siddiqui, 2005; Reddy, 2008). This also included not providing the community with an opportunity to 'gossip' about the family and confirms accounts that 'gossip' acts as the strongest form of 'social control' (Awwad, 2001; Werbner, 2005; Metlo, 2012). However, support workers explained that 'honour' is not a word used by survivors. They stated that survivors do not normally approach them and say: 'I am a victim of honour-based violence'. Rather, survivors characterise their experiences in terms of 'shame' and the language used by survivors tend to focus on 'shame'. In line with academic opinion (Reddy, 2008), key agents also unanimously agreed that men 'own' honour while women are the 'caretakers' of it:

[Honour is]...something that you grow up with – as soon as you are at the age where you understand, it's 'Yeh sharam hai', 'You're not supposed to do that', 'You're not supposed to do this', it's all about how you were brought up, it's how our parents teach us from day one, our moms, that's what they teach you and you kind of live with that...but behind them it's the fathers...I would say honour violence comes from the males and not mothers, mothers are probably pushed into it...When our clients come, they always say 'It's my mother-in-law' but behind the mother-in-law, it's the man...the mother-in-law is probably going through the same thing herself, and she is doing the same thing to her daughter-in-law (Key Agent 5).

...in certain sections of the South Asian community, honour is something that an individual is born with as part of their connections to the family nucleus, you are locked in, honour is not the sole possession of the individual, but of the whole family, any action taken by that person has a direct impact on the others, losing our sense of honour can put an individual in danger far greater than perceived by the Western mind, the gravity of this loss of honour and the wider impact that it has on the community cannot be simply explained (Key Agent 7).

It's all about pleasing others. It's not about the woman's honour really, it's about the male community's honour – for if it was about the woman's honour, her happiness and wishes would count (Key Agent 5).

Honour is another way of talking about egos, and male egos in particular and I think it is used to protect their standing. I think because of the way men socialise, they are expected to be in control and to have authority over and in particular, women family members who are under their wing in some way, they feel it as a blow to their masculinity if they are seen to lose control (Key Agent 11).

These accounts reveal a variety of key agents believe that HBV secures men's standing, confirming that a woman's perceived 'misbehaviour' is seen as a threat to masculinity (Reddy, 2008; Gill, 2009; Balzani, 2010; Reddy, 2014). Men's power does not necessarily have to relate to economic power either. Key agents cited cases where refugees and asylum seekers (who may not necessarily have wealth) had a 'good name' or 'reputation' to protect – their 'only currency is honour' (Bond, 2012; Bond, 2014, Ahmed, 2016). However, a woman perceived to have breached the 'honour' code might not be killed, so long as others do not know about it:

If it remains in that family unit, then they will deal with it, and the chances are that a life won't be lost. There will probably be violence whether it is physical, emotional or psychological, there will be restrictions, can't go to college, can't go to university, 'You're not going to work', can't drive, can't have a phone, can't access emails, quite a long list [laughs], but the chances are that she'll still remain alive. And the chances are in that situation, she would probably be forced into marriage as soon as is practical. People don't hear about it, there may be suspicion, but they don't hear about it, it's prevented and if that gets out, then they've got to do something about it. Because now, their honour, their dirty linen, is on display isn't it? They've got to do something to cleanse it and to restore it (Key Agent 13).

Key agents noted that the term 'honour' itself is not necessarily a bad word and depends on how individuals apply it. A family might feel 'honoured' that their child has obtained a degree from university (Sen, 2005), but when honour refers to the commission of crimes, all agreed that 'honour' must be viewed negatively. All agreed that there is no 'honour' in HBV:

Honour in honour-based violence, is there any? I don't think there is, where is the honour, what honour do you gain from making somebody's life miserable, making someone fear you, can't sit in the same room, can't breathe, can't dress in a particular way, surely there is no honour? With honour comes respect, and you shouldn't have to fear someone to respect them, because then there is no respect, it's just fear, isn't it? (Key Agent 13).

If they really thought that it is honourable what they do, why don't they stand up in front of the community and say: 'This is what we do'? They don't because they know what they are doing is wrong and dishonourable – if people are made to pay for the crimes they are committing, they will soon realise what they are doing are crimes (Key Agent 25).

Some support workers explained that HBV can be very hard to police because of the difficulty in identifying the risks involved – each family will have its own views on what is considered ‘shameful’. There is no universal code to be equally applied across all individuals and circumstances – the ‘honour’ code will vary between families and communities. The ‘honour’ concept, therefore, is fluid (Hall, 2014):

It’s a lot more elastic than people think because people think it is an ironclad law, it’s not, it’s a broad category of things which makes the issues very variable. This makes it very difficult for women to judge and police the risks involved (Key Agent 12).

Shame and honour are not easy subjects to understand. People’s lives change every day, but *izzat* travels with you, how you live it travels with you, and it will change. What is considered shameful and disrespectful will vary from one family to another (Key Agent 25).

This demonstrates how honour relates to people’s subjective perceptions, highlighting an individualised sense of damage to reputation and why people are willing to commit HBV:

People define honour whatever makes them honourable. It’s very simple, but I think it is a very good definition. So it’s not just one community, it’s across, all humans have a concept of honour and how they see it, whatever makes them honourable, it could be different things for different people. It’s people’s perceptions of what honour is because a perpetrator of honour-based violence could see that as honourable to kill someone, which actually, is not an honourable thing to do, so it’s very much about how people perceive what honour they have (Key Agent 13).

How the rest of the community perceives you is more of an issue in South Asian communities and members of the community will go to great lengths to cover up or stop that behaviour, whereas in white families, a girl would probably leave home and settle elsewhere and it is not considered a very big issue (Key Agent 3).

Some support workers explained that HBV is ‘justified’ by the perpetrators’ use of consequentialist or utilitarian theory of pursuing the ‘greater good’ for the family. To make a ‘sacrifice’ was a term frequently used within the transcripts. As a metaphor, one key agent described HBV like a case of ‘cutting off a diseased limb of the tree’:

Honour-based violence is like cutting off a diseased limb of the tree, so that the rest of it survives, because in those communities that are interdependent, if you are excluded from the community you are kind of screwed. You have to follow that otherwise no one will talk to you, no one will trade with you, no one is going to help you out with the various things you need the community for, you have

got a bunch of other kids and no one is going to marry them because that's the way society works, so in that sense, the infliction of honour-based violence can be seen as an 'unwillingness sacrifice' on behalf of some perpetrators, most will probably not acknowledge the infliction of honour-based violence in these terms because of the masculine reputation that has to be adopted (Key Agent 12).

Again, the consequentialist/utilitarian understanding of HBV presents discussion of 'honour' as a form of 'social currency' and families must ensure their reputation is protected to marry off their children (Bond, 2012, 2014). This was interesting because some support workers said that they too use the theory of utility to encourage families *not* to inflict violence:

You have to use the 'honour' paradigm to make families realise that what they are doing is wrong – use the shame factor to get them to agree, to influence families and make them realise that it is more shameful to lose your daughter, more shameful if you force a daughter into a marriage or more shameful if you let your daughter be unhappy, or if the community discovers that your daughter is in a refuge – what are you going to do about it? Let your daughter marry a person of her own choice? You have to use whatever is at your disposal, sometimes you have to use 'honour' and turn it on its head – 'How embarrassing is it for you if people discover what you did to your daughter?' Then they get it, and like: 'Oh shit' [laughs] (Key Agent 26).

This demonstrates the thinking behind utilitarian theory – '*You supporting your daughter is the lesser of two evils*' were the exact words used by Key Agent 26 in the transcript, suggesting that support workers try to persuade parents (if there is interaction) that it is much better to let their daughters marry a person of their own choice rather than forcing them into an unwanted marriage. This also helped survivors get the best of both worlds – not only did they avoid forced marriage but they were also able to stay with their families.

The Domestic Nature of HBV

Support workers pointed out that 'abuse is abuse' and that HBV is a form of domestic/IPV because it occurs within 'intimate trusting relationships':

Honour-based violence is a form of domestic violence because the definition of domestic violence is the opposite to stranger violence, so it's violence that occurs in a family setting between people who have intimate trusting relationships. So in the context where a victim would normally expect to be able to trust perpetrators, as somebody who wouldn't harm them and in that sense honour-based

violence is very much like all domestic violence – it's violence perpetrated by close family members...(Key Agent 11).

This demonstrates the domestic/intimate nature of HBV because violence is inflicted within a domestic setting (Reddy, 2014; Aujla and Gill, 2014). As HBV concerns the reputation of the family, it will involve siblings or other family members 'telling on each other' that someone in the family has behaved culturally inappropriately and that action is needed to prevent that person from behaving in that way. Consequently, perpetrators within the family who wish to reclaim 'honour' will inflict violence (Siddiqui, 2005; Reddy, 2008). Those acts intend to control women and can range from physical and psychological violence, restrictions on freedom of movement, control over finances, the withholding of passports, forced marriage and in extreme cases so-called 'honour' killings (Welchman and Hossain, 2005; Siddiqui, 2005). These acts, committed in the family home, were therefore characterised as domestic/IPV because perpetrators wish to exercise power and control over women. In this way, some key agents were of the opinion that HBV should not be differentiated from wider forms of domestic/IPV experienced by all women (Reddy, 2014; Aujla and Gill, 2014). Furthermore, key agents explained that HBV, like domestic violence, exists across all cultures where men seek to control women (Walby and Allen, 2004; Cressey, 2006). Key agents provided examples of survivors of HBV that they had personally worked with, including women from African, Gypsy, Kurdish, Middle Eastern and White British/Irish communities (Baker et al, 1999; Welchman and Hossain, 2005; Begikhani et al, 2010, 2015).

Key Agents 18 and 27 (police officers) also identified male victims of HBV that they had supported. Like domestic violence, men can also be victims sometimes as a result of forming

relationships that are deemed to be inappropriate, for example, if they are homosexual (Reddy, 2014). Key Agent 27 explained a case where she had intervened and pursued an FMO for a male victim with a disability. She explained that individuals with physical disabilities experience forced marriage by family members who no longer wish to be their primary carers (Idriss, 2015a). There may even be a history of domestic violence/disability abuse within these cases because perpetrators do not see the disabled individual as a 'person' and believe that the rest of the family can control his or her freedoms (Idriss, 2015a). Furthermore, Key Agent 27 explained that crimes relating to forced marriage involving disabled women might also involve sexual violence (including rape within marriage). She believed that crimes relating to sexual violence within forced marriage are also commonplace against women with disabilities. These examples illustrate why HBV within a domestic setting was categorised as domestic violence by some key agents (Siddiqui, 2005).

The Collective Nature of HBV – Family Councils, Third Parties and Longevity

Other aspects of the interview data revealed disagreements over the very nature of HBV. Other key agents opined that HBV possesses qualities that differentiate it from domestic/IPV. This section will now explore a series of arguments why some key agents considered HBV to be different to domestic/IPV. The first argument concerns the involvement of the community in deciding on the 'punishment' to be inflicted upon a woman. Some support workers were able to draw distinctions between HBV and domestic/IPV, characterising HBV as something potentially different:

Domestic violence usually takes place behind closed doors, whereas honour-based violence can involve the community (Key Agent 3).

It is domestic abuse, there are a lot of similarities between the two, with the difference being that domestic violence is only between two people, like intimate partners, whereas in honour-based violence, that could be family members and the community members, because at the end of the day, control is prevalent in both cases. Control is an element in both forms of violence. But domestic violence is private, but honour-based violence is more public – it has an element of ‘terrorising’ other women - to deter other people and to make an example of this girl to the rest of the community or other girls (Key Agent 1).

Here, key agents explained that HBV is more public than private because it involves multiple perpetrators who may not necessarily have a domestic relationship with the woman. Some key agents recognised the term ‘family councils’ or the Urdu phrase ‘jirghas’ when applied to HBV. This is generally where a patriarchal head of the family, at a family gathering, decides on the fate of the victim, often arriving at a decision with the collective help of others (Bond, 2014). Some key agents recognised different terminology – Key Agent 9 referred to this as ‘family group conferences’. The head person would often be male and the most domineering in the family, not necessarily and only in terms of wealth, but also in terms of whether ‘he is feared the most’. Such a person would often make a decision in consultation with others, sometimes with religious leaders or other influential associations (i.e. non-family members). Key agents explained that such a person would often communicate to the rest of the gathering what the fate of the woman should be and whose responsibility it would be to inflict violence. An oft-cited example provided by key agents was the case of Banaz and how her uncle Ari ordered her death at a family meeting.

On the question of ‘family councils’, some support workers stated that: ‘Family councils or ‘jirghas’ are rare in the UK’ (Key Agent 7), while others stated: ‘This is not like Pakistan, where that practice is common’ (Key Agent 13). Other key agents said:

I haven’t come into direct contact with family council meetings, but I admit I haven’t worked on honour-based cases directly in a long time – part of the problem also is that when you work with

victims, victims do not always know what is going on behind the scenes, so they may not know much about the decision-making process or who is after them (Key Agent 11).

I'm not sure of the extent to which family councils are used. It may be regionally varied and may be of more relevance to the Kurdish community than other communities. Family councils don't have to be so overt as in Banaz's case, they can be quite tacit in nature when coming to a decision-making process (Key Agent 12).

Key agents explained that 'family councils' might be uncommon because families do not want to 'show their dirty laundry in public' (Key Agent 13) by informing others what their daughters have done. If an incident can be kept private, families will often try to keep it hidden in order to minimise attention on the family. If the issue is not public, the chances are that HBV will not be inflicted in order to 'keep a lid on the issue' (Key Agent 13):

Any family council meeting or decision would be limited to the immediate family and not the Jirgha or community as used to be the case...you don't want to involve too many people because you want to keep the girl's indiscretions quiet. On the other hand, you want to make it public because how else will you get your honour back? (Key Agent 13).

It may become an issue when the behaviour of a woman becomes public knowledge. Where other members of the community come to know of the 'shaming' behaviour, HBV may be inflicted because families are forced to publicly react (Welchman and Hossain, 2005). Some support workers explained that they had heard of the existence of 'family councils' by victims, but did not have 'personal encounters' with them – 'just what victims are telling you what happened' (Key Agent 11). However, other key agent experiences were very different, in particular with the lawyers and the police. One police officer had direct experience of a 'family council' when a victim wanted to be rescued from a forced marriage:

I walked into a house to rescue a victim and I found a room full of women taking in part in what looked like a family meeting to determine what to do about the girl. This was quite shocking because I assumed the men of the family would be the ones to decide whether the young girl should enter into the marriage. But the men appeared to take a back role in the meeting, congregating in the kitchen, making cups of tea. The head matriarch was sitting in the living room and was sitting on a high chair that conveyed an aura of authority and domination, with the girl sitting on the floor with her head down (Key Agent 19).

This is an interesting account as it potentially conflicts with those accounts stipulating that only men inflict HBV and that women take a passive role in decision-making. In this police officer's experience, the women were very much the driving force in the family meeting to discuss whether the girl should enter into marriage with a person who they approved. The police officer explained that she was able to rescue the victim before she was taken abroad. The woman sitting on the high chair was clearly controlling the conversation, clearly making decisions about the fate of the girl, while her parents 'were clearly being talked at as opposed to conversing with one another' (Key Agent 19). Lawyers and other support workers had similar experiences:

They are commonplace [i.e. family councils], absolutely. In the Banaz case, eight men sat around a table and decided what to do and how they were planning to get away with it. This is an example of organised crime. There is usually one stronger person who makes the decision, and in that case it was the uncle Ari Mahmod – the prime mover or the pivotal mover – a 'Mr Big' in any organised crime – it's rare for a consensus to be made that we all sit together. There is usually one dominant persuasive figure. It could be wealth, status, force of personality, charisma. Ari Mahmod was actually feared by many people in the community (Key Agent 17).

Family councils do exist because when victims come to me, I ask them 'Who is most likely going to be looking for you and take corrective action against you?' And sometimes it's not the parents, but uncles, or somebody else in the family who may have a better social standing or somebody who can physically do something. Sometimes this may be a collective decision – sometimes this may be a decision outside of the parent's remit or made by somebody else. It could be an *Imam* or *Pir* in some circumstances – someone with no blood connection with the victim, but they feel they have a responsibility to make a decision. Each case would need to be assessed on its own merits and which community is being discussed...so you need to look at those dynamics. Each community and family will be different and operate differently – there is no one set reaction or plan (Key Agent 1).

One support worker also explained how she even inadvertently became involved in a family council without her knowledge:

I went to the victim's family home in order to explain to the family the Forced Marriage Protection Order, only to be dismissed by the family once they had received all the necessary information they required. 'Thank you for coming to see us, we are going to have a discussion about this as a family and whether we agree to this Forced Marriage Protection Order or not', they said. I was shocked and realised what had happened after I had been dismissed from the family home (Key Agent 26).

A second argument concerns the involvement of third parties in meting out violence against women. Many of the key agents identified that multiple perpetrators can be responsible for inflicting HBV. Perpetrators can be the blood relations of victims or have a domestic relationship with them, but key agents were also keen to stress that this is not always the case. A number of key agents cited the Banaz Mahmod case as an example of multiple perpetrators operating in that case. Key Agent 1, a support worker, explained a case where a survivor had suffered HBV at the hands of a 'stranger' from the community. I call this the 'employee case'. Here, the survivor was a young woman who had been subjected to forced marriage. She did not wish to remain in that relationship and had expressed her unhappiness to her father (a businessman). He expressed his anger at her request and ordered his daughter to remain in the relationship, which she declined. She was also pregnant at the time as a result of forced marriage. As she was walking down the street, a man approached her. He explained that he was an employee of her father. The man accosted the survivor and told her to obey her father and to stay in the marriage. Again, she expressed her desire to leave the relationship. The man then pulled out a knife and stabbed her in the stomach. Although she survived the attack, she lost her baby. Speaking about this case, Key Agent 1 explained:

...there was no blood connection between the victim and the perpetrator – just because he was an employee for the father and the Asian father said: 'You need to come back because you are dishonouring the family', she was pregnant and the perpetrator came and said: 'You need to go back' and she said: 'No'. The perpetrator then stabbed her in the street and killed her unborn child who was seven months old...[some HBV cases therefore involve] the totally unrelated and unconnected nature of perpetrators to the victim...(Key Agent 1).

This was an example of an attack by a member of the community who had no 'domestic' relationship and was a clear case of HBV – it could even be considered to be a form of 'stranger' violence as the survivor did not know her attacker. Similarly, Key Agent 9

provided an example of a woman who was the victim of a road traffic accident although it later transpired that her parents had orchestrated the 'accident' – the parents had commissioned someone else (i.e. a hitman) to drive the car and attempt to kill her for dishonouring the family. This is another difference – the use of hitmen is rare, if not uncommon, in cases of serious and prolonged domestic violence but appears to be a feature in HBV cases. Whether it is a common feature in HBV, however, is another question. The CPS has stated that those not directly related to the victim will often take it upon themselves to enforce codes of behaviour and that it is important to look beyond the immediate family for those who may pose a threat (CPS, 2008: 19). However, the CPS has made reference to organised contract killings in only one out of nine cases they investigate, where the primary inciter of violence does not wish to carry out the killing (CPS, 2008: 19-20; Johal, 2003: 37-38; Julios, 2015: 104-111). This suggests that organised contract killings, although a feature in HBV, is not necessarily common and forms only a small proportion of the total of HBV cases. While 'contract killers' and 'bounty hunters' may present HBV as potentially something very different to domestic/IPV, the CPS report leads us to believe that it occurs only in a small number of cases. However, some key agents were adamant that HBV still forms 'a very unique form of violence against women':

Women victim [sic] in honour-based violence also don't know where the community links are in the community, so they don't always know where the danger comes from. Women in honour-based violence cases will know that they are under threat, but do not always necessarily know who will ultimately harm them. This is another difference between honour-based violence and domestic violence, as in domestic violence, the threats will usually be known to the victim in such cases. In cases of honour-based violence, you can make some educated guesses about who will or may pose a threat, but you cannot always know who the connections are in honour-based violence cases. In extreme cases, in domestic violence, the abuser will almost be certainly known to the victim; in cases of honour-based violence, the person who ultimately executes a woman for breaching the honour code may be unknown to the victim or a total stranger. In this sense, we may be dealing with a very unique form of violence against women (Key Agent 1).

...domestic violence is rather more personal, because the domestic violence perpetrator will have his own personal reasons for committing domestic violence, whereas honour-based violence is less

personal, and the victim is made aware that the infliction has less to do with the motivation or wishes of the one person, but more to do with the wishes and the motivation of more than one person – this idea of connectivity in decision-making processes in order to reclaim honour and reclaim any damage lost to reputation as a result of a woman's misbehaviour or breach of an honour code. However, the infliction of violence in the name of honour makes a woman comply with a certain or prescribed type of behaviour, which also happens in domestic violence. Yet in cases of honour-based violence, the perpetrator will often feel justified by family or the community to do what they do, even justified by the 'whole culture' to inflict violence...(Key Agent 9).

The above accounts also demonstrate the level of organisation and premeditation involved in cases of HBV. Key Agent 12, therefore, opined that it would not be an exaggeration to label some cases of HBV to be a form of community or gang-related violence:

...there is a difference in protecting a person from an ex-partner, and there is a difference in protecting someone from the family and community, because protecting someone from the family and community is almost like protecting someone from the Mafia, when they have got this level of organisation and penetration, that they can track someone down, that it can amount to that type of challenge, and if you are going to protect, will take steps to protect someone from the Mafia, you are going to have to take different steps...(Key Agent 12).

Similarly, a lawyer went as far as to characterise HBV as a form of 'organised crime'. Like the police, this difference in perspective may be the result of investigating and prosecuting HBV and a realisation that such crimes go beyond family members:

This type of activity of honour-based violence is organised crime. What marks this out from normal mainstream domestic violence is generally multiple offenders, multiple victims, premeditation and organisation, so to fight this type of crime, the CPS treat it as a form of organised crime. That means we have a wall of silence within the family or community, you have to use tactics and strategies that you would use to tackle Mafioso-type organised crime. You have to send in undercover officers if need be, have to use covert techniques and you can build strong cases on the back of that, especially when you are met with a wall of silence from the community, who don't want to say anything either because they are scared they may be victims too, or because they condone violence in the name of honour. Never mind the code of honour, there is a code of silence which prevents people talking about it and when they all close ranks, how does one build a case about who the perpetrators are?...When I look back at cases, especially those over the last 10 years, I cannot think of one case that just involved one perpetrator only. To my knowledge and experience, all cases of honour-based violence involve multiple perpetrators (Key Agent 17).

In effect, much like drug offences and robberies, honour-based violence is a form of organised crime because of the multiple perpetrators and the preparation, planning and premeditation involved. In this way, methods to deal with honour-based violence have to be similar to the detection of organised crime, for example, like covert surveillance once intelligence is received that someone may be a victim of honour-based violence, as well as 'anonymous' avenues to report crimes of honour-based violence, given that the police are often met with a wall of silence from community members who do not wish to discuss honour-based violence (Key Agent 17).

A third argument concerns the longevity of the desire to mete out punishment against women. Cases of HBV also demonstrate the lengths people go to in order to inflict violence in the name of 'honour', which in some of the key agents opinions, can run far deeper in comparison to domestic violence cases. One case example explained by Key Agent 9 demonstrates how the 'death sentence' can still hang over a woman twenty years after the initial 'dishonouring' event occurred and yet she is still murdered once her whereabouts become known. Key Agent 9 provided an example of a girl whose house was burned down in a HBV attack – she survived and fled the city, but 15 years later, she was discovered and murdered in another city. This kind of 'death sentence' in Key Agent's 9 views does not appear to hang over women in domestic violence cases:

In cases of domestic violence, even where violence is premeditated, there is usually a limited time span, but in honour-based violence cases, a woman can be killed 20 years later – the damage to honour and reputation is something that people do not forget and feelings do run deep. So in a classic example of honour-based violence, even if the girl leaves home to avoid a forced marriage, is given a new identity by the police and is relocated to a different location, if her immediate or extended family discover her whereabouts, even if it is after 20 years, they are still likely to do her harm – and I think that is the major difference – you won't see that regularly in cases of domestic violence. The element of continuity, because there has been damage to honour, hangs over women in cases of honour-based violence (Key Agent 9).

When pressed, Key Agent 9 could not think of any other examples in domestic violence contexts where close family or community members work so closely together:

If such cases do occur in domestic violence, that may not be considered normal domestic violence cases – those examples in domestic violence would actually be rare and the exception – but in honour-based violence cases, close family members working closely together would appear to be the norm (Key Agent 9).

However, the longevity of a grudge or revenge is not unique to HBV. It will be recalled in the introduction that Christine Chambers had complained about violence from her boyfriend two years before her murder; similarly, Jeanette Goodwin was stabbed thirty times by her

ex-partner. Longevity and persistence occur in other domestic contexts too, including stalking by a previous partner in a desire for revenge (Korkodeilou, 2016; Maran et al, 2015). In other cases, there are also examples of post-prison killings of a previous (female) partner. Barry Stone murdered Nicola Sutton when released after serving six months of an 18-month prison sentence for attacking her – he had tracked her down and stabbed her (Tozer, 2009).

Male Power, Control and HBV

A number of support workers explained that HBV concerns male dominance, power and control over women. As one support worker stated:

There is something primeval about honour – it's about survival and they [i.e. men] have to have status because that's the only way to maintain the survival of the family in the community. Women can never regain honour as it were, they can only lose it. Women can never take control themselves and their own honour, it's like they're given it as a favour from men, so men give the women protection, it doesn't mean she has got any honour, the honour is still his, the status is his, she still has no status, but she is under his protection, so she has something and if she does anything she has lost it (Key Agent 11).

Key agents explained that a male desire to exercise power and control over women prompts men to inflict violence (Reddy, 2008). They explained that when men feel the need to acquire power, men take away power from women. This is achieved by preventing women from making decisions about their own lives. This allows men to increase their own sense of status, significance and increases power and control over women (Akinpar, 2003; Wilson, 2006; Meeto and Mirza, 2010).

Key agents also noted that conditions are beginning to change for women. Key agents recognised that women in modern-day Britain are beginning to have more control and decisions over their lives than ever before – this includes not only political and property

rights, but also personal rights to make personal choices (Tomasevski, 1993; Appiah, 2010). Women have the power to choose their own careers, pursue university education and exercise rights over their own bodies and minds, whether this concerns how they dress, who they marry and when to have children. Yet, when some women exercise these rights as a matter of self-determination, they increasingly become at risk of violence by men who fear that they will be ousted, displaced or even replaced (Reddy, 2008; Balzani, 2010). Men fear being emasculated. HBV was considered by key agents to be a prime example of patriarchy as it is an example where men assert a claim of ownership and possession over women (Mojab and Abdo, 2004; Gill, 2006; Reddy, 2008; Gill, 2014; Begikhani, Gill and Hague, 2015; Julios, 2015). In this way, like other forms of VAWG, key agents described HBV as another example of the continuum of patriarchal violence.

However, interview transcripts with key agents also revealed that women sought to exert power and control over other women in the family. Key agents explained that mothers-in-law in particular were also problematic in HBV cases:

Men are quite often perpetrators, but women are also sometimes complicit. Mothers, mothers-in-law, sisters-in-law, aunts, grandmothers, wives, sisters can all be involved in honour-based violence. Women who are perpetrators sometimes may also be victims, so even those women who are complicit may be acting under duress, but a lot of the times it is because they share the same belief systems as men and the family – that honour and reputation is of paramount importance. But the balance or level of retribution is dictated by the men and usually carried out by men (Key Agent 10).

Some women may be complicit in HBV, but key agents put this down to coercion. As will be recalled earlier in this chapter (at p.187), Key Agent 5 stated that ‘behind them [i.e. the mothers] it’s the fathers’. She also continued to explain that ‘honour violence comes from the males and not mothers, mothers are probably pushed into it...behind the mother-in-law, it’s the man’, demonstrating some agreement with the literature that women who support

men in HBV are coerced into committing such acts of violence themselves. As they live in 'climates of unsafety' and experience 'intimate terrorism', women are compelled to obey men's instructions in support of the patriarchal order to secure their own survival (Stanko, 1990; Hunnicutt, 2009; Balzani, 2010).

Conclusion

The objective of this chapter has been to acquire a better understanding of the processes that lead to HBV in the views and experiences of key agents. In particular, I wanted to examine how key agents define HBV and whether they think it is similar to domestic/IPV; whether they think it is something else distinct; and whether they think patriarchy can explain women's violence against other women. In answer to the questions posed, this chapter reveals that a number of support workers believe that HBV occurs within a domestic/IPV setting, demonstrating how it can be categorised as domestic/IPV. However, other support workers, and in particular the lawyers and police officers, suggested that HBV can be categorised as something more than domestic/IPV – it can also represent a form of community crime, especially in cases where there is a conspiracy to commit crime and multiple perpetrators. This includes those cases involving networks that attempt to hunt down and trace women who have fled their families, although admittedly, the CPS suggest that this is not a very common feature. However, if, in some instances, HBV is conceptually different to domestic/IPV, this would then suggest methods of intervention to support women may need to be different from frameworks that focus mainly on domestic/IPV. If so, interventions must be bespoke, specific and tailored to individual cases.

The accounts in this chapter also identified patriarchy as the main cause of HBV, although it recognised the involvement of women as perpetrators. However, key agents agreed that the complicity of women is the result of coercion by men, suggesting that the overall patriarchal nature of HBV attempts to oppress and control *all* women, even if women find themselves complicit as perpetrators. The next chapter focuses on the survivors' experiences of HBV. Were their experiences and accounts of HBV any similar and in what ways were their accounts different to the key agents, if at all?

7. THE PROCESS OF HONOUR-BASED VIOLENCE ACCORDING TO SURVIVOR ACCOUNTS

The objective of this chapter is to acquire a better understanding of the processes that lead to HBV in the views and experiences of survivors. Again, my approach was to ask survivors to discuss their experiences of victimisation in their own words. As this chapter examines the processes of HBV according to the experiences of survivors, several themes and subheadings emerge, including an analysis of their cases as a form of domestic violence and male power and control. However, one of the main differences between the accounts of the key agents in the previous chapter and the survivors in the present chapter relates to an additional theme – the role of mothers-in-law because some of the survivors had problematised women in their abuse. There is, therefore, a need to explore how and in what contexts other women became involved in the infliction of violence in the survivors' scenarios. Before beginning discussion on the data results and the survivors' accounts, an overview of their stories must be provided. To assist the reader, a brief summary and overview of the survivors' stories is found in Appendix 11.

The Interpersonal Nature of HBV

This theme concerns survivors' experiences of HBV and how they characterised their accounts as a form of domestic/IPV. It will be recalled in Chapter 5 that all had been expected to marry once they had reached puberty (at around 15 years of age: Hossain, 2011). It will also be recalled that some had their marriages 'arranged', although it was difficult to determine in some cases whether their marriages really were 'arranged' or 'forced'. None of the survivors had imagined they would be abused. For example, Survivors 5 and 6 (British-born Muslims) could not understand why their fathers were so keen to force

them into marriage once they had reached puberty and ‘clashed’ with their fathers over their preference to live a more westernised lifestyle (Choudry, 1996; Anwar, 1998; Dwyer, 2000; Werbner, 2005). However, the decision to enter into marriage was ultimately determined by their fathers and they had no choice in the decision-making process:

I think I’ve been thinking about it since I was 18 because, like, all I could hear was, like: ‘*Shadi Gharoo*’, ‘Get married, get married’, that’s what I was hearing, and I was 19 then...and erm there was a lot of problems, like, I applied for the college course and my dad didn’t like it and then from my grandma, like, I don’t know, my grandma heard from, cos my dad’s mom and my mom’s mom are sisters, okay, so from then, her sister, my grandma heard like, my dad wants to take us all to Pakistan on a holiday and at that point, like, I was like, my dad rang me and was like: ‘Whatever’s happened, let’s forget it’ and I knew, like at the back of my mind, yeah, I just thought: ‘He’s up to something’. And I kept saying to my grandma: ‘That’s not like my dad to say sorry to anybody’. I know my dad, even if he’s in the wrong, he will never say sorry to no one.

MMI: He tried to trick you?

Yeah, and that’s what, like, and then my grandma found out that what was going on.. I found out it was a 40-year-old who had been divorced I think, got 2 kids, I was 19 at the time, and my grandma said to me: ‘Look, he’s your dad at the end of the day, as much as we’ve done and we’ve tried to, we can’t do anything, this is his decision, either you get married or you don’t’ (Survivor 5).

Survivor 6 was made to feel a ‘burden’ and ‘unwanted’ for not agreeing to marriage:

So at the age of 20, I was taken to Pakistan. Married a complete stranger. Knew nothing about this person. And my parents, sort of, barely knew them, they were not immediate family...But he didn’t do, I always say to him: ‘You neglected to do the research’, i.e. look at the person’s character, *Deen*, nothing. What was it? The fact that you needed to be rid of me?’ It was a burden and often I heard that – there’s, *mashallah*, five sisters. And it was: ‘You’re being stubborn and refusing to get married, I have three others that nobody will ask for’. It was that constant pressure, it was blackmail, it was immense blackmail, emotional torture, that’s all, it was psychological, emotional, verbal, not the physical, but every other kind of abuse you could possibly imagine. That was what I was subjected to from the age of 16 to 20, and in the end, I gave in. I only gave in because I thought: ‘Anything, ANYTHING has got to be better than this’. Where you’re belittled and humiliated 24 hours a day, where you’re unwanted. And that’s how you felt. That’s how I felt, that, just being there was such a burden for these people. ‘OK, I’ll leave then’. As I say, it wasn’t a choice, I was told to marry this man. I was told to live with this man (Survivor 6).

The fathers of both Survivors 5 and 6 applied constant pressure, psychological and emotional blackmail to force them into marriage – forms of violence one would associate with domestic/IPV. In this way, survivors had characterised their experiences as

domestic/interpersonal violence (at least initially for Survivor 6 – but see the later section). The idea that, post marriage, the responsibility of survivors passed to husbands and in-laws was also evidenced by Survivor 6's account, when she had approached her father explaining she was being seriously abused (Wilson, 2006). Her father did not intervene because he had felt his 'honour' would be besmirched if she returned home. Even when Survivor 6 reluctantly returned once again to her husband after six years of unrelenting abuse, Survivor 6's father did not comfort, support or even talk to her for ten years (and sixteen years of abuse in total) until Survivor 6 had been savagely beaten and was close to death. The idea that survivors had to stay within their marriages, even if they were unhappy, was firmly impressed and fixed into their minds by their fathers because of the social norms against divorce which render women as 'social outcasts' if they divorce (Wilson, 2006; Anitha and Gill, 2011; Gangoli et al, 2011). This also demonstrates how HBV/forced marriage were characterised as domestic/IPV by survivors – Survivor 6 was bullied into marriage by her father, was domestically abused by her husband and was further bullied by her father into staying within that marriage for the sake of his 'honour' (Reddy, 2008). There was absolutely no 'honour' in any of this at all (Welchman and Hossain, 2005; Siddiqui, 2005; Hussein, 2010). This also created an internal struggle for Survivor 6. The stigma attached to divorce was very weighty and was why she endured violence for sixteen years:

...I was blamed. It was as if to say: 'Well, that's your problem'. And when I said to my dad: 'Are you not hearing me, he hit me and broke my nose, does that not...' – 'Oh, I'll tell him off, he won't do it next time'. I said: 'Do you not understand, the argument was he refuses to work and yet he expects me to give him every penny I earn and he wants me to increase my hours...Is none of this registering with you?' 'He will sort himself out, he will change, you have to go back'. My father's fear was that he was going to end up with another divorce, he's already got two in the family that are already divorced and that was going to do damage to the remaining four in the family that he had to find *Rishta* for. Three of my sisters and a younger brother. And if I walked out from this marriage, or I voiced that I was having problems, it would tarnish this family as a 'family you don't want to marry into'...'Keep our *izzat*, keep our honour, and continue, so what he slapped you'. I said to my father: 'Have you ever slapped mom? Be honest, have you ever slapped her? In your entire life, have you ever hit her?' My mother was the same: 'So what he hit you?' I said: 'Has dad ever hit you?' Never, never, ever. In all

the years you've been married, he has never hit you. What does that say about a man who is very quick with his fists? 'We'll talk to him, his brother will talk to him'. No amount of talk was going to change him (Survivor 6).

Survivor 6 explained the reason why her father did not allow her to leave was because of his potential humiliation for having a third child divorced in the family – the 'social currency' of his/his family's 'honour' would be diminished if she divorced (Bond, 2012, 2014). She explained that these notions were 'programmed' at young age and that she was socialised into accepting that divorce should never happen:

...and everyday, my mother was: 'You have to go back, you have to go back. Think of your sisters. Think of your sisters. The honour'. The sister, the younger sister younger than me, not only did they know that my marriage was not working out, and I was having a very very difficult time, they married her into the same house as well [i.e. Survivor 6's sister married Survivor 6's ex-husband's brother]. Now there are two of us. The constant pressure was: 'She's pregnant. If you walk out, he's going to divorce her as well. Then what are we going to do? You are going to be the one who is responsible for destroying your sister's marriage'. And I said: 'What about my children, what about me?' 'You've lived with him for 6 years, go back' (Survivor 6).

Survivor 6 reluctantly respected her parent's wishes, conforming to cultural expectations so that her sister's marriage would be unaffected (Wilson, 2006). However, the domestic violence she subsequently experienced by her husband became so severe that, at one point, she was left walking on crutches for eight months. Only then did her father reluctantly agree to a divorce. Survivor 6 felt that she was controlled, ignored and treated like a commodity throughout (Reddy, 2008; Bond, 2012, 2014; Cowburn, 2015):

I said: 'That's not my fault is it? You've got two divorces in the family because both of those couples didn't want to marry each other and you only did it, why, because it's family and that's all, that's what we do, we marry our children off for the sake of keeping land, for the sake of building family ties'. I said: 'That wasn't a marriage, that was a trade, this was some kind of contract which you all drew up cos this way, the brothers kept the land within themselves or whatever issue it was. It wasn't about your children. So if your children decided to marry, to divorce and move on, that's not their fault. You put them with people they're not happy with' (Survivor 6).

Similarly, marriage for Survivor 5 would have ensured her father's 'honour' because he believed that she was at risk of bringing 'shame' on the family (Welchman and Hossain, 2005; Reddy, 2008). Marriage was a useful tool to control Survivor 5 and to prevent her from straying into a life that her father perceived would tarnish his reputation. However, Survivor 5 felt that 'escaping' the (potential) forced marriage had actually brought 'shame' upon her father. She had expressed feelings of guilt and blame for what she had 'done to him'. Like victims of domestic/IPV violence, Survivor 5 felt responsible and had 'brought shame' on her father in the eyes of the community (Izzidien, 2008):

...my family is, like, honour is everything to them, like, you know, what I did, I've dishonoured not only just my family but my ancestors who are dead, my whole of, like, honour means so much to my family, I know, honour means so much, especially to my dad...with my dad's side of the family, they're just so backwards, like honour means everything to them, like, if I wore something my dad would be like: '*Behesti garani*', and if wore, or I'm gonna put make up on, '*Behesti garani*'. It just means so much to, like, I know my dad like, and I know what I've done to him, my brother says it to me like: 'He can't go out anywhere because you've brought shame on him'...I think that's one thing an Asian can't take, is stuff being said about your kids or you. And I think that's one thing my dad probably gets angry with, when everybody is together and he is, people are sitting down and saying: 'Oh, look what his daughter's done, look at him, he walks around like this' and I know what my dad is like, I know a lot of people don't like my dad and they do sit and do that. And I think that's one thing that's hard for my dad, you know, to hear all that. And I think: 'Why do it in the first place and nobody would say anything?' (Survivor 5).

She continued:

I know my dad was thinking '*izzat* for me', like, you know, 'What if my daughter gets married to this person, this would be so good', whatever, but they never actually thought: 'Does my daughter want it?'...it all came down to *izzat*, like, 'If she did get married, it would be so good'. What happened in the end? He pushed me away. What did I do? In one sense, in pursuit of *izzat*, he lost his *izzat*. Definitely. Where's the honour in forcing someone to marry? (Survivor 5).

Survivor 5 characterised her father and his family as 'backwards' and quite clearly said that there was no 'honour' in forcing her into a marriage with a complete stranger. The accounts of Survivors 5 and 6, together with the experiences of Survivors 1, 2, 3 and 4, all highlight that HBV takes place within a domestic/IPV context (more will be said on Survivors 1, 2, 3, 4

and 8 in the sections below). The pressure of both arranged and forced marriage for the sake of familial 'honour', together with both physical and psychological abuse, demonstrates that such cases can be classified as domestic violence as the freedoms and ability of survivors to make independent choices were restricted by perpetrators in a familial context and by those with whom survivors were living with (Siddiqui, 2005; Reddy, 2014; Aujla and Gill, 2014).

Family Councils, Third Parties and the Account of Survivor 6

Other aspects of the interview data revealed instances in the survivors' accounts that allow HBV to be considered to be something distinct from domestic/IPV. Despite exhibiting qualities that linked her experiences to domestic/IPV, Survivor 6's account (and admittedly, only her account) demonstrated premeditated crime and how both known and unknown perpetrators made threats to her life and her children. Survivor 6's own experience highlights the existence of 'family councils' and how a variety of people became involved to decide her fate. Survivor 6 had described how she felt 'invisible', voiceless and powerless to raise her complaints about her husband's violence within her marriage (Wilson, 2006: 34). She felt that the family meeting was actually a contradiction in terms – she believed that a family meeting should have been convened *for her* and a response to the violence inflicted by her husband *against her*. Yet, the 'family council' meeting was convened *about her* for '*what they thought was the best course of action...to take*' (Survivor 6). Survivor 6's ex-husband was viewed as the 'victim' though he was the primary perpetrator (not forgetting Survivor 6's father). The decision to stay was completely taken out of her hands and was made by others, even by those who were unrelated:

At that time, everybody in the community became involved and it was mostly because he [i.e. her ex-husband] got people involved. My grandfather, uncles, my father kept it just where it was at home, he hadn't gone with anybody or discussed it with anybody, but he did, my ex-husband did. As a result of that, we ended up with a huge posse, this whole community of elders, day and night, coming, abusing me, yes, coming to the house, and at least: 'Now dad, you need to speak up, this is your house, your daughter, you deal with it'. He didn't, he entertained it. So then I had the community hurling abuse at me: 'Six years is nothing, give it another six years, you'll be fine'. I said to them: 'This has nothing to do with you'. 'We're your uncles. We're so and so's uncles'...[and religious leaders] (Survivor 6).

'Uncles' here referred to senior men as a show of respect, not biological male relatives. Her experience was particularly harrowing when she explained that she had been threatened with death at the family meeting if she did not stay within the marriage. The words used by Survivor 6 demonstrated that the men in the 'family council' exhibited an intention to commit a serious crime and a conspiracy to commit her murder:

It was an absolute nightmare for those four months and I didn't know what else to do. Initially, it was being dictated to and then it was: 'You do this, or we will not wait for him to do anything, we will put you in that ground'.

MMI: Who said that?

My grandfather. My father sat back and didn't utter a word in defence. He said: 'You go back or I will kill you myself'. I will not have you creating this *behesti* for all of us. You know, this isn't only about you, this is about MY *izzat*'. My grandfather was supposed to be some big wig, where he interfered in everybody's marriage as well. If you wanted your children to get married, you had to consult this 'big man' first. I said: 'You make decisions for everybody, yet you don't know what's happening under your own roof'. And it was: 'You will go back, or I'll put you in the ground myself'. I said: 'Go back to what? 'To your husband, you married him and you're going to leave that house in a coffin. You are not coming back to us. Today, you go, that's it'. Point blank, he said: 'Even when you die,' [long pause], he brought him with him, my ex-husband, and said in front of him: 'When she dies, don't tell us. Bury her wherever you need to bury her, we will not have her disgracing the family like this'. He goes: 'You are not a *Gori*, you are not going telling people that: 'Oh, my husband this, this, this', whatever happens within the four walls stays within the four walls'. That's what he said. I was hoping my brothers would speak up, I was hoping my father would speak up. But no, my grandfather's decision was final: 'You're going back and you're going back today'. I went back. It was a council meeting because I wasn't allowed to speak, when I did try to speak it was: 'You will shut your mouth or the next thing is I will knock your teeth out'. I said: 'This is my life you are all here sitting here discussing. Why is it that I cannot say anything? He's here now, you've brought him, let me tell you what he's done to me. 'We do not want to know, you will be silent'. Absolutely powerless. I was invisible. I didn't even exist. Voiceless. I think I have been truly invisible throughout the entire marriage, I didn't even exist (Survivor 6).

Survivor 6's grandfather had clearly acted as the main controlling figure and was responsible for what he perceived was the moral/ethical behaviour of the family. Again, it was 'his'

'honour' at stake and whatever happened to Survivor 6 did not matter (Reddy, 2008; Bond, 2012, 2014). Other women in the household, other than the survivors, were also silenced. Survivors 5 and 6 both explained that their grandmothers were silenced too when they had voiced their objections to the marriages. Survivor 6's grandmother was silenced during the male-dominated 'family council' meeting convened to discuss her marriage. Her grandfather had married her in Pakistan, but migrated to the UK without her. He subsequently married another Pakistani woman in the UK:

My Nani is the same as well. She was voiceless, silenced as well. She tried to defend me, but it was like: 'Who are you? Really, who are you? Because I dumped you in Pakistan years ago, just because your son has brought you to England now, doesn't mean that you're part of the family'. So, she was never really acknowledged. Ever. Because he remarried again (Survivor 6).

Survivor 6's mother was also silenced:

My mother was never consulted, she never had a voice. I was very very upset and now, why doesn't my mother speak up? Why doesn't she not say: 'Enough is enough' and this is what I said to her the other day: 'I'm not as shocked, angry or surprised at dad as I am with you'... All along, if I look at my life, it has been about men making the decisions, men enforcing their will, men dictating. No example of women making decisions, none whatsoever. As I said, the only one that tried to defend me was my Nani and she was told to be silent. My mother till this day has never, ever, spoken up. Not in front of my father, or her father...She never spoke up to say 'Look, the decisions you're making for my children are wrong' or if she has a complaint, at least listen to what her complaint is. If anything, my mother, when I first initially left my husband...for 4 months, she made my life hell. She was putting the pressure on me 24 hours a day, I got a break from my dad when he was at work, but I never got a break from my mom because she was: 'You are going to go back, you are going to go back, this kind of behaviour is not acceptable because we've already got two divorces in the family' (Survivor 6).

The patriarchal and male-dominated environments in which the survivors found themselves, as did other women, was very controlling and isolating. Survivors had attempted to obtain the support of their own mothers and grandmothers, but found that they too were similarly in powerless positions (Survivor 6's mother had exercised power over her, despite her own powerless position). It also demonstrates how other women (e.g. Survivor 6's mother) are coerced into loyally following the patriarchal order in order to secure their own survival

(Stanko, 1990; Hunnicutt, 2009; Balzani, 2010). The accounts demonstrate the difficult relationships Survivor 6 had with her husband, father, grandfather and others, who all became involved in making decisions for her. There were multiple perpetrators involved. Women were excluded in the decision-making processes when they had objected to matters such as forced marriage. They were silenced within a setting that constructed women with no status and no voice (Reddy, 2008).

Survivor 6's account also demonstrated further instances of violence and crime committed by unknown perpetrators. She explained that she began to experience further HBV after making the decision to initiate criminal proceedings against her (now) ex-husband (during the interview, Survivor 6 also demonstrated a great sense of humour):

During the trial and coming up to the trial, not only did we have physical or verbal abuse, we had attempts on our life as well, anything from abduction, to our vehicles being tampered with, where the entire wheels came off as soon as we set off in the morning. That happened. Arson threats. Everything from: 'We'll put a bullet in her head', his nephews coming here to physically threaten me, I just handed every single one of them to the law. I said: 'I'm going to press charges for harassment, intimidation, against every one of you'. As a result of that, one of his nephews, who was sort of here, illegally, has been successfully deported [laughs]. So I said: 'You asked for it, I'm sorry, but I will not allow you to make threats against my children'...The thing with our community is that we get very embarrassed when the police come. Very embarrassed and very apologetic. 'And we don't want the neighbours to know, yes sir, no sir, three bags four sir' [laughs]. It really is, so because my home was on high alert, all I had to do was press the panic button, speed dial, and you had ten police cars turn up and, [laughs], there's no other word, but they crapped themselves. They were like: 'What have you done and what is going on?' My neighbours thought that I'd been raided for terrorism [laughs]. Dressed like this, she must be! [laughs] (Survivor 6).

Male Power, Control and HBV

The survivors interviewed clearly validated notions of male power and control in their accounts and demonstrated signs of powerlessness at the hands of the men. As noted in the previous sections, this is especially the case with Survivors 5 and 6 in relation to their fathers/grandfathers who had exerted pressure on them both to marry partners not of their

choice. Survivor 6 questioned why her mother did not intervene to protect her from a forced marriage:

...my father is possibly 8, 9 years older than [my mom]. I've had this conversation with her many times...Why could you not say to dad, 'No, this is wrong'. She was like: 'Well, we didn't think we were doing anything wrong'. In other words, she thinks it's acceptable to behave like this, that men do batter their wives, it's not really a big issue, it's only me that has this hang up. Other women are getting battered regularly. I've been abused, I've been financially starved, I've been socially ostracised, but they don't complain. That it is a 'Western' thing to complain...I kept saying: 'Mom, all you have to do is say no to him. Just back me up cos nobody else is backing me up.' 'Do as your father says, do as your father says'. I'd say she is scared of my father. He never hit her, but he was very controlling. I think more than anything the silent treatment is a killer (Survivor 6).

A system of hierarchy was clearly evident within the relationships with men exercising dominance over survivors and other women in the house, to the extent that the men coerced women to inflict violence in order to support the patriarchal order (Balzani, 2010). Male perpetrators used violence or psychological abuse if they were losing power or when women showed signs of resistance (Dobash and Dobash, 1979). Male perpetrators used power and control in a variety of ways with the effect that abusive relationships were established and there was an escalation of violence over time. Survivor 1 recalls when she was fasting during Ramadan and had been shopping for Eid with her husband (he was not fasting). He had asked her to prepare food, which she had already done, but did not cook the chapattis. She said:

...that time he hit me, broke my nose, it's nothing reason... I said: 'I make a curry, everything is ready, but I didn't cook the chapattis. Just go and from the shop and buy three chapattis and come home'. He just swearing me and abusing me and saying: 'Your mum say the same thing to your dad? Buy this? She always making it home, why you not?' Then he said: 'No, it's my order, you're going to make it home'. And I said: 'Ok, I just came home, I'm going to sit down 5 minutes because I doing a fast all day and walking with you all the shops, so let me sit down for 5 minute'. He didn't listen...He punched my nose one time. The second time. Then third time. He hit my, like on the side, then he just go...then he call his mother, then all his family, 'The bitch is calling police. She make me like this.' Everything, he's blaming me. Every time... (Survivor 1).

Survivor 1 provided further accounts where she had been isolated and her freedom and movements restricted because of her husband's desire to control her:

Too much broke, my husband too much broke me...and he's just drinking too much, my husband, he wants to me like, if he going to say: 'Sit' then I sit...and I listening to whatever he want to say to me...And I just talk to my mother-in-law, she always saying: 'Quiet', and erm, 'because you can't do anything. Always men is powerful, you can't do anything, like this, and you sit in one place and quiet. Let him do whatever he want to do. You just listen.' And every time, these things happen, I can't do, even if I want to go out, I can't go, without permission. Last three years, I don't go anywhere, I didn't see outside, when I needed anything, I go with my husband, my mother-in-law...they say 'Buy this one', I can't do my own (Survivor 1).

Here, Survivor 1's husband used his male privilege and cultural expectations to inflict violence (Wilson, 2006). When he felt she was not acting 'how she should', he felt he was justified in abusing her. Similarly, Survivor 5, was devalued through economic abuse:

Like, I spoke to my dad, I said to him: 'I want to get a job' because when I was living there, when I asked him, cos I wasn't working, if I asked him for money he would always swear and shout and then, like, and I said: 'I wanna get a job' then, like, he would just start swearing at me: 'You can't do nothing without me' and I just said to him, like: 'Let me just try' because I didn't like the way, I wasn't begging from him but anytime I wanted something, I had to ask him. And every time he'd give me that money, he would always swear and shout and he'd be like: 'You come to me for my money, all you lot love me for my money' but if I wasn't working, who would I get it off?...I literally felt that small, I did feel like I was useless and he would always say: 'Without me, you can't do anything' and at that point, that's how I felt...he did it to make me feel dependent on him. When I was living with my mom's side of the family, like, he said: 'Don't let her work, don't let her go college, she can't even, like, sign on'...(Survivor 5).

...he had me where he wanted me, like, he didn't want me to leave the house, didn't want me to have a job, or went out anywhere, I was always with him, or my brother, and like, that was the life he wanted from me. He didn't want me, like, I just think he wanted to plan all my life out for me, get me married off, have kids, and even now when I spoke to him last year, he said, I was telling him stuff like I was working, and he said to me: 'If you stayed with me for the rest of your life and didn't work, I could still support you' and I was like: 'Yeah, but you'd still beat me up. You'd still make fun of me. You'd still laugh at me'. One thing he would say to me, it hurts like, when he would say is: 'Without me, you're nothing'. And I said to him when I rang him: 'You said I couldn't do nothing without you, and I did it all, and you weren't there' (Survivor 5).

Survivor 5 felt devalued as a woman and occupied a very subordinate position within the relationship as she was made to feel 'useless'. Her father's control created a great level of economic dependency, which he had intentionally created in order to make Survivor 5 comply with his requests for a marriage to a man in Pakistan she had not met. However, like

the other survivors in this study, Survivor 5 showed strength – by leaving the family home and escaping her father’s abuse, she showed strength and determination to lead an independent life. She had told her father *‘...I did it all, and you weren’t there’* – she was telling me that she was strong and could live independently.

Sleep deprivation was another tool male perpetrators used to exercise control over survivors. Speaking about her abuse, Survivor 6 said:

‘You beat me up day and night, you keep me up all night’, there were times when, I can honestly point, I had no sleep for 5 days and nights, the argument would continue, continue and continue, whole night long, and in the morning, I was expected to go to work. Which I did, I don’t know how, looking back at it, how did I even physically manage that? Going into a classroom and teach. And come out of it, knowing what was waiting at home. The entire Monday to Friday I did this, where I tried to, if I said ‘Enough, I can’t take anymore, all I need is half-an-hour, I need to shut my eyes, my head’s going to explode’, he would tip the mattress over. ‘You’re gonna get back up and you’re going to listen to what I have to say’ And it was the same spiel, over and over and again and again, ‘Money, money, money, you’re disobedient, you won’t give me’. I said: ‘All I’m asking is leave me some money so I can feed the children’ (Survivor 6).

Male perpetrators also used children to intimidate survivors. This includes the concoction of stories claiming that ‘spirits’ or ‘Jinn’ had possessed mothers at the time of abuse and that it was not the husband but a demon that ‘possessed’ the mother:

When he saw that the children, obviously, naturally, because not only was it the way that I nurtured them, they were closer to me, he started telling them I was possessed. ‘Your mother has a Jinn, so when you hear your mother screaming, it’s not me, I don’t touch her, it’s the Jinns’. The children were terrified of me. So he put that distance between us. And the ‘Jinns’ started materialising more and more as his demands for the money increased (Survivor 6).

However, some of the survivors demonstrated a degree of control over their male perpetrators, although this manifested itself at the time when they decided to leave their abusive relationships. When survivors realised that their personal situations were not going to improve, together with the assistance of support organisations, they were able escape and/or eject their husbands from the matrimonial home much to their husband’s

displeasure. This marked a period when survivors (re)gained control over their lives, when their abusers did not expect them to show resistance, nor were they expecting to be ejected from the family home. However, Survivor 4 explained that her resistance and her attempts to prevent him from gaining entry to the matrimonial home resulted in threats of HBV:

‘Last time, his brother ring me – ‘I’ll broke your leg when I saw you’ because they are all doing the same, having girlfriend, drink problem, they’ve got wife, they say: ‘If she’s strong, my wife can kick me out’ and everybody’s controlling me. His brother coming: ‘How dare you tell my brother, kick him out again. If you kick him out, I broke your neck, you’ll see’ and my husband said: ‘I’ll put petrol in your house and I’ll burn all of you’ (Survivor 4).

Threats of HBV materialised because the men felt emasculated – they could not control women who were resisting (Reddy, 2008). Survivor 4 explained the threat to masculinity came because of a fear that other women in the family might also resist their husbands’ abuse and infidelity. The threat of HBV was an attempt to re-establish the patriarchal order and the notion that the men were in control (Welchman and Hossain, 2005; Reddy, 2008). The threats, humiliation and beatings that these women experienced occurred when they refused to subordinate themselves to the normalised rules in their daily life (Alinia, 2013).

The Role of Mothers-in-Law – Primary Perpetrators in HBV Cases?

Some of the survivors also blamed their mothers-in-law for their abuse. Survivors 1, 2, 3, 4 and 8 all stated that their mothers-in-law were particularly problematic in interfering in their relationships with their husbands and that they had exercised power and control over them and their husbands. They explained that because of this interference, their husbands behaved differently and obeyed their mothers to the detriment of their relationships. Accounts of mothers-in-law instigating violence was particularly interesting because in two of the households, no father-in-law or senior patriarchal figureheads were actually present

(although there were junior men in the home). Specifically in Survivor 1 and 3's accounts, mothers-in-law were the ones in control as fathers-in-law were absent either through death or separation. Survivor 1 explained that her father-in-law had been living separately and that she had never even met him. The powerful role of mothers-in-law was exhibited by their acts of violence against these survivors:

[Speaking of her husband]...It's hard to explain. It's hard to. He wasn't a bad person, he was so nice person, loving and caring husband, erm, because I'm the kind of person who always says true, because I'm Muslim and can't lie, he was so nice person...He's been so nice with me, but his mother and his sisters and his [older] brother, this is all the problem. Still till now (Survivor 2).

(Translation from Urdu) People have said that my mother-in-law was worried that I might steal or take away her son from her and move out. That I will take him away...Problems started with my mother-in-law...She would keep me in her room on purpose. I would sleep in my mother-in-law's room, not with my husband. I was not even allowed to clean my husband's room or enter his room. She would say: 'Don't go in there, you are disturbing him'. Even though my mother-in-law said not to go into the room, I would still go and clean it and that's when arguments would start. My husband heard what my mother-in-law would say and then he said: 'Don't clean my room, I'll do it myself'. We were not even allowed to be close together...My husband used to hit me, slap me on the face and my mother-in-law would pull my hair (Survivor 3).

The interference of the mother-in-law damaged the relationship Survivor 3 had with her husband. Hierarchical power structures were clearly present in these scenarios, but it was the mothers-in-law who dominated these survivors in the home. Survivor 2 recounted that her husband once apologised for his abuse (saying: *'I'm sorry, I don't mean to, they're forcing me to do that, this and that'*). What Survivor 2's husband was describing was his own feelings of weakness, his own lack of power at the hands of his own mother (who showed strength), and which placed her at the top of the power structure in the home. This meant that Survivor 2's husband felt that he could not challenge his own mother when it came to inflicting abuse. This is supported in other places of the transcript, where Survivor 2 explained her husband's weakness and how he was pressurised into abusing her:

He's absolutely finished from here. His thinking I'm like a poison for him. And then he wanted to get married again, in the last ten years was the worst because I'm having problems with him. Before, I

was having problems with the family, he was alright, then I'm ok. I could cope, if the husband is alright, supporting you and you can see that he loves you and cares, no matter what other people may do. But now they changed him, then he's saying: 'My parents are right' and he wants to get married again from the mother's side (Survivor 2).

Survivor 1 explained that her mother-in-law was controlling because she wanted to keep control over the family and her children. Survivor 3 rationalised that her mother-in-law was concerned that she might 'take away her son' and that she would be left alone, which was a reasonable conclusion given that she had separated from her own husband some time ago. Survivor 3 also hinted that there was an element of jealousy and competition between them and recalled one incident where her mother-in-law, as head of the household, felt threatened because Survivor 3 once cooked 'nice' food:

(Translation from Urdu) Before, when I came, I used to cook the dinner and someone made a comment that the food was nice. My mother-in-law then said: 'No, you can't cook the dinner. I'm going to cook the dinner.' I could prepare, I could help, I could put the things here, but I couldn't cook the dinner. I wasn't allowed to cook for the family (Survivor 3).

All of the survivors at some point were silenced. Survivors 1, 2, 3, 4, and 8 all explained that the domestic abuse that they had experienced had to be kept secret and hidden from those in the community. Survivors were instructed that if they came into contact with others, they could not tell anybody what was going on as this would bring 'shame' and 'dishonour' to the family. In some instances, this appeared to transform their scenarios from one of domestic abuse into HBV:

Even, I can't...they all sitting next to me and like this, I can't talk outside personally because they all going to say: 'It's our respect if you're going to say anything like this...*izzat*'. So like this, all the things. If anything happened bad with me, they always say: 'Quiet, don't tell anyone, it's our *izzat*. People know you are very happy like this.' But in real, I want happy life (Survivor 1).

They've been saying that as well [i.e. don't tell anyone what is going on in the home because it is our *izzat*]. But, when I call police, I said: 'That's it, I can go where I want, I can tell whoever I want...(Survivor 2).

(Translation from Urdu) They wouldn't let me go out. If I saw the neighbours, they would say: 'Act normal, don't let them know what goes on in this house. Just act normal, that nothing's wrong. Why don't you go back to Pakistan, we won't say anything, we'll just say that your mom is ill and you had to go suddenly, and this way it won't be our *behesti*'...The other distant relations are now saying: 'Don't talk to anyone. Keep quiet, don't discuss what's going on in the house, because this will bring *behesti* on the family'. Since I've left, they are still getting involved. The long distance relatives know my family and my in-laws. And then they say: 'Don't make friends, if you make friends, you will share this information with them and they will go and tell them [i.e. the in-laws] what is happening, whatever you say, it will still get back to the in-laws and your family' (Survivor 3).

These domestic abuse cases appeared to transform into HBV as further acts of violence were inflicted upon survivors to enforce their silence – if the perpetration of domestic abuse was ever revealed to the rest of the community *that* would be the source of 'shame' to the family. The mothers-in-law wanted to convey an image that their daughters-in-law were 'very happy' and that they were being treated with kindness. This was not the reality and the enforced silence or 'hush culture' controlled survivors (Gill, 2004; Latif, 2010). The enforced silence isolated and confined survivors to the home and prevented them from speaking out against their abuse. Some of the survivors were also young, vulnerable and alone as they had migrated from Pakistan to live in England and did not have access to public funds – their insecure immigration status and lack of financial independence because of the *NRPF* rule meant that they were forced to stay with abusers for some time (Burman et al, 2004; Chantler, 2006; Thiara and Gill, 2010). Though Survivor 3 is now divorced, her former in-laws still try to control her – they are very concerned about their reputation and that people in the community will know what really happened to Survivor 3 in the home.

Conclusion

The objective of this chapter has been to acquire a better understanding of the processes that led to HBV in the views and experiences of survivors. In particular, I wanted to examine their cases and whether HBV presented itself as a form of domestic violence; whether it was

something else distinct; and whether patriarchy explained the causes behind their victimisation, including explaining women's violence against other women. A number of the accounts explained that HBV occurs within a domestic setting, demonstrating that HBV can be categorised as a form of domestic violence. However, the experiences of Survivor 6 (and admittedly, Survivor 6 alone) suggests that HBV can at times be considered something distinct from domestic violence. Her experiences suggest that HBV could be considered to be a form of premeditated crime as there was a conspiracy to commit her murder and her children by wider family and community networks. But only Survivor 6's account demonstrated instances of both domestic violence and a premeditation to commit serious crimes – the other survivor accounts had exhibited experiences more closely linked to domestic violence. Survivor 6 had experienced domestic violence by her father and husband as well as the premeditated intent to harm her when unknown perpetrators attempted to tamper with the wheels of her car for bringing a prosecution against her (now ex) husband. Her accounts appear to validate key agent experiences of HBV as an example of a phenomenon that can be considered distinct to domestic violence.

Similarly, the accounts raised in this chapter also demonstrated patriarchy as the main cause of HBV. However, this chapter also identified the involvement of some women as the main perpetrators who exercised power and control over survivors. In the accounts of Survivors 1, 2, 3, 4 and 8, they had all experienced abuse at the hands of senior women who they had characterised as primary instigators of violence and within instances where domestic violence had then transformed into HBV. According to these survivors, this was because mothers-in-law wanted to hide their abusive behaviour from the community, which they feared would damage the reputation of the family. This resulted in further acts of

(honour-based) violence to ensure survivors remained silent. This marks a difference between some of the survivors' accounts and some of the key agents' accounts – while some key agents argued that '*behind the mother-in-law, it's the man*', some of the survivors had characterised mothers-in-law as the primary perpetrator and men secondary. This would suggest that some women are capable of committing acts related to HBV for their own criminal and individualised intentions that are not necessarily always in support of the patriarchal order; some may also use and influence other (junior) men to further their objectives. Women may thus inflict violence upon others for their own personal reasons.

Having examined the processes of HBV according to the survivors' accounts, the next chapter examines their experiences of intervention by state agencies, together with the experiences of key agents also working within the field.

8. INTERVENTION INTO HONOUR-BASED VIOLENCE

The objective of this chapter is to acquire a better understanding of the experiences of survivors and key agents in relation to intervention. In particular, I wanted to examine recommendations for methods of intervention and whether or not current methods are fit for purpose. Like the two previous chapters within Part 3, my approach towards acquiring answers to these questions was to ask survivors and key agents to discuss their experiences in their own words. Three themes surfaced from the analysis, including: what is successful intervention; what survivors want from intervention; and what key agents want from intervention. Although some participants explained their experiences of intervention were quite positive, others highlighted instances of poor practice and where intervention was less than satisfactory, with particular focus on the police, healthcare and social services. Key agents felt that poor intervention exposed survivors to further risks and danger. These experiences would suggest that state agencies lack awareness on HBV and are unsure how to properly respond to those wishing to escape. This is a concern – if the needs of women are not being met, there is a risk that they could return to violent relationships and expose themselves to serious harm or even death. Furthermore, it would suggest that lessons from Banaz's case have not yet been heeded.

What is Successful Intervention?

'Success' is defined as 'the accomplishment or achievement of a desired aim, result or purpose' (Oxford Dictionary, 2016). Within the current context of HBV, 'success' can have a number of applications. It can mean responding appropriately to the needs of women experiencing HBV to facilitate their escape from abusive relationships (sometimes referred

to as the 'right to exit'); it can mean working with communities to encourage dialogue and prevent abusive behaviour from occurring in the first place; and it can mean state regulation in the context of laws which aim to criminalise the behaviour in question (e.g. the criminalisation of forced marriage) (Phillips, 2003; Phillips and Dustin, 2004; Dustin and Phillips, 2008). Successful intervention can help survivors exit abusive relationships and encourage other women to come forward, knowing that help is available through state agencies and not-for-profit organisations. It can also help to challenge attitudes that condone VAWG. However, each individual person will form their own opinion of what counts as 'successful intervention'. From the interview transcripts, it was clear that key agents and survivors shared common objectives – to escape violence and to help (re)build independent lives after a traumatic experience. Yet observing their relationships, it became apparent that key agents and survivors had different priorities. For example, while the primary aim of key agents was to secure the safety of survivors, key agents also had the aim of raising awareness about HBV, including providing education and training for professionals and to challenge patriarchal attitudes that support misogyny. However, some survivors had very little interest in this – while they saw the positives of such a strategy, all they were really concerned about was exiting abusive relationships. Both key agents and survivors approach intervention with a different lens and this chapter examines these different perspectives. Again, the purpose is not to treat the sample as 'one unified voice' but as a number of voices with different experiences and expectations on intervention.

Positive Experiences of Intervention

The vast majority of key agents interviewed were support workers (eighteen in total) and the survivors interviewed (eight in total) clearly had a strong relationship with those who

supported them. Given that this relationship was the dominant feature of this research, particular attention will be paid to this relationship. The role of support workers cannot be underestimated. Not only did their intervention navigate survivors through the legal system and a variety of agencies, the support offered by key agents also included a high degree of emotional support. The type of support also varied – in some cases, it was a response to a major crisis; in others support involved the provision of information relating to legal advice and even help in simple tasks such as form filling. Yet this was vital for survivors who were in urgent need of help and uncertain what to do because they led such restricted lives (Thiara and Gill, 2010). The level of support intensified for some survivors because they did not speak fluent English – such women were demanding and required additional support (Burman et al, 2004). Arguably, support workers occupied the most vital position when concerned with the recovery of survivors:

(Translation from Urdu) There is a common ground, you know, with [support organisation] being a woman's organisation. You know, being a mother, one doesn't know what the experiences of motherhood is until you go through it yourself. Then you can understand the sentiments and the emotions. And in a similar way, I suppose, there might be differences in religion, or whatever, but having said that the common ground is that [support organisation] are women and [support organisation] is a voice for women and that's what I see (Survivor 7).

Some of the support workers interviewed were also trained immigration advisors and qualified counsellors, although support workers often referred survivors to other agencies if they did not have the appropriate skills to address a particular need. Yet it was clear during interviews that support workers understood the importance of their work because they provided survivors with a sense of 'empowerment':

You can see, when they come to you, you can see the change in them, gradually how they come, their faces, their, you know, their whole aura is different, slowly slowly, they get familiar and more comfortable and know that they are going to be fine. Everything changes, their faces, their smiles...(Key Agent 1).

[Support Organisation] in the early days used to have referrals made to them by the police, or hospitals or accident and emergency departments, but over the years there has been a gradual shift and there is more self-referrals, women are bringing in themselves. Word-of-mouth and reputation has led to this shift, but it shows that support services do benefit clients and they do know that they don't have to put up with the violence. This empowerment is so great...(Key Agent 5).

Every woman we have, every woman we have would tell you how empowered she is. She's moved away from the abuse – you've got to go down to the class today and these women will tell you initially where they were. When they were at risk, they all are, children. I've seen women, and the trafficking project has shown this, I've seen women who can't speak a word of English and they use sign language. We've actually seen them and you think: 'God, is this the same person?' They're so much more confident, they speak English and they learn so quick, it's amazing how quickly these women learn the skills (Key Agent 16).

As well as having physical safety, survivors also benefited from job training schemes and assistance in the search for employment. For migrant women, English language services and help with immigration applications were important. Some cases of intervention had empowered survivors to aspire towards becoming support workers themselves, to help other women who have been abused in similar situations:

Some of the survivors are tough, very tough women. [Support Organisation] has a policy of trying to include survivors in the organisation, where they can. Some of them are working on the committee, volunteering, things like that. They are just inspirational, the way they just, the resilience they have shown, that is truly amazing (Key Agent 11).

The inclusion of survivors helps to make support organisations representative and ensures objectives set are victim-orientated. It also provides a vital avenue for service users – that service providers are aware that they must listen to and respond to what service users want. All of the survivors validated the statements made by key agents and agreed that their support was instrumental in their road to recovery and for rebuilding their lives:

I done the injunction order through [support organisation], they was very helpful, and they way I told my mom: 'They [i.e. support organisation] was the one who was wiping my tears and they're so nice, and they so helpful' (Survivor 2).

Naturally, there were cases where intervention had proved less than successful or where women felt they had lacked empowerment, or felt unable to leave abusive relationships:

Some women will inevitably go back to the abusive family or partners. That's their choice and you cannot do anything about that. But that doesn't mean you can't help these women learn how to be safe and support plans can be put into place to monitor and check on the well-being of such women. Social services and the police can be informed that a woman might be at risk of harm and violence. Women sometimes want to go back to an abusive relationship because they want to give the relationship another go or because families have persuaded them that the abusive partners 'have changed'. Often this is not the case, but at least women in those situations know that they can come back and receive the right support or services if need be, which is a positive thing and a form of empowerment (Key Agent 10).

In some cases, survivors may relocate to other locations depending on the risk assessments.

Sometimes relocating can be problematic because some areas across the country contain high concentrations of South Asians, which means that it can become difficult for survivors to escape their families because communities in other areas may know them:

They find it difficult to make friends because they're trying to protect their past. It's very difficult to trust other people. The women that I've worked with who were referred to me when I was a counsellor were not in employment because they had mental health issues, they were seriously depressed, and they were actually on incapacity benefits because, and one had a serious eating disorder, and was very very unwell. She was effectively starving herself because of the effects of the trauma. So there were very serious consequences for them. And still, a continuing risk, because there is always the pull: 'Shall I get in contact', maybe with her sister or somebody in the family and sometimes in a new city you may encounter people who have connections with your family because the networks of families are spread across the whole of the UK (Key Agent 11).

So that policy [of relocation] is becoming problematic. Although relocation may not always be required, if it is, urban centres or cities are preferable because they have more facilities, services and opportunities. There is a more mixed population as well because the process of relocation can be very alienating, that is, to take someone and slap them down in the middle of rural places. When dealing with somebody involved in honour-based violence, it is safe to assume that they probably come from families that are relatively close in both healthy and unhealthy ways. Victims who have been relocated would not have friendship networks and they would not have a lot of experience of socialising outside of the family and they may not be psychologically equipped to live independently (Key Agent 12).

Many of the participants also stated that they had positive and good working relationships with others tasked with responding to HBV. Some support, refuge and CPS workers explained that they had good working relationships with the police:

The relationship with the police is very good, it has seen better days since mid-2000, when the issues of honour-based violence came more and more prominent, 2006, 2007 and 2008... (Key Agent 17).

We work well with the police and forced marriages. They are very responsive, I think...There are problems in general, but generally, it is good...(Key Agent 23).

Police officers stated that they had good relationships with healthcare professionals at hospitals, where patients experiencing violence often refer themselves to A&E departments. Healthcare professionals frequently come into contact with women because of injuries sustained as a result of abuse and are often the first point of call for patients. About hospitals, one police officer said they are in the best position to make referrals because of their direct contact with patients:

Hospitals are very good. If they have an inkling of the case that concerns honour-based violence, they would contact us, they even helped pick up cases concerning FGM. If they are not sure about the case, we will go down and have a chat, and if it's not, it's not, no problems (Key Agent 18).

Negative Experiences of Intervention

However, a number of participants highlighted pockets of inconsistencies and evidence of poor practice that they (or their clients) had personally experienced. In particular, support workers and survivors criticised state agencies for their poor responses to HBV and which had prompted some women to return to abusive relationships. Participants had highlighted that there are still poor responses from the police and healthcare service about their interventional support for women. A number of support workers were very critical of the police and provided examples of their inadequate responses towards women during their initial contact:

The client was unhappy with the way with which the police treated her. She was told to sleep in the office, her and her child, instead of the police station arranging her accommodation overnight, like a bed-and-breakfast, they kept her in the station, and in the morning she decided to go back to her husband. Back to the domestic violence and to the abuser. Obviously, because she didn't get that support, because of the language barrier, the fact that she had a 6-year-old with her, the police didn't give her any food, their hospitality skills were lacking, she wasn't sure what was going to happen, so she decided to go back home...There was a clear lack of awareness of how to deal with domestic

violence in Asian contexts, you can't allow such victims to sit in the main entrance because she's in danger. People in the community might see her. You need to put her in a back room away from sight. It was like [support organisation] had to tell the police the basics on what to do, and it seems funny that the police complain that they don't have enough women coming forward reporting domestic violence. With the way this victim was treated, I'm not surprised women are not coming forward to the police if they're not being treated properly. Although this case concerns domestic violence and not honour-based violence, the concerns are still the same. If clients and victims are being turned away or not receiving the appropriate support, they're bound to go back to the abusive relationship or dangerous family settings, which can lead to further violence (Key Agent 4).

This account is a concern because ACPO (2008) developed strategies on HBV/forced marriage with a two-year implementation Action Plan. The strategy contains guidance and provision for the training of police officers and includes the provision of DVDs made available to all front-line police officers. However, from Key Agent 4's experience, it would appear that the ACPO strategy has not yet been fully embedded within police training (Begikhani et al, 2010: 110). This is further evidenced by HMIC's (2015) review of forty-three police forces in England and Wales – only three forces had self-declared that they were 'overall prepared' to respond to HBV (HMIC, 2015: 54). Twelve police forces had also self-declared that they were 'not yet prepared' in terms of awareness and understanding of HBV, demonstrating a lack of training and the non-implementation of ACPO's strategy. This is very disappointing because not much is new here – that is, it seems not much has changed since 2008, and the two 2015 reports show that police forces are still not really prepared to respond to HBV (ACPO, 2008; HMIC, 2015; NPCC, 2015). This will be linked specifically to the recommendations to be discussed in Chapter 9.

On the subject of police intervention, communication and the lack of available interpreters united many of the survivors in this study. Six out of the eight survivors were not born in the UK, did not have a very good command of English and initially found it difficult to disclose their abuse. Although some police forces utilise a single trusted translator (and not a

random person from the community who may know survivors and thus pose a potential risk: HMIC, 2015: 71, 110) this is not a widespread initiative across all police forces. If the drive to improve survivor disclosure is genuine, avenues to allow women to make disclosures must be made available. This includes employing more bilingual workers within public agencies who are able to speak the same languages as survivors. Speaking the same language will make it easier for women to discuss their abuse. Several survivors explained that a lack of interpreters made reporting difficult and one recalled her experience of the police asking her daughter to translate, which she found to be wholly inappropriate:

...with police, I have just one issue...I call police straight away, because he's [i.e. her husband] doing something. Police came, that time I'm not speaking properly, English. And I'm nervous as well. I'm shaking. Police says: 'I need to information. What's happened? Why your husband smacking you?' My daughter, she's know well with the police, before, she's scared as well. And police asking. I said: 'You can bring anybody, I call my friend, she coming, because my daughter is not coming in front of police, talking, my all daughters upstairs. And police asking my daughter: 'You translate'. That's wrong, isn't it? Some secret I keep from my daughter, I can't tell. That's wrong. I said loads, I'm going counsel meeting, I said loads of times, police need translator. If you come Asian family's house, you can come back to interview me. Police say: 'There's no Asian police officer at the time, what shall I do?' It's not my problem that time, I'm nervous, I don't want daughter to involved and tell all my story. After, she crying. She'll broke down. 'Oh my god mom, you're suffering that much'. That's wrong, that's issue. That's issue only me with police (Survivor 4).

Support workers validated accounts of the police asking children, husbands and other family members to act as translators on women's behalf:

I think so, yeah, first of all, they have interpretive issues, haven't they, yeah, they've used like children really in the past, eight-year-olds, six-year-olds, as interpreters, or they've actually used the husbands, the perpetrators themselves [laughs], actually go into a house, even in this day and age, and talk to a perpetrator who says: 'Oh no, she's got mental health problems, so, we are just trying to calm her down, it might seem I'm restraining her, but I'm just trying to calm her down, and during that, she thought I was violent, that's why she's rang the police'. And because she does not know the language, she doesn't know what's going on at all, she's just nodding away, and has more batterings afterwards, because: 'You rang the police', so it's really hard (Key Agent 4).

Other key agents revealed tensions with other professionals and, in particular, highlighted concerns with GPs and hospitals. There were instances where support workers had

suspicious about South Asian GPs and that some breach confidentiality by disclosing to the patient's family that their daughter has reported abuse and is seeking help or is considering fleeing home. One support worker said:

It is compromised and I'm always reluctant to allow victims of forced marriages and honour-based violence to register with surgeries, because it can lead to the previous surgery to know where they have gone and if they have any family member or friend who can get access to the files, then it is dangerous...We are still struggling and trying to find a way where we can get victims registered with new surgeries wherever they go. But the suggestions are either that previously we have had doctors records sent to solicitors, then the solicitor sent it to me, so they don't know where it has gone. Or the other idea is that there has to be a totally new protocol set up for victims of honour-based violence. So nobody knows, somehow, where she's gone. It can't be disclosed (Key Agent 1).

Others raised concerns about hospitals for failing to identify cases of abuse:

We had a lady and her husband pushed her down the stairs. Her husband took her to A&E because she was in a lot of pain. At A&E, the doctors and nurses asked: 'How did you get the pain?', she said she fell down the stairs. She didn't mention anything about domestic violence, or her husband pushing her down the stairs. Obviously not, because the husband was with her. She wasn't going to say to the doctors: 'Oh, my husband is with me, he pushed me down the stairs'. It just does not happen...Obviously, the A&E staff are not trained up because if they were trained up, they should have taken her to a different room, got a different doctor, spoke to her when she was isolated, they should have spoken to her in private, they should have provided her with an interpreter. This type of case should have rung alarm bells for A&E – at least be suspicious – doubt should arise if there is a breakage and it has not been explained adequately...A normal practice should be in place to ascertain any injuries and this should be undertaken in a private place. 'Is there anything you want to share with us?' (Key Agent 4).

Lack of Awareness and Understanding

According to the participants, public sector professionals in other areas of government lack general awareness and understanding of HBV. While there is evidence that local authorities are committed towards improving knowledge on HBV/ forced marriage within its workforce and ensuring public condemnation of such practices at community level (see e.g. Mayor of London, 2010; Birmingham Violence Against Women Board, 2012), some support workers and police officers were very critical of local authorities and in particular social services:

[Laughs] We've had several issues with social services in the past when we are dealing with our clients (Key Agent 4).

Social services don't quite get it yet, I don't think. The people I've tend to deal with don't get it. Sometimes, you feel that you are talking in a completely different language to some people, that's how it feels sometimes (Key Agent 19).

Key Agent 5 explained a case of a woman who had experienced domestic violence and had contacted social services through her local authority. Her husband was violent, had mental health issues and her in-laws condoned her abuse. When she notified social services about her abuse they advised her to leave home with her children:

She then left, went to social services and social services rang [support organisation] and they didn't have a clue what to do. The victim had three children, they were tired, hungry, had no lunch, nothing, and separate people interviewed her on two or three separate occasions. I complained: 'Have you thought about feeding her?' At the end, it was 8pm, I was still with her, I wanted to sort out refuge accommodation for her. The refuge that was provided was a refuge in a non-Asian area, no Asian shops, no halal meat for her to get and there was a language barrier because she couldn't speak any English, three small children – and social services said: 'We will take you to this refuge'. They also said 'Shall we put you on the train?' I said: 'This time, on the train, with luggage, three small children, no language, can't read the signboards, in a foreign town, somebody might potentially see her?' It's traumatic enough when you leave a relationship, with safety issues more than anything, to be left alone, is another thing! You need that support. Eventually, the client went back to social services, at 9pm, she said: 'I'm not going there, no Asian shops, no other Asian person, I can't buy any halal meat', and so social services said: 'Okay, shall we take you back to your house'. All day, social services kept her and then they wanted to take her back home. What about her safety? The family will ask her where she has been all day. What will social services say to them? (Key Agent 8).

These accounts demonstrate a lack of awareness that key agents put down to poor education and training within local authorities. Survivors validated these accounts explaining that public agencies, including the police, had demonstrated ignorance about their needs. For example, when Survivor 5 escaped her attempted forced marriage, the police had unwittingly disclosed the city of her location after he had reported her 'missing':

...then I got a phone call from [support worker]...I got a phone call from her saying: 'The police have told your family', because originally, they reported me as missing, but a police officer came and spoke to me and I told them I left on my own free will, it was my dad who reported me as missing. But then they told my dad, and I don't know how, that: 'She's got an appointment at the job centre in [city]'.

MMI: That was potentially very dangerous, wasn't it?

At that point, when they told me that, I can't even explain to you how I felt, cos every time I heard a noise, I thought: 'Oh my God, that's them'. Even though they didn't know where it was, but then like, [city] was so small and I just thought, if I was out and about, like I did go, like, a few days before I did

go to the job centre, what if, like, someone recognised me, they showed my picture, anything. And every noise that I heard, I'd think: 'Oh my God, that's them'. But I think I only stayed there for a couple of more days, and they moved me back here, erm, and I think that was the main thing for me...even till this day I don't understand how my dad found out I was in [city], and, you know like, why they told him, for me like, knowing that, like I was so scared, I just thought, like, if he sees me, he's gonna kill me. Cos I'm gonna bring shame on his family, everything, like within the community, everybody there they're gonna know that my dad's a really proud man, so I thought that: 'That's it, as soon as he see's me, he's gonna kill me and [mumbles]', obviously that didn't happen, but then, like, but knowing that he could find where I was, it was the most scary thing...even till this day, I don't know why they did it...I know [support worker] tried chasing it...but I got nothing back from them...(Survivor 5).

Another key agent was scathing of the police for their lack of understanding of HBV:

When I was dealing with a client once, a white female police officer was present and said: 'Shall I ring her family to let them know she is safe?' I said: 'No! She's an Asian girl running away from her family'. There is a lack of awareness. And lot of agencies with white women workers still do not understand the issues surrounding Asian cultures (Key Agent 8).

Conveying such confidential information to families could prove fatal as families may try to use that information to locate and harm women. Other key agents echoed similar concerns explaining that public agencies have not properly trained staff about violence experienced by BME women and how inappropriate responses can expose them to further risks (Wilson, 2006; Thiara and Gill, 2010):

One Arab woman went to a white refuge – the refuge had an open drinking policy and on the first night, she had lager spilt on her, so she decided to go back home to the violence. A lot of white refuges have not sorted themselves out yet when dealing with BME women (Key Agent 4).

Depressed, crying, coming in with their children, women suffering abuse for 20 or 30 years, as an Asian, they find it culturally difficult to leave home, with the stigma and everything else attached to that – especially the expectations of being an Asian woman (Key Agent 5).

We do training about awareness of honour-based violence and the whole thrust of the training is to respond appropriately to the needs of the victim – it is not that hard (Key Agent 11).

The nature, characteristics and dangers of HBV must be conveyed to all public sector and local authority employees who come into contact with the public. A failure to recognise these issues could prove catastrophic for women seeking to free themselves from abuse:

The first contact is the most important contact. When a victim comes forward, the ten-eleven women that I saw, all of them said they were never ever allowed out of their house. So how do we get a message to them that what is happening to them is criminal – signpost – how do we do that? Some of them said: ‘We have got children, the only time we are allowed out is when we drop our children off to school’, so there is a 15 minute window of opportunity, if the teacher, or somebody in the school, took it upon themselves to ask, to seek a disclosure, even doctors, nurses, GPs, receptionists, security guards at universities, it goes back to the point that everyone has a role to play, and the first point of contact is the most important – health professionals, doctors, nurses, midwives need to think there is something at work here and I need to do something about it. Then they need to know where to go with that information and to do it quickly. Schools, local authorities, statutory organisations, there needs to be that level of specialism and the level of understanding, but at all the various levels (Key Agent 17).

Do you know whether the man on the security desk knows what to do if someone appears at their desk and states: ‘I am about to be forced into marriage’ or ‘My family want to kill me’. Most will look quizzingly. Do you know that most of these girls, victims have never been out of the house and they see a big building or town hall or university and think: ‘Somebody in there might be able to help me’. And then they go into security and ask for help and the man looks at them blankly – that is a missed opportunity and with some cases, sadly, where at 10am the girl is told she is in danger and by midday she is dead. The level of escalation and risk is faster than any other crime. In domestic violence, there is usually a constant pattern, but in these kinds of areas in honour based violence, you are being forced into marriage, a girl is discovered to have a boyfriend, two hours later, she is dead. So, if you have got that small window of opportunity, we need to be sure that there is a basic level of understanding at every statutory local authority building, but they know what to do, where to signpost, and that someone somewhere can take action on that part (Key Agent 17).

Survivor 6, who had been forced into marriage, also validated the above account. She explained how she had hoped to disclose her abuse to the local hospital because of the injuries that she sustained. However, the doctors and nurses did not seek a disclosure:

The time when he [i.e. her abusive husband] smashed a can a beans on my hand and I had three fractured knuckles, and they said: ‘How have you done that?’ and I said: ‘Well, I caught it in the fridge door’. But that’s ridiculous, because a fridge door could never do that. I thought somebody was going to say: ‘No, a fridge door will never do that’. No, it was fine. They just put the splints on and...I said to myself: ‘I don’t want them to believe me’. I said: ‘I’m not going to say the door, I’m gonna say the fridge door’. There’s no way on earth you can end up with a hand like this in a fridge door. And I thought somebody is going to say: ‘That doesn’t happen in a fridge door’. If they pressed me, I would have told them the truth. If somebody had been just prepared to say: ‘Well actually, no that isn’t, those injuries are not possible from a fridge door, somebody putting your hand there and repeatedly slamming the fridge door is a different thing, but that wouldn’t be counted as an accident, would it? So would you care to show how that happened?’ But nobody questioned, nobody ever asked. It’s lack of knowledge and lack of awareness, we keep on going back to that. It’s ‘Their [i.e. South Asian] things, this is what happens in their homes, leave them to it’ and that’s got to stop (Survivor 6).

Here, Survivor 6 was crying out for support, yet she felt let down by the healthcare system that failed to follow up or ask her questions about her injuries. Key agents suggested that mandatory training must be made available across all levels in public agencies (including

security guards, cleaners, managers, directors and executives). Training should be continually offered periodically in view of labour turnover and 'top-up' or 'refresher' courses could be provided if people want to refresh their knowledge. Some suggested different pathways could be provided for different people such as operational staff, managers, senior managers and heads of departments. A basic programme of training should be available to all, but the higher that one progresses through an organisation, the more detailed the training should be to reflect policy documents and mission statements:

I would like to have in all organisations a mandated policy on forced marriages and honour-based violence in the same way you have domestic violence policies or child abuse policies or race relations policies. All organisations in all sectors – you are looking at managers, managing staff, trainers, anyone who deals with young people and the public should be required to have mandatory policies on forced marriages and honour-based violence because they are in close proximity to potential victims and could potentially come into contact with such victims (Key Agent 13).

Lack of Integrated Education

Given that HBV and forced marriage disproportionately affect young women between the ages of 16-24 (Home Office, 2017), education on such issues should be embedded within the National Curriculum. However, participants criticised the fact that education on HBV and forced marriage has not been embedded within the Curriculum at national level. Many of the participants called for educational programmes to be included within schools as they felt that not enough was being done to educate young people about healthy/unhealthy relationships and what to do if they (or their peers) face the prospect of HBV/forced marriage. Some recommended interactive-based approaches that include student-orientated interaction such as role plays and delivered by those of a similar age (Thapar-Björkert, 2007):

If you identify these things for children, they will learn what is right and what is wrong. Children will then act as a guard against themselves, so they won't become a victim themselves. And also it might

help to identify things that are wrong for their peers, if there is a friend in need, and to know what to do if a situation like that arises (Key Agent 5).

In terms of education, that is the key...you need to work with Key Stage I and Key Stage II, you need to work with primary school kids, kindergarten kids, in high schools, raising the levels of understanding, changing and identifying what is an abusive relationship for them, giving them role models, lots of peer-to-peer work, I never go into a school anymore, why would they want to listen to a guy in a suit? What they would prefer is to hear this from a 16-year-old person, another kid their age, encouraging younger people to go into educational institutions and share messages and share learning. But I think that is the key piece of work. The ideal scenario would be amendments to the curriculum...[support organisation] always go into schools all of the time and I keep telling [them]: 'Don't, send a kid in there, train up a group of teenagers to do this work on your behalf', the Swedish do this really well, the [Sharaf Heroes] Project, where they have got all these [male] late teens to go into schools, that's what they should be doing. And we've got to deal with that at that stage, that's my key piece, my dream...my magic wand (Key Agent 17).

Survivors, looking back at their own experiences, shared similar views about educating younger people in schools as part of the Curriculum:

...I look back and I think: 'My friends went through all that because their dads were like my dad'. And like most of my friends who I went to school with, they're all married with like, their cousin or someone from Pakistan, they've got kids, or a few of them are divorced, because, you know, that's, nobody brings out that message across to us, even when I was young, I didn't know anything about this and if my friends did, they probably wouldn't have gone through some of the things they have in their life. There should be more of a drive in schools. Definitely in secondary schools. Primary school kids, they're a bit too young, they won't really understand it. But secondary school, I think, yeah, definitely (Survivor 5).

Survivor 6 undertakes voluntary work in a local children's centres and youth clubs to inform women and children about the availability of support networks:

...one of the local children's centre has already allowed me to run these sessions, where it's just been coffee mornings. And these women are coming in where husbands aren't suspicious: 'Where are you?' – 'Oh, I've got to be at the school for 2 and a half hours in the play group because they're having some play sessions there'. They're happy with that, not knowing that those play sessions are places where I'm actually going in for half an hour and saying that: 'If there is anything you want to discuss', I mean, there's possibly been out of the group of twenty or so women who have been attending, three disclosures, well *Alhumdulillah* [thank God] which we've extracted, which before there might not have been other means. So even with the manager of the nursery, she's seen the results, something we need to look at ongoing. And that's what's needed...raising awareness like that, places like Youth Clubs, places where children, after school clubs, or even breakfast clubs, and as I mentioned, coffee mornings, where not only you've got your mothers being educated and being given, sort of, information and sort of breathing space, but even the children are supported as well (Survivor 6).

Key agents also suggested that raising awareness should be pursued within colleges and universities:

The [name of university] has a high number of referrals of forced marriages and honour-based violence – they need to have far more people involved as a support worker and as a client service, and not rely on small dedicated, often just one or two, members of staff. Staff need to be trained. Not one single specialist. You need more than one. Look at who your first aider is, we don't have one for the whole organisation, you have a designated first aider within each department, within each team, by analogy, honour-based violence should work on the same principle (Key Agent 13).

As part of its policies, universities and other organisations could have mandatory policies that include watching a 30-minute video on forced marriages and honour-based violence. It's not asking much for a slot of time to raise awareness on these issues. It could potentially save a person's life. It is part of a duty of care towards students. All it takes is one student to trigger the rewards of having such a policy and it helps to give staff the confidence to effectively respond to such issues. This needs to be undertaken and be mandatory right across the board for people who work with young people and members of the public, lecturers, receptionists, administrators, security, right across the board...(Key Agent 14).

You need to start the process of training, induction on honour-based violence and forced marriage awareness-raising all over again. Have a rolling programme. Such a programme does not have to be delivered by a specific person in a post. It should be delivered...as part of a 'service', but is delivered by a whole group of individuals...If a victim contacts security at the university library, instead of security contacting [name of key agent] all of the time, security should be able to deal with the issue themselves because you are losing valuable time. There should be two honour-based violence, forced marriage and domestic violence representatives in each school, so that security know where they are, students know where they are...(Key Agent 13).

More Engagement Through Information Campaigns on HBV

Participants also suggested that the public must have better awareness and of the specialist organisations that can help. Survivors recommended that HBV support organisations should promote their profiles through the good work that they undertake in the community as this will help to improve awareness. Many women lead isolated lives and do not always know what organisations they can approach. Some survivors were initially unaware about available local services and this undermined their ability to seek intervention. This not only included migrant survivors, but also British-born survivors:

Where I got the domestic violence number was from my baby's Red Book...the only information that they had on there was the domestic violence unit and that's the one that I rung because I had no clue what to do...It was the Red Book, cos my son's appointment was the same week. At the back of it was a little sticker that said, you know, domestic violence unit. I thought: 'Well, you know, you can't get worse than this, this is domestic violence' (Survivor 6).

Survivor 5 made a decision to leave the family home to escape a forced marriage and she agreed that women in general lack knowledge about this type of violence and where to access support. She admitted that she did not know what to do or who to contact and that, as a result, she had even contemplated suicide, which to her, was a reasonable option:

I didn't know where I was going, I didn't have any friends who I could ask, cos I lived my life so isolated, I wasn't allowed out, I wasn't allowed to do anything. So I didn't even know who I could ask...I think the main thing for me is, when I was in [city], I didn't know nothing about forced marriage, honour-based violence, a refuge. I didn't even know what a refuge was, so the main thing I would say is awareness, like, not a lot of people do know a lot out there... I remember that day when I left, I thought: 'If I can't find anything, then fuck it I'm just gonna jump off [a bridge], that's it'. Cos you don't know what to do, you don't know where to go, and I think awareness is the most important thing (Survivor 5).

Key agents recommended a variety of publicity campaigns, radio shows, television, posters, stickers, campaigns in Outreach Centres/community groups to maximise publicity:

Charity events at [support organisations] and plays inform women about the real-life situations and dangers that exist out there...Charity events and plays like this empowers women and tells them what to do when they are faced with a situation (Key Agent 5).

One woman said she is not allowed to go outside, but she can come to a course because she is able to earn some money – a sewing class – so by becoming available in places where a lot of Asian women are able to go to, you will be able to maximise the number of people you can access who may need referral and support services. Running courses in those venues is another route to getting access to women who need help and are able to come into contact with support organisations and seek help that they may not be able to access at other times. There is also annual day trips organised by [support organisation] and we get quite a lot of referrals from there. These trips raise awareness of [support organisation] and tell people what the organisation is about (Key Agent 4).

Participants also recommended that there should be campaigns aimed at men to stop men's VAWG. Like the *Men Against Violence* website (MAV, www.menagainstviolence.co.uk), participants recognised a need to change social norms and prevent men from being violent and controlling in the first instance. Two key agents said:

Criminalising forced marriages may result in some successful prosecutions, but does nothing to address the cultural psyche that forced marriages is a violation of a human right, nor does it seek to educate communities in a constructive and meaningful way (Key Agent 5).

...education, that is the key. Attitudes need to change across the board. And very often, when people are in their teens and early 20s, people are very settled in their views about, they know men rule the world, women don't rule the world, they know men make the rules and women obey the rules, those things are embedded culturally and individually, and you need to...rais[e] the levels of understanding, changing and identifying what is an abusive relationship for them (Key Agent 17).

Survivor 5 validated these accounts:

'It's the men who are overpowering, they're the dominant ones. So whatever the man says, it goes. Looking back at my dad, like, I always think, like, if my dad wasn't like that, I don't think whatever's happened, it wouldn't have happened...looking back at my dad, and I just think, I don't know if they would want to learn about it...I think they need to learn, they should know about it, they should know what they are doing. The thing is, in their eyes, they're not doing anything wrong...courses like that, you know, so that men could see what they're actually doing because they probably think 'We're not doing anything wrong', but if they could see what they are doing, then they could actually think then 'Oh God, maybe what I am doing is wrong', sometime they think they not doing anything wrong...a mosque would be a good idea, community centres, where they could get together and hour, half an hour, 40 minutes, whatever, so that they could just get together and talk, whatever like, just so they know, like, what men out there are capable of, if you know what I mean...And that's what the men don't understand, they're just thinking about themselves (Survivor 5).

Aiming community education at men could help to change attitudes on abusive behaviour, that men and women are equal and that there is no 'honour' in HBV (Siddiqui, 2005). Such campaigns could also be made in religious institutions, community groups and educational establishments. In this way, we would be able to speak of HBV as an 'immoral practice' that collectively brings 'dishonour' upon *all* men (Kaufman, 1987, 1994, 2001; Appiah, 2010).

Conclusion

I wanted to examine recommendations for intervention and whether or not current methods of intervention by state agencies are fit for purpose. While some participants had recognised and experienced positive intervention, others had highlighted poor practice that risked the safety of women. This included poor and inadequate responses at the service

desk of both the police and social services, failing to identify abuse when women reported their injuries to doctors and nurses and both doctors and police failing to treat confidentiality with strict confidence. Key agents had put these examples down to poor awareness, understanding and training on HBV. From the survivors' perspectives, they expected intervention to be personal and tailored to their needs, including having access to bilingual interpreters within state agencies to report, disclose and open up about abuse. In some instances, survivors had felt that they had been let down by state agencies.

This chapter also highlighted key agent recommendations that focus on preventative work, such as raising awareness and education for all state agencies, educational institutions and the local community. From the accounts above, there is still much to be done. Although there have been significant improvements in the knowledge of HBV, one is not completely satisfied that state agencies have fully learned the lessons from Banaz. The concern for key agents is that training and awareness currently provided by state agencies is superficial, with managers and heads of department treating such issues much like a 'tick-box' exercise, rather than as an issue that could save a woman's life. This is supported by ACPOs (2008) strategy which, according the HMIC Report (2015), police forces have not yet fully embedded because a number of police forces have self-declared that they are 'overall not yet prepared' to respond to HBV. Chapter 9 will now discuss the data results in more detail, focusing specifically on the research questions set forth at the beginning of this thesis.

PART 4

9. DISCUSSION – RETHINKING OUR APPROACH TO HONOUR-BASED VIOLENCE

This is a study about HBV in South Asian communities in England and Wales. To date, much of the research on HBV has been conducted using library-based methods. This study breaks from traditional approaches to HBV by using empirical methods, interviewing key agents and survivors and obtaining raw accounts of their experiences. This chapter will utilise those experiences to address the research questions posed at the beginning of this thesis: Is HBV a form of domestic violence or is it something distinct? Is ‘patriarchy’ useful to explain acts of HBV perpetrated by women upon other women? What are the recommended methods of intervention and are current methods fit for purpose?

Although instances of HBV clearly fall within domestic violence (Siddiqui, 2005; Reddy, 2014; Aujla and Gill, 2014), HBV can be different to archetypal domestic violence because of its collective and premeditated nature (Keeping, 2012; Xavier et al, 2017). HBV cannot simply be conceptualised as domestic violence because of the existence of family networks, multiple perpetrators, ‘family councils’ and the underlying rationale behind HBV. This understanding requires us to rethink how we conceptualise HBV and methods of intervention (as well as investigation) may need to address those types of cases differently.

The chapter argues that patriarchal theory is relevant not only to the existence and causes of HBV (Gill, 2006; Reddy, 2008; Gill, 2009; Metlo, 2012), but also to the perpetration of HBV by women upon other women – women are forced to commit violence by men (Akinpar, 2003; Pope, 2004, 2012; Sen, 2005; Wilson, 2006; Balzani, 2010; Aplin, 2017). However, in

some cases, women will have their own criminal intentions why they inflict HBV upon other women. This not only includes mothers (Aplin, 2017), it also includes mothers-in-law too.

The chapter also argues that despite examples of good practice, practitioners are still struggling with how to respond to HBV. It confirms existing research that inadequate responses may be due to a lack of training, understanding and awareness of HBV (Begikihani et al, 2010, 2015; HMIC, 2015). It recommends that practitioners should look to NGOs and other expert bodies to acquire such knowledge and awareness. Furthermore, state agencies such as the police are still not properly fulfilling their roles in supporting and protecting victims (Begikihani et al, 2010, 2015; HMIC, 2015) – this may affect intervention and persuade some to stay within violent relationships. Participants recommended better training and awareness for all public sector workers who engage with the public. In terms of prevention, participants also recommended improved education and awareness in the community to challenge men's attitudes that condone HBV.

An Evaluation of the Research

A qualitative research design was adopted to conduct interviews with thirty-eight participants who had been affected by HBV in their personal and professional capacities. The methodology employed helped to secure a sample that were able to provide reliable and trustworthy conclusions, so far as the limitations identified in Chapter 4 provide. Although there is no 'right' answer to determine the most appropriate sample size, a judgment was made based upon a combination of factors. The quality of the data in terms of its richness, experiences and how it relates to the research questions meant that large numbers of key agents were not needed. However, personal, professional, and political

biases inevitably came into play during the research, beginning from (my) choice of theoretical framework(s), the framing of research questions, to the scramble to recruit suitable participants and the methodology, analysis and presentation of findings and policy recommendations. The people who took part in this research (including the researcher) *care about victims of HBV*. They all wanted to do something *positive* and to have an *impact* in the field – this inevitably led to bias despite efforts to minimise it. ‘Neutrality’ is therefore a concept that must be contested within this research. Although there is an argument that the research involves only eight survivors (who, in addition, were selected and recruited by the key agents themselves), their recruitment (however small) is still a significant achievement in itself given their personal, difficult and traumatic experiences. It is probably a greater achievement than the recruitment of the thirty key agents. Although I wanted to conduct interviews with more survivors to appreciate their experiences, locating such participants is notoriously difficult. Fear of being traced or identified prevented some from participating, which is understandable. But having undertaken in-depth interviews with eight survivors, together with the key agents, the current sample as a whole seems adequate. Of course, one can never be sure, because the next person to be sampled might have a very different outlook or perspective on HBV. Nevertheless, the results can generally be taken to be trusted, if not necessarily representative given the small numbers. This is in addition to the ethical standards employed, which included informed consent and confidentiality. Both the research and the presentation of its results were conducted ethically and appropriately.

South Asian Migration and HBV

Although the current study focuses on South Asians, commentators have been quick to point out that HBV is not purely a South Asian/Muslim problem (Baker et al, 1999;

Welchman and Hossain, 2005; Reddy, 2008; Reddy, 2014). Not only do South Asian women experience 'double victimisation' at home/societal and state/institutional level, they also experience a racism that contends that HBV *reflects* South Asian culture. This problem contributes to Islamophobia, which characterises South Asians as the new 'folk devils' and consequently a 'moral panic' is created about Muslims (Cohen, 2002; Anitha and Gill, 2015).

Consequently, this has made it harder for South Asian women to fight HBV because South Asian culture is perceived to be more violent and male-dominated than violence experienced in the West. Meeto and Mirza (2010) highlight that South Asian women (who were once invisible in the early domestic violence movement) have now become more visible within a discourse that characterises their group as 'backward' and 'alien'. However, this further victimises South Asian women – it further alienates women from state agencies for the fear of confirming negative stereotypes (Razack, 1998; Thiara and Gill, 2010). It may even contribute to some state agencies feeling a sense of reluctance to intervene in order to respect 'multiculturalism' and the traditions in other cultures (Razack, 2004). For these reasons, negative stereotypes must be challenged.

This study reveals how specialist BME organisations are fighting hard to highlight the needs of South Asian women, including lack of funding to sustain such organisations, the *NRPF* immigration rule and lack of awareness and understanding of HBV. Policies linked to immigration control complicate intervention for the South Asian women (Wilson, 2006). Five of the survivors were born in Pakistan and had specifically come to the UK through marriage migration. All had high hopes and imagined a happy life – but that was a myth as they experienced serious abuse. Some of their perpetrators were husbands, while others

were mothers and sisters-in-law – all felt entitled to take part in violence because they were part of ‘the family’. This was one of the negative consequences that migration had for these survivors. The women became tied into the family and leaving an abusive relationship had a greater impact upon them, their children and their natal family (Thiara and Gill, 2010). ‘Honour’ also became very important in the family home and in front of the community. This can make it even harder for women to escape violence. When South Asian women marry and physically move into the household of their husband’s family, they become part of that family unit and membership becomes more solidified through time and with the birth of children (Wilson, 2006). Once this membership is established, women become part of the family group that would consider themselves tarnished by ‘dishonour’ if she was to leave. Where marriages are arranged, a cultural preference is for marriages within the patrilineal group (Wilson, 2006). Family relationships are thus extremely important in South Asian families. Parents want to pass on and reproduce their cultural and religious values to their children (Hall, 2014; Julios, 2015). There is a building of networks and of reputation, as well as biological, cultural and economic reproduction – all with the aim of strengthening the family unit. Inter-cousin marriages are a continuation of that link between families that can form part of the continuum of violence. There is pressure from both sides of the family not to leave a marriage for the sake of ‘honour’ (Thiara and Gill, 2010). The conclusion to be drawn here is that the process of marriage migration can be a very unhappy experience for some South Asian women. Where they had experienced violence, the women within the sample found it hard to get out of their situation. They faced barriers due to the stigmatisation of divorce and the shame/ostracisation levelled against them for leaving their families.

There were additional issues that made life very difficult for survivors: some spoke very little English; they had little or no friends outside of the family network; and they had no natal family members in the UK because of migration. The migrant women had also found it difficult to access state agencies. This was because of their own lack of understanding and familiarity with institutional structures and processes in the UK (Thiara and Gill, 2010), but also because state agencies themselves lacked competency, understanding and awareness to support the needs of such women (Begikhani et al, 2010, 2015; HMIC, 2015). The language barrier in particular contributed to their sense of loneliness because it restricted opportunities to access state support (Hall, 2014). Complaints might not be taken seriously because law enforcement officials consider women to be unreliable, confused or otherwise not credible as a result of their lack of fluent English (Wilson, 2006: 77). Yet South Asian women are accustomed to yielding to those in authoritative positions because of their cultural upbringing. South Asian women have been absorbed within a set of norms that requires them to show respect to those in authority, which includes not going against the wishes of parents, in-laws, or husbands despite abuse; it also includes not complaining to outside institutions or revealing the family's state of affairs to the public (Wilson, 2006). These issues had a major impact on the personal lives of these survivors – all felt very isolated. The impact of the transition from Pakistan had increased their sense of vulnerability and isolation, which meant that they were easier to control by perpetrators, who were able to abuse and silence them because they had no family to defend them.

To compound their sense of victimisation, insecure immigration status was the final 'injustice' for survivors. The impact of the transition from Pakistan to the UK not only increased their sense of vulnerability in terms of isolation, but also their residential status in

the UK. Families not only controlled migrating women, but they were also controlled by the UK state. They were controlled in the sense that they were allowed permission to live in the UK based only on a spousal visa and on the condition that husbands would support them. Yet this was a tool to control survivors and make them dependent on their perpetrators. Having UK-born children, but not knowing of their own legal rights as migrants, further compounded their victimisation – many were made to fear deportation knowing that their husband's family would then take custody of the children (Thiara and Gill, 2010). They therefore tolerated abuse. These examples show how South Asian women experience different forms of oppression.

Specialist support organisations were eager to point out the injustices with applying to remain in the UK and the *Two Year Rule*, a rule introduced in 2003, which stipulates that those on a spousal visa may be deported if they leave their marriage partner within two years of marriage. This rule was introduced in response to the government's concern about 'sham' marriages and tackling loopholes within immigration rules, which they argued made staying in the UK far too easy (Wilson, 2006; Sharma and Gill, 2010). However, support organisations pointed out that women experiencing abuse within the two-year period are unlikely to report violence because they fear deportation. They therefore become trapped in their abuse. The initial *Two Year Rule* did not provide any concession to those whose marriages had broken down because of domestic abuse, although from 2002 the government introduced the *Domestic Violence Rule*, which now provides some concessions to the Immigration Rules and applying for indefinite leave to remain as a result of domestic abuse.

However, the *NRPF* policy connected to the *Two-Year Rule* still inhibits the freedom of migrant women to exit violent relationships since the policy itself defeats the very purpose of the *Domestic Violence Rule* (Sharma and Gill, 2010; Hall, 2014). Although the *Domestic Violence Rule* allows women experiencing violence to apply for indefinite leave to remain without their husbands' involvement, migrant women rarely know of this until after their contact with the state because abusers deliberately misinform them of their rights (Thiara and Gill, 2010). Furthermore, the *NRPF* policy requires that husbands must support their partners coming to the UK through marriage financially or that such women must be in a position to support themselves. They are not eligible to apply for financial assistance from the state. As a result, they do not have access to benefits, social housing or any other funding. Such women have very little choice but to stay within abusive relationships or face leaving home without financial assistance, as well as the stigma attached if they leave (Thiara and Gill, 2010). These factors combined formed barriers of oppression to the women who migrated and an understanding of the different 'intersection' of oppressions South Asian women face is vital towards understanding South Asian women's experiences of HBV (Thiara and Gill, 2010). As immigration rates in the UK increase, practitioners will increasingly find themselves working with more and more immigrant women. Practitioners must therefore pay attention to these concerns – the insecure nature of a woman's immigration status, lack of knowledge of legal rights and the ways that these factors can affect the decisions of migrant women experiencing HBV must be considered.

We therefore have to think of ways in which we can reach out to South Asian women who have migrated, who do not have a firm grasp of English and whose families are controlling them. This will not be easy, but the NGOs who took part in this study were already

performing this very important function. Despite facing funding cuts, organisational closures and employees experiencing stress and/or PTSD, all appeared to do a very good job in very difficult circumstances – they recognised the language needs of women and were able to communicate with them effectively. They even provided migrant women with funds through their own donations when there was *NRPF*; they advised such women of their legal rights and about the immigration process; they helped secure temporary and permanent accommodation when state agencies could not help; and they provided women with emotional support. It seems quite clear that in order to provide successful intervention in cases of HBV, the government should look towards increasing the number of NGOs and the funding made available to them – anything else demonstrates callousness and a lack of concern for South Asian women's human rights (Wilson, 2006: 167). Every closure of an NGO will mean that South Asian women's abuse will be prolonged or lives will be lost.

Another option is to amend the policy on *NRPF*. As Sharma and Gill explain, the government has confused its humanitarian aim of trying to protect migrant women from domestic violence on the one hand, but also want to be seen to be tough on illegal immigration on the other (Sharma and Gill, 2010: 237). The government seems more preoccupied with controlling borders rather than supporting BME women at risk of violence. The government does not seem to have a nuanced understanding of different women's experiences of violence since the current system prevents South Asian women gaining their own independence. The government launched a pilot project entitled the 'Sojourner Project' in 2009 to assist those experiencing domestic violence with *NRPF*. The project was extended several times and formed part of the Coalition government's agenda in 2012. From April 2012, the government introduced a similar scheme that allowed women who made

applications to remain in the UK under the *Domestic Violence Rule* to have access to very limited welfare benefits while their applications were pending. The *Destitution Domestic Violence* (DDV) concession allows women to apply for funds when their relationship has broken down because of domestic violence and where they have *NRPF*. According to the www.gov.uk website on DDV (last accessed 27 January 2018), women can apply for public funds for up to three months while the Immigration Office considers their applications. While this is welcomed, three months is clearly not enough to support women and their children and the rules are likely to cause significant hardship in the long-term. The government should look to develop suitable and workable policies and solutions to these issues that are both just and humane for migrant women. One specific recommendation lies in the proposal that ‘the right to exit’ abusive relationships should also be coupled with ‘the right to indefinite leave to remain together with access to public funds’ (Sharma and Gill, 2010). Migrant women should not suffer abuse and yet have no choice but to stay with their abusers because UK immigration rules do not offer financial assistance.

Understanding HBV as a Collective/Group Process

Although a number of key agents characterised HBV as a form of domestic violence and that this is supported by the vast majority of the survivors’ experiences, the interview data also suggests that on some occasions, HBV cannot be simply considered domestic violence as some academics claim. It will be recalled in Chapter 2 that Reddy (2014) and Aujla and Gill (2014) argue that HBV is a form of domestic violence because to do otherwise racialises HBV – if we amalgamate HBV within domestic violence we then merge it within wider experiences of VAWG and avoid stereotyping HBV as a phenomenon that is practiced by ethnic minorities. But where there is wider community involvement, HBV can be different to

archetypal domestic violence, and in particular, IPV. The research results questions existing material on HBV that categorises it solely as a form of domestic/IPV. There was a range of opinions within this study where some key agents considered HBV to be a form of domestic/IPV, while others (particularly the lawyers and police officers) had categorised HBV as something distinct. There is no doubt that some of the women's accounts clearly involved elements of IPV. It is true to say that out of the eight survivors, seven of the cases very clearly seemed to reflect the domestic/IPV category more. Out of the eight survivors, only the one case (Survivor 6) demonstrated that HBV can transform into something potentially distinct from IPV and an organised conspiracy to commit murder by wider networks. The direct survivor testimony in this study is therefore admittedly limited, in the extent to which it expands the evidence base for this. However, when one considers key agents who described HBV as a form of 'mafioso-type organised crime' given the complex cases that they have been involved with (e.g. Key Agents 12 and 17) *and* the experiences of Survivor 6, some HBV perpetrators do not necessarily share a 'domestic' or 'interpersonal' relationship with victims. Despite the limited numbers of survivors recruited for this study, Survivor's 6's testimony begs the question: 'How many other cases of HBV could be like Survivor 6?', but where it was *not* possible to sample in this study? It is worthwhile to have a separate category to explain HBV and we could benefit from further larger scale research studies exploring survivors' stories and third party involvement. While Survivor 6's testimony is the only evidence of third party actors, it is nevertheless *evidence* of its existence in HBV – and there is a sense of reluctance to ignore this sometimes additional feature of HBV. When Survivor 6 initiated criminal proceedings against her (now ex) husband, his family and members of the community did not approve of this because the proceedings had brought 'shame' on them. Numerous individuals then made threats to her

life, threatened her children with abduction and even tampered with the wheels of her car with the intention of killing her. The latter incident demonstrated the premeditation and collusion of wider networks. This understanding was confirmed by those who had argued that some perpetrators are ‘totally unconnected’ to victims and suggesting that ‘we may be dealing with a very unique form of violence against women’ (Key Agent 1). This understanding of HBV is supported by academic opinion that HBV appears to be theoretically different to domestic/IPV because its key elements make it different (Keeping, 2012; Eshareturi et al, 2014; Xavier et al, 2017). HBV can be different to domestic/IPV violence because: (a) it involves community members deciding on ‘punishment’; (b) it involves third parties in meting out violence; and (c) law enforcement techniques used to investigate and prosecute HBV cases differ to that of domestic violence. If these views are correct and HBV can be viewed separately, does this mean one has succumbed to cultural-essentialist explanations about HBV? Is it possible to view HBV separately from domestic/IPV, whilst simultaneously rejecting the argument that particular communities perpetrate HBV? The answer, it is submitted, is yes. As Terman notes, ‘to be specific is not to be racist’ (Terman, 2010: 26).

Ultimately, whether one views HBV as domestic/IPV or a phenomenon that is distinct will largely depend on the facts of the case (Keeping, 2012). What we should acknowledge is that the data explains that there can be a *range* or *spectrum* of cases that do not always fit neatly into one category – some HBV cases will be more like domestic/IPV, while others will be more distinct and could even be classified as some form of group conspiracy and premeditated attempts to kill. The argument presented by Reddy (2014) and Aujla and Gill (2014) is more complicated than suggested – it may even be an argument that is not entirely

satisfactory given the data in this study. The parameters of HBV (as argued by Aujla, Gill and Reddy) are not as clear-cut or as concrete as made out. Protecting women from HBV will, therefore, be a very complicated and tough challenge for the UK authorities to investigate and ultimately to bring perpetrators to justice. During the investigation into the murder of Banaz Mahmod, DCI Caroline Goode (the lead investigator) explained in the short film *Banaz: A Love Story* (2012) (available on YouTube) that there were 50 people involved in that murder (see 41 minutes, 50 seconds) – HBV cannot therefore just be categorised as a species of domestic/IPV given the wide range of perpetrators involved. The cross-government definition on domestic/IPV does not fit exactly with HBV because perpetrators may comprise intimate partners *and* non-domestic/intimate and community figures.

Although Roberts et al acknowledge that community-related violence can be a feature of HBV cases, they argue in practice a narrower range of crimes are usually committed within a family/domestic violence context (Roberts et al, 2014: 2). They then ‘explicitly exclude’ consideration of community/gang violence in their discussions. However, without empirical evidence to support their assertion that community-related crime forms only a very small percentage of HBV cases, the authors do not justify why they have excluded community-related violence in their analysis. Given the high-profile case of Banaz containing multiple perpetrators and the accounts provided by key agents and Survivor 6 in this study, community-related perspectives should not be so easily discounted. This is further evidenced by the HBV arrest strategies of some police forces, where (multiple) arrests have to be coordinated at the same time by different arrest teams and detainees taken to different custody locations for interview (Roberts et al, 2014: 80-81; Richards et al, 2013: chapter 7). Such operations are clearly larger than domestic violence incidents and are more

reminiscent of gang, robbery and drug-related crime where a group of individuals are involved in the commission of crimes.

HBV Does Not Fit the Core Definition of Domestic/IPV

Reddy argues that the definition of domestic violence does not explicitly exclude the community from its remit, so HBV could still technically form part of the overall definition (Reddy, 2014). However, this is far-fetched and expands on current definitions (Terman, 2010). The interview data reveals important differences between HBV and domestic/IPV. Key agents stated that HBV is different because it may involve the extended family or community (and not just domestic/intimate relationships) and so cannot be properly understood solely within the domestic/IPV framework. The government and other organisations now face the difficult task of raising the profile of HBV within the overall sphere of domestic/IPV given that it has a very narrow definition as it is understood by practitioners (Siddiqui, 2005; Thapar-Björkert, 2007). This also brings into question what the word 'domestic' really means and whether it really is about only those people with whom one has close relationships. One might argue that domestic violence should encompass a wider meaning and should extend to entire communities, as a 'community' is an environment in which people should feel safe. The Family Law Act 1996 gives a very wide meaning of 'associated persons' and relatives against whom orders may be sought (e.g. section 62) in domestic violence cases. Section 42 of the 1996 Act allows the court to issue non-molestation orders, which includes preventing a person from using or threatening violence and can also prevent a person from instructing, encouraging or in any way intimating that any other person should use or threaten violence against the victim. This would support the assertion that the involvement of third parties in meting out violence is

not unique to HBV. Reddy herself argues that the inclusion of ‘family members’ within the definition of domestic violence ‘to some extent, if not completely, collapses arguments based on distinctions between honour-related and domestic violence’ (Reddy, 2014: 34). However, the definition clearly does not include extended families, community or ‘Mafioso-type gangs’. Nor would it support the ‘employee case’ mentioned earlier in Chapter 6. The difference in HBV appears to be the breadth and sophistication of the networks concerned – it is only with HBV where one may come across sophisticated networks of taxi drivers being sent photographs of an absconding daughter and asked to look out for her. In 2010, *The Guardian* reported that a taxi driver had ‘doubled as a bounty hunter’ and tracked down young women fleeing forced marriage and brought them back to their families for a fee of £5,000 (Badshah, 2010; Julios, 2015). HBV requires a different framework if we are to really explain the conditions under which it occurs.

HBV a Form of Terror – Enacted for a ‘Double Audience’

The interview data would support Payton’s argument that HBV is not merely a form of domestic/IPV, but that ‘it is a distinct phenomenon existing within its own parameters’ (Payton, 2010: 73). This is because of differences in motivation, premeditation, wider planning, community involvement and the ‘presumed audience’. The presumed audience argument reveals that restoration of name and status needs to be enacted for a ‘double audience’ – members of the community aware of the transgressions must be reassured of the worthiness of the family and women in the community must also be ‘terrorised’ against committing any similar transgression (Elden, 2004; Payton, 2010; Keeping, 2012). The ‘presumed audience’ argument is a feature of HBV used to intimidate *all* women who belong to that community. A wider message is thus sent to silence women and to inform

them that violence will be used to modify transgressive behaviour, helping to demonstrate the very public nature of HBV and how it differs to domestic/IPV. Acts of HBV send a sharp message to other women contemplating acting contrary to cultural norms that they will become 'the next Banaz'. The threats of violence to Survivor 4 (*'If she's strong, my wife can kick me out'*) and the attempts on Survivor 6's life was intended to silence them both and other women who contemplate leaving abusive relationships and who risk damaging the reputation of the family (Pope, 2012). Such acts of terrorism are intended to demonstrate to other members of the community that men are in control and it reinforces patriarchal authority (Reimers, 2007). These acts of 'terrorism' are not present in individualised acts of domestic/IPV. A single domestic/intimate perpetrator will often carry out what would appear to be a personal attack, will attempt to hide their abuse and will not have a motive to 'terrorise' other *women* but the (sole) *woman* being abused. The wider symbolic messages behind HBV are thus different to domestic/IPV. As Grzyb states, HBV 'may lead to the exercise of violence against female relatives as an example for others' (Grzyb, 2016: 1046).

HBV, on average, also appears to be considerably more premeditated, more collective and more relationally distant than domestic/IPV. In domestic/IPV, violence is on-going and controlling whereas in HBV, violence is more pre-meditated and not just a punch that went 'too far'. Theoretically, HBV could even be inflicted within a scenario where there is no history of domestic/IPV. Why is that? It is because loss of 'honour' has real consequences for families. Desirable marriage partners become harder to find and people may not want to interact or do business with family members (Bond, 2012, 2014). No family truly wants to kill their own daughters or sisters, but the great tragedy of this form of violence is how

social standing and reputation trumps the natural bonds of love and affection. The premeditated nature of HBV and the need to restore familial reputation can make HBV very different to domestic/IPV.

The Investigation of HBV

The difference between HBV and domestic/IPV also requires somewhat different law enforcement techniques. Crucially, interviews with police officers and CPS prosecutors revealed the success of the convictions in the Banaz case were the result of mobile phone forensics, which proved pivotal in the conviction of multiple perpetrators and is a technique the London Metropolitan Police Service and other UK police forces are beginning to master in their investigations to combat organised HBV (see *R v Mahmood Babkir Mahmood* [2009] EWCA Crim 775). Using Cellebrite Universal Forensic Extraction Device (UFED) Link Analysis (www.cellebrite.com) to extract, decode, analyse and report data from a range of electronic and mobile devices, the police were able to retrieve data that was crucial towards building a case against each of the suspects, important when family and community members remained silent about the murder and did not support or assist police investigations (Roberts et al, 2014). In fact, many had even tried to throw investigating officers off to hide the real perpetrators. Nevertheless, convicting Banaz's killers was made possible because she had before her death identified her would-be killers in a mobile phone recording on her boyfriend's phone, which was later shown in court. As Banaz had identified her killers, UFED Link Analysis helped to expose the link between Banaz and her killers, bringing them to justice and helped to locate the remains of her body in a Birmingham garden. Her killers all communicated with each other to plan her murder – such high level of planning and

organisation cannot be simply labelled as domestic/IPV. The Banaz case itself interestingly reveals domestic/IPV, a collective wider network and a conspiracy to commit murder.

Similarly, in *R v Amin (Dana)* (2014) EWCA Crim 1924, a case concerning the nephew of both Ari and Mahmud convicted in the Banaz murder, the trial court admitted covert evidence of audio recordings relating to four conversations that took place when individual co-participants in the murder had prison visits. Amin had been sentenced to 8 and 5 years in custody for perverting the course of justice and preventing a burial, to run concurrently. Though Amin was not present during the relevant conversations, the other co-participants made admissions about their own involvement in the murder and implicated Amin in the offences he had been charged with. The Court of Appeal allowed the evidence under s.114 of the Criminal Justice Act 2003 (admissibility of hearsay evidence) because it was potentially highly probative and of real value for understanding other evidence in the case. There was a significant body of evidence already implicating Amin, which the recordings supported (e.g. cell site evidence suggested Amin had been present at a meeting the night before Banaz's murder; he had travelled to Birmingham on the evening Banaz was killed; he made a withdrawal of cash from an ATM machine in Birmingham about a mile away where Banaz had been buried; he returned to London the next day; and forensic evidence (fibres) linked Amin's vehicle to the suitcase in which Banaz's body was found). Although highly prejudicial to Amin, the Court allowed the admission of the covertly recorded conversations to secure conviction. To bring HBV perpetrators to justice, law enforcement agencies are beginning to understand that highly covert and sophisticated investigatory techniques (usually reserved for criminal gangs) are necessary to secure HBV convictions (Terman, 2010). HBV, therefore, cannot simply be labelled just domestic/IPV.

The Legal Framework Surrounding HBV

Another important issue is the effect of HBV on survivors. While survivors of domestic/IPV can be moved to another area where they will be able to integrate and begin the process of rebuilding their lives, survivors of HBV will not be able to interact with their own community for an indefinite period – they are cut off from their families (Payton, 2010). Survivors of HBV are aware that they cannot risk meeting anyone from their own community as they risk being harmed. Some survivors may have to be relocated and form new identities (Chesler, 2015). This makes the effect of HBV more profound than domestic/IPV and gives strength to the suggestion that survivors need to be treated differently and that HBV is more than just a subset of domestic/IPV. In 2008, the HCHAC itself recognised the serious and organised nature of HBV, when they were informed that ‘potential victims, the majority of whom are young women who have led sheltered lives, need no less protection than those threatened by organized crime gangs; and this must include police protection and new identities. Domestic violence provisions are often inadequate and inappropriate for this purpose’ (HCHAC, 2008: 69-70, para. 204). This suggests an urgent review of the legal measures allowing survivors to acquire police protection, assume new identities and relocate to safe areas. This was, somewhat belatedly, considered within the reforms under section 178 of the Anti-Social Behaviour, Crime and Policing Act 2014. The 2014 Act amends section 82 of the Serious Organised Crime and Police Act 2005, which now provides that a protection provider (in practice, the police) may make such arrangements as considered appropriate for the purpose of protecting any person whose safety is at risk in view of the criminal conduct or possible criminal conduct of another person. This means that the UK Protected Persons Service (UKPPS), part of the National Crime Agency, is now authorised to protect members of the public judged to be at risk of serious harm in cases where greater levels of

protection are required. Previously, these schemes were not implemented for HBV survivors – the only high-level protection available were police witness protection programmes that required survivors to give evidence as a witness in a criminal trial before being eligible for police protection. This was often not the case (e.g. because they did not want pursue a criminal prosecution against parents), but yet they faced similar levels of danger. Before, no police protection programme was afforded to HBV survivors not going through a criminal trial (HCHAC, 2008: 70, para. 205). The new reforms now allow the UKPPS to protect witnesses, survivors of HBV and any other person helping with the investigation of any serious crime. This reform is welcome as it addresses a specific gap in the legal measures to protect HBV survivors from wider family and community violence, regardless of whether or not they are providing evidence at trial. However, this reform is another example that HBV is not simply domestic/IPV – intervention must go beyond domestic/IPV provisions and measures are slowly beginning to reflect that. For these persuasive reasons, it is submitted that HBV demonstrates qualities that are distinct from archetypal domestic/IPV.

What Do the Survivors Care?

The interview data reveals that we cannot completely ignore the (sometimes, additional) community networks involved in HBV that some of the existing literature (and practitioners) do not currently emphasise. In both HBV and domestic/IPV, there may very well be the same level of desire to establish control and to disempower women. But while direct family members may be complicit in domestic/IPV, others may be joint perpetrators or may collude in HBV. This can develop into third-party actor violence where outsiders are brought in to punish women. The apparatus of perpetration in HBV cases and the collaboration of community networks would appear to make HBV different to domestic/IPV. Not recognising

that HBV can be different may then take away the important focus on its particular dangers, thereby leaving vulnerable women at risk – the very thing one should be attempting to prevent (Thapar-Björkert, 2007). One might be unconvinced by the HBV/domestic/IPV distinction and argue that survivors do not care if HBV is labelled domestic/IPV or not – all they want is the right support and appropriate intervention. It is true that the distinction may be somewhat irrelevant to survivors. However, that says a lot about survivors and their potential to underestimate the risks they may be exposed to – for practitioners such as support workers and the police, this distinction is important in order to intervene, extract women safely and prosecute perpetrators. While survivors may not superficially care about labels, they will certainly care how the authorities handle their cases in a way that positively brings it to an end. To do that, they must see HBV as potentially distinct and not just simply a form of domestic/IPV. This is also a factor when survivors want to bring prosecutions against family members and require police protection. As many individuals may pursue survivors in order to hamper prosecution proceedings (e.g. Survivor 6), Crown Prosecutors must ensure the safety and wellbeing of witnesses, reflecting a need to treat HBV as a wider conspiracy to harm victims by third party actors who may not share a domestic/IPV relationship with survivors.

Policy Implications of Wider Network/Community Involvement

Perhaps any difference between HBV and domestic/IPV is important only if it leads to better practice and policies that recognise the possibility of third party actors and their involvement. The policy implications of the wider network/community involvement (e.g. complicity and/or silence) suggests the invocation of different strategies that may be absent from current policies on domestic/IPV. For example, similar to suppression approaches to

gang-related violence and witness intimidation in the USA that stress a hardline approach and punishment (Schmidt and O'Reilly, 2007; Newton, 2008), these strategies could include: (a) witness protection programs and emergency relocation of threatened victims into sheltered housing (currently under the UKPPS) with additional government funding to support long term relocation (Wikstrom and Ghazinour, 2010); (b) intensive HBV victim management; (c) the creation and use of influential HBV victim assistance programs to help ensure victims are sufficiently prepared and equipped to cope with the demands of giving evidence in HBV and forced marriage trials; (d) the immediate apprehension and aggressive prosecution of known or suspected HBV perpetrators (CPS, 2017); (e) develop intelligence databases for HBV cases where multiple perpetrators are suspected, including surveillance of potential suspects, authorisation of special searches, arrests and interviews (e.g. tapping of telephone lines, planting listening devices and accessing letters/emails to find evidence of the commission of crimes: Newton, 2008; Roberts et al, 2014); (f) the setting of strict bail conditions in cases of HBV where members of the community are intent upon intimidating victims not to press charges or give evidence; (g) the aggressive prosecution of HBV witness intimidation incidents; (h) active policies to prevent courtroom intimidation, including pre-trial and improved courtroom security measures; (i) ensuring witness names, addresses, and other identifying information are redacted by the prosecution before evidence and other discovery items are handed over to the defence; (j) increased sentencing penalties for perpetrators who have committed acts of HBV, including new and improved Sentencing Council Guidelines on HBV and forced marriages as aggravating factors for sentencing and when wider networks are involved (Idriss, 2015a); (k) stricter probation terms after prison, with conditions that must be met by convicted HBV perpetrators; and (l) deportation of convicted HBV perpetrators who are not British nationals. Although some of these strategies

already exist in relation to domestic/IPV and other crimes, law enforcement authorities may need to modify and tailor these strategies to suit the particularities of HBV, wider community involvement and multiple perpetrators.

What About Female Perpetrators?

The interview data reveals the nature of power and control in HBV cases and demonstrates the complex relationships that can exist between survivors and perpetrators. It supports existing research outlined in Chapter 2 that patriarchal theories are very relevant to domestic violence, HBV and forced marriage. For Survivors 5 and 6, their fathers were clearly responsible for the attempted/actual forced marriage, which were pursued in order to enforce male power and to enhance male reputation, irrespective of the damage it would cause to the women involved (Gill, 2006; Reddy, 2008; Gill, 2009). In all of the survivor accounts, there were examples of men being responsible for abuse in order to demonstrate their authority and dominance. The data confirms existing research that patriarchy, like other forms of VAWG, is a major cause of HBV (Welchman and Hossain, 2005; Reddy, 2008; Begikhani, 2010, 2015). These findings are not ‘new’ but confirm studies that women can be coerced into participating in acts of HBV (Kandiyoti, 1988; Akinpar, 2003; Balzani, 2010). However, what was interesting was the revelation by some survivors that women were also the perpetrators responsible for HBV in their cases, for their own individual reasons not necessarily linked to male coercion. Female-on-female violence is unfortunately considered to be a minor issue (Aplin, 2017), but as accounts in this study highlight, women can and do instigate the abuse of other women – like men, they may be calculating, brutal and show no remorse (Chesler, 2015). How can one explain the examples of female-on-female violence in this study? Some of the key agents (e.g. Key Agent 5) recognised that women do become

involved, but that 'behind the mother-in-law, it's the man' (at p.187). What this account demonstrates is patriarchy in practice and where women performed 'patriarchy's dirty work' by buying into patriarchal values and actively choosing to uphold notions of 'honour' (hooks, 2004; Banwell, 2011). In Survivor 6's case, her mother had supported the father throughout the duration of abuse and had even inflicted psychological violence upon her through emotional blackmail. Furthermore, when the husband abused Survivor 6, the mother told her to 'go back'. However, the continuous and recurring theme here was male control – the father was clearly the dominating figure and Survivor 6 explained her mother was even 'scared' of her own husband. This demonstrates how some women may be coerced and compelled to follow the patriarchal order besides others buying into patriarchal values – to secure their own survival, some may 'bargain with patriarchy' (Kandiyoti, 1988; Stanko, 1990; Hunnicutt, 2009). Some used violence against other women to shore up their own position or influence, but ultimately within a framework of patriarchy. This confirms Balzani's assessment that some women 'embody and perform hegemonic masculinity in support of a patriarchal gender order' (Balzani, 2010: 84).

However, there was evidence in the sample where survivors narrated instances where mothers-in-law were the main offenders (and not men). Survivors 1, 2 and 3 narrated that the 'power order' within the family home recognised mothers-in-law as the main perpetrators and heads of the family home. Were these cases of HBV? One might argue that the abuse experienced by these women does not even meet the definition of HBV (as noted in Chapter 1). This is because the behaviour exhibited against these women demonstrates domestic abuse and other forms of controlling behaviour that women suffer within intimate relationships (Johnson, 2008). One might also contend that an assumption has been made –

that domestic abuse that happens in certain ethnic minority households is inevitably HBV, yet the stories do not necessarily point in that direction. For example, the women in this study were not alleged to have committed adultery, nor were they allegedly stained by allegations of adultery as is often cited as the main reason for 'crimes of honour' (Welchman and Hossein, 2005; Siddiqui, 2005; Reddy, 2008). They were, instead, women who, if anything, seemed to be trying to be 'good' Muslim women and, in the main, dutiful wives. Yet, there are strong arguments that these stories are actually examples of HBV and violence committed within the context of 'honour'. First, the survivors attempted to leave their marriages after prolonged abuse by a variety of actors. Survivor 6 had left a forced marriage and Survivor 5 left home to avoid a potential forced marriage. Their attempts to exit their abusive relationships was viewed as 'dishonourable' on the part of their families, and in particular, their fathers. Secondly, as Siddiqui states, 'An 'honour crime' is one of a range of violent or abusive acts committed in the name of 'honour'...' 'Honour', in this context, is essentially about defending 'family honour'...' (Siddiqui, 2005: 263-264). There is no ironclad requirement that HBV is inflicted only upon those who are trying to have more freedom, live a more Westernised lifestyle or who have (allegedly) been stained by adultery. These are certainly the main reasons, but not the only reasons. The core component of HBV is 'defending family honour' for whatever reason that may be. It hinges on what individual perpetrators subjectively consider as 'honour/dishonour' (Araji, 2000; Reddy, 2008; Hall, 2014). In this study, mothers-in-law had inflicted violence upon their daughters-in-law. Their reason for inflicting abuse was to control and abuse them. This then *transformed* into HBV when mothers-in-law wanted to hide their abuse from the rest of the community – they inflicted further acts of abuse (whether physical, psychological or both) to keep survivors *silent* in order to safeguard their reputation since widespread knowledge of their behaviour

would be a source of shame. The mothers-in-law were well aware that what they were doing was wrong – ‘Keep quiet, don’t discuss what’s going on in the house, because this will bring behesti [i.e. shame] on the family’ (at p.219). This leads to the conclusion that while some women may be coerced into loyally supporting the patriarchal order, others are willing and prepared to buy into patriarchal values and inflict violence upon other women for their own individualistic reasons and/or protect ‘honour’ for the benefit of men. This still presents HBV as a gender issue, irrespective of whether women are perpetrators or not. Being the defenders or guardians of familial reputation, it would seem, is not exclusive to men. The domestic abuse by mothers-in-law had to be hidden at all costs – it was the shameful behaviour of the mothers-in-law themselves that had to be hidden; the survivors did nothing wrong and were totally blameless.

This discussion is very reminiscent of the case of Sabia Rani discussed in Chapter 2. The development of the ‘hush culture’ was a controlling tool used to manipulate survivors – not only did it mean that the survivors in this study became powerless in their situations, but the power of mothers-in-law by comparison increased because enforcing silence allowed them to prolong and legitimise abuse. Age and position within the family was a salient feature and the younger women, especially those who came from Pakistan through marriage migration, were treated as inferiors by mothers-in-law, who commanded more respect and authority because of their senior positions. There was also income inequality (nearly all of the survivors were unemployed) and mothers-in-law controlled household finances to the extent that survivors had to obtain permission to buy things – choice, for example, was restricted for Survivor 1 (i.e. she was told by her mother-in-law ‘buy this one’, at p.214). They lacked resources (or had resources controlled), whether material (e.g. food,

property, wealth) or non-material (e.g. knowledge, power, reputation). Survivors also reported they could cook only when they were allowed to – a system of hierarchy in the running and management of cooking food was even discussed. These women were clearly under the direct control of the senior women within the household. Mothers-in-law (secure in their own position in terms of wealth and residential status) were able to take advantage of the survivors. The accounts demonstrate the power differentials that existed in the stories and how survivors came to be abused. The ‘hush culture’ also connected and united other perpetrators within the household, who colluded with mothers-in-law and condoned violence under the supposed protection that the abuse would be kept hidden. These power dynamics offer an additional explanation about how and why women were able to inflict violence upon other women in the family home and how these cases can simultaneously combine elements of domestic violence and HBV (Siddiqui, 2005; Wilson, 2006). It also highlights the importance of holding women accountable for their crimes – if we are to end HBV we must punish all culpable parties, including women who have their own individualistic and personal reasons for inflicting HBV. Without the involvement of women, many acts of HBV could not take place (Chesler, 2015; Aplin, 2017).

Intervention and Support for Survivors

This study confirms key agents are struggling with how to respond to HBV despite the main recommendations in the HCHAC Report in 2008 as outlined in Chapter 2. What is concerning is that BME women experiencing HBV still suffer discrete forms of discrimination by state agencies that contribute to their sense of ‘double victimisation’ (Gill, 2004; Burman, et al, 2004; Chantler, 2006; Thiara and Gill, 2010). Participants highlighted pockets of inconsistent

responses that were inappropriate and culturally insensitive to the needs of BME women, which had persuaded some to go back to abusive relationships. Lack of communication was also a barrier to accessing services and a lack of interpreters made disclosure very difficult. A failure to recruit more bilingual workers may prevent BME women from coming forward in the future and this issue may become more pertinent as HBV casework increasingly passes to generic organisations that are not specialist or who lack bilingual workers. It was clear from the transcripts that survivors valued organisations that spoke the same language and understood their cultural needs, which made them feel more comfortable to disclose their experiences and seek intervention (Wilson, 2006). Criticism in particular was levelled at the police, health and social care services, supporting existing research that public agencies and the lower ranks of police still continue to lack important knowledge, awareness and understanding on HBV and how they should respond to victims (Hall, 2014; Begikhani et al, 2015; Hester et al, 2015; HMIC, 2015; Mulvihill et al, 2018). What is particularly concerning is the HMIC report where out of 43 police forces, forty police forces had self-declared that they were not ‘overall’ prepared to respond to HBV (HMIC, 2015: 54). Police forces have been slow to implement ACPO’s strategies for improved intervention and not much has changed since the 2008 Report and the two 2015 reports (ACPO, 2008; HMIC, 2015; NPCC, 2015). Police forces should look to improve their preparation and responses to HBV in light of these Reports. This would also help to improve victims’ experiences of intervention and overall satisfaction with, for example, the criminal justice system and with other public authorities.

This study indicates that public agencies like the police (and others in general) do not yet have a sound grasp of the nature or magnitude of HBV, nor how best to respond to it

whether initially or in the following days or weeks after a report of abuse (HMIC, 2015). There were instances where state agencies did not respond appropriately to initial contact (either at the police station or social service desk) or did not treat the whereabouts of women with strict confidentiality. The lack of understanding demonstrates a lack of appropriate training and it raises the suggestion whether the criminal justice system can really cope with HBV at the moment.

Furthermore, the domestic/IPV framework will not always work for HBV and in those cases where HBV presents itself more as community networks with multiple perpetrators. Intervention thus requires support for survivors to be outside their family/community networks to ensure their safe extraction. Certain forms of intervention will have unintended negative consequences and some women could receive poor responses if they are not taken seriously or their situations trivialised because professionals trained to address domestic violence are ill-prepared to respond to HBV that involve multiple perpetrators, who are prepared to track and kill women (Keeping, 2012; Eshareturi, 2014). Responses to HBV therefore require specific and bespoke approaches depending on individual cases (Eshareturi et al, 2014; HMIC, 2015). More effective multi-agency practice is needed to address HBV. One example concerning good practice involved one local council undertaking triple referral when confronted with HBV. This involved referring cases simultaneously to multiple agencies, such as the police *and* support organisations, to ensure risks are properly assessed and identified. Participants recommended the police must still improve their training and how to deal with HBV as they were singled out for showing a lack of a consistent response. Basic errors illustrate that the police still need to raise their level of knowledge, understanding and awareness (Begikhani et al, 2010; HMIC, 2015).

In terms of policy-making, this study builds upon existing knowledge that all professionals and public agencies (other than the police) must receive appropriate training and guidance about HBV in order to improve support (Begikhani et al, 2015). Key agents explained that despite the extensive discussions on the subject within the past two decades, public sector agencies are still ignorant, surprised and lack knowledge about HBV and forced marriage. Survivors in particular felt let down by hospitals, GPs, local government departments, housing, social services and generic refuges. It is telling that some BME women felt that they had to return home because doctors and nurses did not seek disclosures or that refuges could not accommodate their needs. Feeling 'uncomfortable' with public agency responses was another barrier to intervention and more effort is needed to improve BME women's comfort with public services. BME women already find it very difficult to disclose abuse with the cultural expectations and 'shame' associated with leaving a husband, which can weigh heavily against their decision to leave (Thiara and Gill, 2010). Religion and cultural expectations are bound up and intersect with the identities of South Asian women and some will prefer to tolerate abuse rather than suffer the indignation of having '*lager spilt*' over them, as was identified in one of the instances in Chapter 8. Given that issues concerning culture and religion intersect and form part of BME women's identities, those who are religiously observant will experience feelings of further distress, anxiety and 'shame' if public agencies do not meet their needs. This will lead some to feel they are being treated with lack of dignity and respect, as well as feelings of lessened value (Razack, 1998; Gill, 2004; Razack, 2004). Services must therefore be culturally sensitive and readily accessible. With regards to healthcare, doctors and nurses in particular must be trained to spot the signs of HBV, to understand issues surrounding *izzat* for BME women and to provide women with an opportunity to disclose violence without the presence of family

members. The health sector was singled out as being particularly poor at engaging with BME women – all of the participants narrated accounts where doctors and nurses did not make ‘routine enquiries’, seek disclosures and lacked general awareness on HBV and violence in South Asian communities. This issue was particularly relevant for Survivor 6, who narrated (at p.233) that she had hurt her hand in the ‘fridge door’ and not merely ‘a door’. This should have raised the suspicion of the healthcare workers in the hospital, but ‘nobody ever questioned, nobody ever asked’ (Survivor 6). Had there been swift intervention, this could have prevented the abuse that left Survivor 6 close to death. It was clearly another example of a ‘missed opportunity’ by state agencies (Begikhani, 2010; Payton, 2010).

Prevention Strategies in the Wider Community Aimed at Men

Although the HCHAC reported that there is no statutory requirement for schools to educate children about HBV and forced marriage with the National Curriculum (HCHAC, 2008), little has been done in the interim period to make this an explicit requirement as a preventative measure. Given the age, nature and diversity of the student body in modern day Britain, intervention via educational establishments should be required to educate students within a human rights framework on HBV and forced marriage and where they can access support, as they are within the age group most vulnerable to such violence. Worse still, participants had acknowledged that some schools opt out of discussing HBV and forced marriage for the fear of upsetting parents. This is a concern as the schools that show resistance are likely to have large numbers of BME students. Similar to the Sharaf Heroes Project in Sweden, some participants suggested that there should be role-plays performed in educational establishments by male pupils of the same age. This will have an important effect on young boys and men and may help to break down the cultural reproduction of patriarchal attitudes

that support misogyny (Thapar-Bjorkert, 2006; Hall, 2014; Julios, 2015). If HBV education in schools were to become mandatory, heads of schools would also be unable to opt-out from teaching such subjects for the fear of upsetting communities. Political correctness should not be an excuse for failing to raise awareness amongst children and young people that their peers may experience HBV or forced marriage. Making such education mandatory will give heads the confidence that they have the government's support to raise such issues. Furthermore, involving young men and boys within wider prevention strategies will enable them to recognise that they too are susceptible to HBV and forced marriage. The inclusion of young men can also help to dismantle those structures that condone VAWG (Kaufman, 1987, 1994, 2001; Thapar-Bjorkert, 2006).

Will such programmes provide an appropriate response to HBV and is research available to show that it can help? There is generally a lack of empirical research on the success of preventative/community-based programs proven effective at preventing crime and many of those that have been undertaken have been conducted in schools aimed at addressing youth behaviour and violence (Whitaker et al, 2006). A recent Southall Black Sisters project showed that sessions with young pupils and teacher training by specialist NGOs had a significant impact in raising awareness, behaviour and changing attitudes on VAWG particularly on HBV and forced marriage (Siddiqui and Bhardwai, 2014; Siddiqui, 2016). Other general school studies have shown that short, coherent and thoroughly prepared interventions, sensitively conducted, supported by pastoral support and delivered over a period of weeks can improve knowledge and reduce young people's acceptance of violence (Whitaker et al, 2006; Hague and Bridge, 2008; Gadd et al, 2014). There is no reason why this could not extend to HBV and forced marriage. Raising awareness in school settings also

has a number of advantages and is often ideal for interventions of this nature because a large number of students can easily be reached (Whitaker et al, 2006). Additional studies have been positive in their conclusions about prevention-based models that affect minority groups outside the school arena (Pan et al, 2006). This is because they help denounce intra-familial violence, promote egalitarian attitudes and encourage community members to confront abuse (Yoshihama et al, 2012; Yoshihama et al, 2014).

This study also supports existing research that the general public also lack knowledge and awareness about HBV and who to approach if they become victims (Begikhani et al, 2015: 155; Hall, 2014). A lack of awareness about the availability of services was a structural barrier to leaving abusive relationships. This was not just an issue for the South Asian migrant women – it was also an issue for the British-born Survivors 5 and 6. The findings indicate there is still little awareness in BME communities about the negative impact of HBV and in terms of policy development, participants recommended improvement of community education and victim-targeted marketing. A knowledgeable, prepared and well-informed community can help provide women with practical support and assistance. It could even assist with wider efforts to prevent HBV and forced marriage. A widespread feminist education within a human rights framework is required on the rights of women to combat patriarchal attitudes and systems that support the subordination of women. This should include respect for women, women's right to life, free choice and women's right to safety and security aimed particularly at men (Mojab, 2004; Begikhani and Hague, 2013). Education programmes within communities where HBV exists need to be expanded and delivered preferably by those who come from such communities. This can be achieved by employing BME professionals such as the police, doctors, nurses, teachers, support workers

and religious leaders to deliver such programmes to make communities more aware of their rights and duties. This form of community engagement will also help professionals to obtain information about the occurrence of HBV locally. Providing opportunities for the community to engage with and to take part in championing human rights violations against women is a positive step towards protecting women. Through community involvement, it can challenge those attitudes and structures that support the domination of women. Women need to be given a voice to talk about their views and experiences, just like the women who took part in this study. Allowing younger women to discuss their experiences with other women (and men) might be a useful strategy because it will help to highlight HBV. However, this requires funding and current budget cuts threaten specialist support organisations (Hall, 2014). It is recommended that the government allocate funds to allow NGOs to perform this very important function and prevent them from closing (Thiara and Gill, 2010). Community-based initiatives for addressing and preventing HBV is to be encouraged (Pope, 2004; Begikhani et al, 2010). Funds should also be allocated for services to advertise on Asian television and radio stations, magazines, posters and to sponsor community day-trips and other events to inform local communities that support is available.

Conclusion

An important conclusion from the research is that HBV cannot be simply labelled as a form of domestic violence because acts of HBV do not just take place within a domestic context. For these reasons, Reddy (2014) and Aujla and Gill's (2014) assessment of HBV is questionable. The domestic violence policy framework will not reflect the nature of HBV or the kinds of intervention that some survivors need. By conveniently integrating HBV within the domestic violence framework, this could mean that some women receive poor

responses or unsuccessful intervention – more concerning is that women may not be taken seriously or their situations trivialised because professionals trained to address domestic violence may be ill-prepared to respond to HBV as they may under-estimate the risks posed by multiple perpetrators and community networks. Not all state agents appear to understand this darker side of HBV. If the message that HBV can be distinct is spread across more state institutions responsible for addressing HBV, this might overcome any complacency that trivialises or minimises women's experiences overall, whether we are discussing HBV or domestic violence in general. In these circumstances, acts of HBV need to be considered separately from domestic violence so that it can be dealt with in a targeted way by law enforcement agencies (HCHAC, 2008). The challenge then is to devise suitable strategies of intervention, extraction and investigation to support women in those cases that involve both domestic *and* non-domestic perpetrators posing as community networks. This thesis welcomes future research about women's experiences of HBV by community networks other than intimate family members and how state agencies can offer further protection to women experiencing HBV by third party actors.

Another important contribution relates to the involvement of women in HBV and their willingness to inflict violence upon other women. The central question is whether patriarchy offers an explanation why women become involved in the infliction of violence against other women. It is submitted that the examples in this study are enough to give strength to existing studies that women who inflict violence upon others are often coerced or compelled to do so by men in support of the patriarchal order, even though such behaviour disempowers and subjugates *all* women. For these reasons, this study builds on the work by Balzani (2010) and others by providing *empirical evidence* in support of these assertions. In

all of the survivor accounts, men were involved (whether senior or junior). Men were directly responsible for violence and compelled other women to do 'patriarchy's dirty work' (Banwell, 2011). The explanation for this behaviour relates to women's fear for their safety. Women inflicted violence not out of free choice but because they did not want to be harmed themselves. These women were 'bargaining with patriarchy' (Kandiyoti, 1988) and applied strategies to overcome their own victimisation (Stanko, 1990; Hunnicutt, 2009).

However, this study also provides evidence of women inflicting violence for their own individualistic intentions. The research provides evidence in support of hidden forms of crime and victimisation by women (Dogan, 2018), such as mothers (Aplin, 2017) and (in this study) by the mothers-in-law. The conclusion to be drawn here is that not *all* men are perpetrators and not *all* women are victims. According to some of the survivors' accounts of the power order/differentials within the family, mothers and sisters-in-law had every opportunity to commit serious forms of intra-familial abuse because they were able to take advantage of hierarchical power structures. Mothers and sisters-in-law participated in the control and monitoring of survivors to ensure their reputations would not be stained. They wanted to make sure no one outside the family unit knew that they were abusive domestically. To support and recognise different women's experiences, one must recognise the varied and complicated nature of HBV. That women may inflict HBV for their own reasons must be understood because it does not belittle the survivors' accounts in this study. Female perpetrators need to be exposed and held accountable by the criminal justice system for committing their own acts of HBV (Aplin, 2017).

Women's involvement in HBV certainly warrants further debate. Given this study's limitations in terms of its small sample and the fact that it did not interview female perpetrators, further research could be undertaken into female offending and what prompted women to take part in HBV. This could be undertaken with a larger sample of survivors who have been victimised by women and in conjunction with female perpetrators who have been convicted of HBV in the UK. However, given my own experiences of research in the field, recruiting female perpetrators may inevitably prove a difficult task.

Despite the publication of the HCHAC Report in 2008 that made positive recommendations to address HBV, unfortunately ten years has passed and not all of the recommendations have been fulfilled. The government has, instead, been pre-occupied with addressing but one aspect of HBV, namely forced marriage and has specifically created legislation criminalising such acts instead of addressing HBV in its wider context. This has led to a situation where HBV has generally been left unaddressed and NGOs have been left to raise the profile on HBV. Policies and preventative strategies of late have been lacking at a national level and this has had a negative impact on the public agencies' awareness and understanding of HBV, as well as the general public. Again, this places women at risk, especially those whose cases involve wider community networks. The government should take responsibility for the slow development of policy specifically on HBV and it is recommended that the government urgently develop strategies in this area. There is a need for better improved training for all public sector workers and within government departments, preferably delivered by NGOs who are experts in the field. There should also be policies within the National Curriculum to make it a mandatory requirement to educate young people in educational establishments about HBV and forced marriage to break down

the 'cultural reproduction' of 'honour' rationales that serve to disempower women (Hall, 2014). This study also welcomes further research to assess the impact of community-based and preventative strategies that aim to prevent HBV/forced marriage in the first instance. It is recommended that the government allocate funds to allow specialist NGOs to engage with their local communities about the work that they do (Thiara and Gill, 2010; Sharma and Gill, 2010). NGOs are in a much better position to perform this function than 'generic' organisations because the evidence in this study demonstrates that they appreciate the needs of South Asian women and that women prefer their intervention. The government should also continue the good work undertaken by the HCHAC (2008) and ensure that these recommendations are implemented if the desire to support women is genuine. Furthermore, if the government wants to pursue the 'right to exit' and other humanitarian policies by creating the *Domestic Violence Rule* within the context of immigration, it should not negate those policies by simultaneously advocating the *NRPF* policy (Sharma and Gill, 2010). The 'right to exit' must also be coupled with 'the right to indefinite leave to remain together with access to public funds' if migrant women are to leave abusive relationships (Sharma and Gill, 2010).

APPENDIX 1

AIDE MEMOIR – INTERVIEW QUESTIONS TO ASK KEY AGENTS

Introductory Questions

1. What organization do you work for?
2. Where is your organization based?
3. What is your role at the organization?
4. How long have you worked at the organization?
5. What is your personal experience of HBV?
 - a. How and why did you become involved in HBV?
6. What is it actually like to deal with HBV on a daily basis?
 - a. What is it like working with victims of HBV?
 - b. Is it traumatic? Frustrating? Rewarding?
7. How have victims (if at all) changed over time?
 - a. Have they become 'empowered'?
 - b. Are there any success stories you would like to share where victims have successfully escaped violence?
 - c. At what cost has intervention by your organization taken?
 - d. Are there any bad stories you would like to share where victims have not escaped violence?

Distribution

8. Is HBV a hidden or an exaggerated problem – does it really exist?
 - a. Is HBV a widespread problem within the locality?
 - b. In what communities does HBV exist?

9. What types of cases have you faced that can be described as HBV?
 - a. What was your first contact with HBV?
10. What is your experience of such cases?
11. What does your organization think about such cases?

Causation

12. What is HBV and what do you understand by the scope of the term?
 - a. Is there a particular way that *you* define HBV?
13. In your opinion, what is the relationship between DV and HBV?
 - a. Are they one and the same or are they different phenomenon?
14. Why do you believe the cases you have experienced to be related to 'honour'?
15. What types of victims have you encountered in cases of HBV?
 - a. Who is a typical victim?
 - b. Have there been any victims that have surprised you?
16. What types of perpetrators have you encountered in cases of HBV?
17. Why do you think perpetrators are motivated to commit acts of HBV?
18. How does HBV take place?
 - a. In your experience of such cases, what methods or processes (if any) do perpetrators use to commit HBV?
19. In your experience, who makes the decision to inflict acts of HBV?
 - a. Is it a single person or are there multiple perpetrators?
20. In your experience, have you come across the term 'family councils'?
21. In your experience, to what extent were 'family councils' used to inflict acts of HBV in the cases you have come into contact with?

Construction

22. In your opinion, how is HBV represented and portrayed (e.g. within the mainstream media)?
23. Do you *agree* with the way in which HBV is portrayed?
24. If not, why not?

Intervention

25. What have you (or your organization) done to address HBV (either within your locality or nationally)?
26. In your opinion, how successful have you (and your organization) been when dealing with cases of HBV?
27. How do you (or your organization) engage with other agencies/institutions when working to address specific cases of HBV?
28. How successful is this interaction/relationship with other institutions?
29. There is an issue concerning 'exit, regulation and dialogue' – what is your perception of the direction of current government policy on HBV?
30. Do you *agree* with the current direction of government policy on HBV?
31. What direction, in your opinion, *should* it take?
32. In your opinion, what needs to be done to address HBV?
 - a. What additional powers/roles/functions should be conferred to address cases of HBV?
 - b. What would you like government/Parliament to do to address HBV?
33. What are your views on forced marriage and recent calls concerning its criminalization?
34. What do they think of extending the 'Rights of Third Parties' in the Forced Marriage (Civil Protection) Act 2007 (i.e. local authorities) and extending that to others (e.g. police)?

35. I am going to interview the police as part of my research – what do you think they will say? What can I expect?

36. I am going to interview victims as part of my research – what you think they will say? What can I expect?

Thank you very much for taking part in the study into HBV. Your views and opinions are very valuable and your participation is very much appreciated.

APPENDIX 2

AIDE MEMOIR – INTERVIEW QUESTIONS TO ASK SURVIVORS

Introductory Questions

1. What is your age?
2. What is your ethnic origin?
3. What is your religion?
4. Are you married or single?
5. What is your current/previous living arrangements?
6. What is your educational background?
7. What is your current employment status?

Questions About Experiences

1. What was your experience? Tell me about your experiences of marriage, if you have been married.
2. What type of abuse did you experience?
3. Who was your abuser?
4. Was there any person who attempted to control you?
5. How does your experience relate to honour?
6. To what extent were members of the community involved?
7. Did your siblings/relatives experience similar issues?
8. Was there a history of abuse (e.g. domestic violence) or was the HBV they experienced an isolated incident?
9. Can you tell me how your experience had an impact on you?
10. Was there power struggle as a result of your gender?

11. Did you ever minimize the violence you had experienced?
12. What were your experiences with outside/external organisations (including police, healthcare professionals, and other members of the family)?
13. Did you seek help from HBV support organisations?
14. What was your experience of support organisations?
15. How did you relate to other survivors in that organization/refuge?
16. What were your experiences of staff who worked at the organization/refuge?
17. How would you like other survivors to be treated in future (if your experiences were negative)?
18. Were there any barriers to disclosure? What would you like to change to make reporting/disclosing HBV easier for other survivors in future?
19. What are you doing now?
20. What additional support mechanisms/recommendations do you suggest?

Thank you very much for taking part in the study into HBV. Your views and opinions are very valuable and your participation is very much appreciated.

APPENDIX 3

PARTICIPANT CONSENT FORM

NAME OF PARTICIPANT:

Title of the project: **Honour-Based Violence in South Asian Communities**

Main investigator and contact details: **Mr Mohammad Idriss.**

Mohammad.Idriss@student.anglia.ac.uk

Members of the research team: **Mr M. Idriss.**

THE RESEARCHER'S UNDERTAKING:

1. The researcher will respect the confidentiality and anonymity of the research participant.
2. All information revealed will be held in strict confidence and will not be divulged to others.
3. All names, dates, places of research, and research participants will be anonymised. This means that information you provide will not be directly attributed to you.
4. While the researcher will strictly respect and safeguard confidentiality, there are limits to confidentiality. You are advised that if you disclose information that might identify that a person may be at risk of harm, such information may be passed on to the appropriate authorities.
5. While the researcher will strictly respect a research participant's anonymity, anonymity cannot be guaranteed. You are advised that your contribution could be identifiable to others.

THE PARTICIPANT:

1. I agree to take part in the above research. I have read the Participant Information Sheet, which is attached to this form. I understand what my role will be in this research, and all my questions have been answered to my satisfaction.
2. I understand that I am free to withdraw from the research at any time, for any reason and without prejudice.
3. I have been informed that the confidentiality of the information I provide and anonymity will be safeguarded.
4. I am free to ask any questions at any time before and during the study.
5. I have been provided with a copy of this form and the Participant Information Sheet.
6. I understand the limits of confidentiality and anonymity.

Data Protection: I agree to the University¹ processing personal data which I have supplied. I agree to the processing of such data for any purposes connected with the Research Project as outlined to me*

Name of participant (print).....Signed.....Date.....

YOU WILL BE GIVEN A COPY OF THIS FORM TO KEEP

If you wish to withdraw from the research, please complete the form below and return to the main investigator named above.

Title of Project: **Honour-Based Violence in South Asian Communities**

I WISH TO WITHDRAW FROM THIS STUDY

Signed: _____ Date: _____

¹ "The University" includes Anglia Ruskin University and its partner colleges

APPENDIX 4

PARTICIPANT INFORMATION SHEET (FOR KEY AGENTS AND INSTITUTIONS TACKLING HBV)

Section A: The Research Project

1. The title of the project is “Honour-Based Violence in South Asian Communities.”
2. The purpose and value of study is to understand the experiences, processes and motivations of those who commit and those who are affected by Honour-Based Violence.
3. Your role as a key agent in the prevention of Honour-Based Violence is vital towards understanding the processes and motivations of Honour-Based Violence.
4. Your participation is entirely voluntary.
5. The research is being organised by Anglia Ruskin University as part of a PhD.
6. The results of the study will be published in a PhD and possibly articles and/or a book. Participants will be able to receive feedback, if requested.
7. Funding for the research is provided solely by Anglia Ruskin University.
8. For further information, please contact Mr Mohammad Idriss at Mohammad.Idriss@student.anglia.ac.uk

Section B: Your Participation in the Research Project

1. You have been asked to take part in this study because of your expertise and knowledge in this area.
2. You can refuse to take part.
3. You may withdraw at anytime.
4. Your views and experiences will be recorded on recording equipment and/or in the form of notes written down on paper and transcribed in preparation for data analysis and the writing-up of results. Your comments, views or data that identifies you as a person may in some circumstances be anonymised.
5. There is a possibility that there may be a risk to you if you become identifiable from the data collected. As a participant, you will have your confidentiality and privacy respected and certain details of your data will be anonymised. However, as a participant, you need to be aware that certain information, even though it may be anonymised, may still make you identifiable to those who may decide to read the published results of the study. Therefore, there is a limit to confidentiality and anonymity.

6. **Your agreement to participate in this research should not compromise your legal rights should something go wrong. It may be appropriate in those circumstances to obtain independent legal advice.**
7. **There are no special precautions you must take before, during or after taking part in the study, except that you may prefer to take part in this study at a private location and/or private room.**
8. **The information/data collected from you will be used for analysis in a PhD. It may be published in the form of a book or a series of journal articles.**
9. **There are benefits from you taking part in this study. It will help to inform policy making, as well as social workers and others who also work in your field, to understand what Honour-Related Violence is, how they are enacted and processed, and how such violence can be prevented.**
10. **Your participation in the project will be kept confidential: any data will be stored securely. Participants will not have their identities, information or locations revealed. After the completion of the study, all securely held data (whether paper documents or computer held information) will be destroyed.**

**YOU WILL BE GIVEN A COPY OF THIS TO KEEP,
TOGETHER WITH A COPY OF YOUR CONSENT FORM**

APPENDIX 5

PARTICIPANT INFORMATION SHEET (FOR THOSE WHO HAVE EXPERIENCED HBV)

Section A: The Research Project

9. This project is called “Honour-Based Violence in South Asian Communities.”
10. We would like to understand your experiences of Honour-Based Violence.
11. You do not have to take part if you do not wish to do so.
12. The research is being carried out by Anglia Ruskin University as part of a PhD.
13. The information you provide will be published in a PhD and possibly articles and/or a book.
14. You can ask questions and receive feedback, if requested.
15. Funding for the research is provided solely by Anglia Ruskin University.
16. For further information, please contact Mr Mohammad Idriss at Mohammad.Idriss@student.anglia.ac.uk

Section B: Your Participation in the Research Project

11. You have been asked to take part in this study because you have experienced Honour-Based Violence.
12. You can refuse to take part.
13. You may withdraw at anytime.
14. The researcher will record your views on recording equipment and on paper. What you say will remain confidential; what you say will not be identifiable to you and your comments will be anonymised.
15. As a person who has experienced Honour-Based Violence, your confidentiality and privacy will be respected in full and details of your data will be anonymised. However, we would like to point out that there is a chance that the information you provide could become identifiable to you. Certain information, even though it may be anonymised, may still make you identifiable to those who may decide to read the published results of the study. Therefore, there is a limit to confidentiality and anonymity.
16. You are free to obtain independent legal advice if you wish to do so.

17. **There are no special safety measures for you to take before, during or after taking part in this study, except that you may prefer to take part in this study at a private location. Under no circumstances will your interview location ever be divulged to anyone.**
18. **The information from the interview will be used for a PhD. It may also be published in the form of a book or a series of articles.**
19. **Your participation is welcomed in this project. It will help us to learn what Honour-Related Violence is, what your experiences are, and how such violence can be prevented.**
20. **Your involvement in the project will be kept private and confidential: all data will be stored securely. You will not have your identity, information or locations revealed to anyone, except for the person interviewing you. At the end of the study, all information (whether paper documents or computer held information) will be destroyed.**
21. **A translator may be required if your first language is not English.**

YOU WILL BE GIVEN A COPY OF THIS TO KEEP,
TOGETHER WITH A COPY OF YOUR CONSENT FORM

APPENDIX 6

Ethics Approval Application
Redacted from this version

Ethics Approval Application
Redacted from this version

Ethics Approval Application
Redacted from this version

APPENDIX 7

Anglia Ruskin University **Risk Assessment for Research**

Please answer questions 1-3 below (where appropriate).

1. What is the name of the study?

2. Is the study solely literature based? YES/NO

If the answer is YES, skip question 3 and please sign at the bottom of the form, where indicated.
If the answer is NO, please complete question 3 and then list the proposed precautions you intend to take.

3. Hazards and risks involved in the study. If your answer is YES, reflect on the precautions that you will take to minimise the risks and discuss these with your Supervisor/s.

The Hazards	The Risks	The Proposed Precautions NB. Greater precautions are required for medium & high risk activities
Face-to-face interviewing Research participants are vulnerable. Some will be in hiding or may have relocated. If their location and identity is known by family members, they may become aggressive or violent towards the survivor and/or researcher	Arranging Interviews Survivors of HBV = High Risk	Contact to be made with participants through support worker/organisation Do not give out personal mobile number, home telephone number or home email address, etc. Location of interviews to be held in a safe environment (i.e. support organisations with secure entry/doors/locks) Supervisors to be informed when and where interviews are to take place and contacted when interviews have ended and when the researcher is safe The response to any aggressive/violent behaviour on the part of family members will be to contact the police immediately Researcher to have access to mobile phone and to keep it switched on
Face-to-face interviewing Research participants are vulnerable. Some may become upset during interviews and experiences mental	Psychological trauma/mental health issues Survivors of HBV = High Risk	Support workers will be available before, during and after interviews to offer survivors emotional support Survivors will be given breaks during the interview process when appropriate If the researcher uncovers information that involves a criminal act, this will be discussed with the support worker/supervisors with a view of

trauma		<p>disclosure to the police. This will be made clear on the Participant Consent Form.</p> <p>To support distressed research participants, there will be a cooling-down period where participants will be able to ask the researcher any questions about the research. In addition, survivors will have access to support workers for emotional support. They will also be encouraged to undergo counseling with a trained counsellor, if necessary.</p>
Sensitive/Personal Data	<p>Data will be recorded using recording equipment. Data could be potentially accessed by others.</p> <p>Medium Risk</p>	<p>Data will be stored securely on the researcher's home computer and password encrypted. Nobody but the researcher will have access to the recordings.</p> <p>Adherence to the Data Protection Act 1998</p>
Sensitive issues, including issues concerning gender, South Asian culture (e.g. etiquettes of the South Asian male researcher when dealing with distressed female survivors of HBV)	<p>Exposure to sensitive issues may cause distress to the researcher or survivor of HBV</p> <p>Survivors of HBV = High Risk</p>	<p>Discuss etiquettes and conduct with support workers</p> <p>Adhere to local guidelines and take advice from research supervisor/s</p> <p>Use support workers as translators, where appropriate</p> <p>Survivors will have access to support workers for emotional support. They will also be encouraged to undergo counseling with a trained counsellor, if necessary.</p>

Signature of Researcher

Date.....

Signature of Supervisor

Date

APPENDIX 8

would like to continue, yes, definitely. Yes, the alarms are still in place, the property, although he's been locked up, it's been a couple of months, I'm 'hot-spot' kind of thing, so any call goes out of there, regardless of whether anybody says anything or not, they will be out there like a shot. At the moment, it's indefinite as are all the court orders that are in place, injunctions and residency orders for my children, it's indefinite for now. Because the serious nature of the situation. I can't even remove my children, so they're like begging me 'When do we get to go on holiday?' [laughs] I said 'We're not going anyway, cos I've got to apply to the courts before we can go'. These are restrictions placed on us as a result of another individual's deeds. Seems like when my family and community are concerned, I'm gonna be paying, like, forever. That's got to stop. I will not tolerate it. I will not bow down, now, and say 'All that was for nothing'. I want my children to see that the fight was worth it and what we do with our lives is really only about us and Allah, nobody else. The time when he smashed a can a beans on my hand and I had three fractured knuckles, and they said 'How have you done that?' and I said, 'Well, I caught it in the fridge door'. But that's ridiculous because a fridge door could never do that. I thought somebody was going to say 'No, a fridge door will never do that'. No, it was fine. They just put the splints on and...I said to myself 'I don't want them to believe me'. I said 'I'm not going to say the door, I'm gonna say the fridge door'. There's no way on earth you can end up with a hand like this in a fridge door. And I thought 'Somebody is going to say 'That doesn't happen in a fridge door'. If they pressed me, I would have told them the truth. If somebody had been just prepared to say 'Well actually, no that isn't, those injuries are not possible from a fridge door, somebody

APPENDIX 9

Key Agents' Demographic Details				
Anonymised Details	Age Bracket	Religious Faith	Country of Birth	Profile and Experience
Key Agent 1 (Female)	40-50 years old	Muslim	Pakistan	Resident support worker at a local generic women's organisation. Directly supports victims of DV, HBV and forced marriage. A qualified Immigration Advisor. Has worked in the field for over 10 years
Key Agent 2 (Female)	30-40 years old	Christian	Italy	Works for a local county council. She is a Domestic Abuse Project Officer and a member of a country-wide strategic group reporting on VAW in minority communities. Has worked in her role for 2 years
Key Agent 3 (Female)	50-60 years old	Christian	UK	A serving police officer for over 29 years. Currently undertaking work as a Community Engagement Officer raising awareness on HBV and forced marriage
Key Agent 4 (Female)	30-40 years old	Muslim	UK	Finance Director of a Specialist support organisation for BME women. Mainly deals with the day-to-day management of the organisation. Has undertaken some project work and frontline support with victims. Has been working within her role for 7 years

Key Agent 5 (Female)	40-50 years old	Muslim	Pakistan	Project worker supporting victims of DV, HBV and forced marriage. Has been in her role for 8 years
Key Agent 6 (Female)	20-30 years old	Christian	Zambia, Africa	Social Work student on work experience linked to a local support organisation. Working under the stewardship of the Chief Executive of the support organisation, which is part of the funding requirements to expand service to users other than South Asian communities. Has worked within her role for the past year
Key Agent 7 (Female)	40-50 years old	Muslim	UK	Project worker supporting victims of DV, HBV and forced marriage. Has been in her role for 10 years
Key Agent 8 (Female)	40-50 years old	Muslim	Pakistan	Project worker supporting victims of DV, HBV and forced marriage. Has been in her role for 10 years
Key Agent 9 (Female)	50-60 years old	Christian	UK	Works for a local county council. She works in the Frameworks, Policies and Strategies department within the council. Tasked with ensuring better knowledge of HBV

				and forced marriage in ethnic communities within the council's workforce. Has worked in her role for 17 years
Key Agent 10 (Female)	20-30 years old	Muslim	UK	Part-time refuge worker and full-time support worker for specialist support organisation. Also undertakes advocacy work in youth advocacy centres. Has been in her role for 3 years
Key Agent 11 (Female)	50-60 years old	Christian	UK	Training and Development Officer at a specialist support organisation. Undertakes training with victims to improve their life skills. Also undertakes staff training and development internally and with external organisations on DV, HBV and forced marriage. Has been within her role for over 25 years
Key Agent 12 (Female)	30-40 years old	Christian	UK	Volunteer for large support organisation. An Information Research Officer on HBV. Has been within her role for 6 years
Key Agent 13 (Female)	40-50 years old	Muslim	UK	Unsalaries Director of local specialist support organisation. Undertakes frontline work with victims of HBV and forced marriage. Has been in her role for over 5 years. She previously worked for a local police force prior to undertaking support work victims for over 5 years

Key Agent 14 (Female)	50-60 years old	Christian	UK	Unsalaries project worker supporting victims of DV, HBV and forced marriage for a local specialist support organisation. Has been in her role for over 5 years. Also works at a local university as a lecturer for over 20 years
Key Agent 15 (Female)	50-60 years old	Christian	UK	Now retired. Worked for the Crown Prosecution Service as case worker for over 20 years. Worked on cases involving DV, HBV and forced marriage
Key Agent 16 (Female)	40-50 years old	Muslim	UK	Director of a specialist local support organisation. Also a support worker, supporting victims of DV, HBV and forced marriage. Has worked in the field for over 12 years
Key Agent 17 (Male)	40-50 years old	Muslim	UK	Chief Crown Prosecutor at the Crown Prosecution Service. Vast experience in criminal prosecutions and trials, and in HBV and DV. Has worked in his field for over 25 years
Key Agent 18 (Male)	30-40 years old	Christian	UK	A serving police constable for over 3 years. Currently undertaking work in the Public Protection Unit dealing with DV, HBV and forced marriage

Key Agent 19 (Female)	30-40 years old	Christian	UK	A serving police constable for over 7 years. Currently undertaking work in the Public Protection Unit dealing with DV, HBV and forced marriage. Has worked specifically in the Publication Protection Unit for over 1 year
Key Agent 20 (Female)	40-50 years old	Christian	UK	A serving police constable for over 22 years. Currently undertaking work in the Public Protection Unit dealing with DV, HBV and forced marriage, a role which she has worked in for 3 years
Key Agent 21 (Male)	30-40 years old	Christian	UK	A serving police constable for over 7 years. Currently undertaking work in the Public Protection Unit dealing with DV, HBV and forced marriage
Key Agent 22 (Female)	30-40 years old	Christian	UK	A serving police constable for over 3 years. Currently undertaking work in the Public Protection Unit dealing with DV, HBV and forced marriage
Key Agent 23 (Female)	40-50 years old	Christian	UK	Service Manager at a local refuge for a specialist support organisation. Has worked in the field for over 20 years – 18 years at a generic organisation and 2 years at a specialist organisation

Key Agent 24 (Female)	30-40 years old	Muslim	UK	Works for a local specialist support organisation as support worker on the frontline. Supports victims of DV, HBV and forced marriage. Has worked in her role for 6 years
Key Agent 25 (Female)	40-50 years old	Muslim	UK	Director of specialist support organisation, working with victims of DV, HBV and forced marriage. Also undertakes frontline support work. Has been in her role for over 20 years
Key Agent 26 (Female)	20-30 years old	Muslim	UK	Support worker at a specialist local support organisation, working with victims of DV, HBV and forced marriage. Also undertakes staff training and development with external organisations on DV, HBV and forced marriage in collaboration with local county council. Has been within her role for over 6 years
Key Agent 27 (Female)	30-40 years old	Christian	UK	A serving police detective for over 17 years. Currently undertaking work in the Public Protection Unit dealing with DV, HBV and forced marriage
Key Agent 28 (Female)	50-60 years old	Christian	UK	A serving police superintendent for over 29 years. Currently undertaking work in the Public Protection Unit dealing with DV, HBV and forced marriage

Key Agent 29 (Female)	30-40 years old	Muslim	Pakistan	Support worker supporting victims of DV, HBV and forced marriage. Has been in her role for 6 years
Key Agent 30 (Female)	50-60 years old	Muslim	Pakistan	Chief Executive and Director of local support organisation. Project manager supporting and supervising project workers and victims of DV, HBV and forced marriage. Has been in her role for over 17 years

Appendix 10

HBV Survivors' Demographic Details (All Female)				
Anonymised Details	Age Bracket	Religious Faith	Country of Birth	Education Level
Survivor 1	20-30 years old	Muslim	Pakistan (came to the UK in her teens as a result of marriage)	Up to secondary school. Level of English fractured and broken. Currently unemployed
Survivor 2	30-40 years old	Muslim	Pakistan (came to the UK in her teens as a result of marriage)	Up to college level (in UK). Level of English good. Currently employed
Survivor 3	20-30 years old	Muslim	Pakistan (came to the UK in early 20s as a result of marriage)	Up to secondary school. Can speak some English, but interview conducted in Urdu. Currently unemployed
Survivor 4	40-50 years old	Muslim	Pakistan (came to the UK in early 20s as a result of marriage)	Up to secondary school. Level of English fractured and broken. Currently unemployed
Survivor 5	20-30 years old	Muslim	United Kingdom	Up to secondary school. Excellent English. Currently employed
Survivor 6	30-40 years old	Muslim	United Kingdom	University educated. Possesses undergraduate and post-graduate qualifications. Currently employed
Survivor 7	40-50 years old	Hindu	India	Up to secondary school. Level of English fractured and broken, but interview conducted in Urdu. Currently

				unemployed
Survivor 8	30-40 years old	Muslim	Pakistan (came to the UK in her 20s as a result of marriage)	Up to secondary school education. Level of English fractured and broken, but interview conducted in Urdu. Currently unemployed

Appendix 11

General Overview of the Survivors' Stories				
	Who Lived at Home At Time of HBV	Main Offenders & Power Order	Type of Violence	Biological Family/ Support at Time
Survivor 1	Lived with husband and in-laws for 3 years. Subsequently lived alone with husband a few houses away from in-laws, together with children. In the process of a divorce	Mother-in-law Sister-in-law Husband	Physical violence Control Sexual abuse Told to remain silent about abuse, otherwise it would bring shame on the family	No immediate family in the UK. Parents and other relations all live in Pakistan
Survivor 2	Lived with husband and in-laws for 20 years. Currently separated from husband and a seeking divorce	Mother-in-law Brother-in-law Husband Sister-in-law Father-in-law	Physical violence Psychological violence Financial control Told to remain silent about abuse, otherwise it would bring shame on the family	Mother and brother live in the UK
Survivor 3	Lived with husband and in-laws for 3 years. Now divorced	Mother-in-law Husband	Physical violence Controlled Told to remain silent about abuse, otherwise it would bring shame on the family	No immediate family in the UK. Parents and other relations all live in Pakistan
Survivor 4	Lived with joint family – husband and children, mother-in-law, father-in-law, brother-in-law, his wife and children. In the process of a divorce	Husband In-laws Own parents	Physical violence Psychological violence Husband had relationship with another woman outside marriage Told to stay in unhappy marriage because of inter-cousin marriage/marriage protects honour Also threatened with HBV for removing husband from matrimonial home	Older brother lives in the UK (married to survivor 4's husband's sister). Parents and all other relations live in Pakistan

Survivor 5	Lived with father and other siblings. Mother passed away during early teens. Father remarried a woman in her late teens in Pakistan. Step-mother subsequently moved into same home	Father Step-mother Brother	Physical violence Psychological violence Control Attempted forced marriage Marriage to protect honour	Siblings – older brother provided support but he later became violent. Grandmother (mother's side), aunties and uncles all live in the UK. Currently has a boyfriend who she is now planning on marrying
Survivor 6	Lived with parents until late teens. Lived with husband in separate home with children after marriage	Husband Father Mother To a lesser extent, other siblings – Survivor 6 holds other siblings responsible for their non-intervention, especially older brothers	Severe physical violence Psychological violence Financial control Sexual violence Food deprivation Forced into marriage to a man from Pakistan she had never met	Parents, siblings and grandparents all living in the UK. Husband prosecuted and convicted for criminal offences after intervention. Ex-husband now currently serving lengthy custodial sentence
Survivor 7	Stayed at a friend's house for 2 months on a Visitor's Visa with her young son, now living in different city near support organisation for the last 6 months. Currently seeking asylum in the UK fearing it is unsafe for her to go back to India	Husband	Physical violence Psychological violence Imprisoned in marriage due to 'shame' of leaving husband. Seeking asylum has angered husband as non-return to India has brought shame on him. Threatens to kill her if she returns to India	Husband and rest of her family all live in India. Has support and help from friends in the UK only
Survivor 8	Lived in UK for 6 years. Lived with in-laws initially, then moved into separate home with husband. She is now divorced – this is the husband's third divorce	Husband Mother-in-law Extended family	Psychological violence Control Verbal arguments Financial control Intimidation Told to remain silent about abuse, otherwise it would bring shame on the family	No immediate family in the UK. Parents and other relations all live in Pakistan

BIBLIOGRAPHY

Aas, K.F. and Bosworth, M. (eds) (2013) *The Borders of Punishment – Migration, Citizenship and Social Exclusion*, Oxford: Oxford University Press.

Abbas, T. (2010) 'Honour-Related Violence Towards South Asian Muslim Women in the UK: A Crisis of Masculinity and Cultural Relativism in the Context of Islamophobia and the "War on Terror"', in M.M. Idriss and T. Abbas (eds), *Honour, Violence, Women and Islam*, London: Routledge-Cavendish, pp.16-28.

Abbot, T. (2001) *Social and Personality Development*, Sussex: Routledge.

Abraham, M. (1999) 'Sexual Abuse in South Asian Immigrant Marriages, *Violence Against Women*, Vol. 5, 591.

Abu-Lughod, L. (2011) 'Seductions of the "Honor Crime"', *Differences*, Vol. 22, No. 1, 17.

Abu Odeh, L. (1996) 'Crimes of Honour and the Construction of Gender in Arab Societies', in Yamani, M. (ed) *Feminism and Islam: Legal and Literary Perspectives*, London: Ithaca Press, pp.141-194.

Abu-Odeh, L. (1997) 'Comparatively Speaking: The "Honor" of the "East" and the "Passion" of the West', *Utah Law Review*, Vol. 2, 287.

Abu-Odeh, L. (2010) 'Honor Killings and the Construction of Gender in Arab Societies', *The American Journal of Comparative Law*, Vol. 58, No. 4, 911.

Afshar, H. and Maynard, M. (1994) (eds) *The Dynamics of 'Race' and 'Gender'*, London: Taylor and Francis.

Afshar, H. (1994) 'Muslim Women in West Yorkshire: Growing Up with Real and Imaginary Values Amidst Conflicting Views of Self and Society', in Afshar, H. and Maynard, M. (eds), *The Dynamics of "Race" and "Gender"*, London: Taylor and Francis, pp.127-147.

Ahmad, F., Riaz, S., Barata, P. and Stewart, D.E. (2004) 'Patriarchal Beliefs and Perceptions of Abuse Among South Asian Immigrant Women', *Violence Against Women*, Vol. 10, No. 3, 262.

Ahmed, N. (2015) 'Patriarchy is Killing Our Planet – Women Alone Can Save Her', *Ecologist*, 13 March 2015, http://www.theecologist.org/News/news_analysis/2790589/patriarchy_is_killing_our_planet_women_alone_can_save_her.html (last accessed 30 November 2016).

Ahmed, R. (2016) *Englistan*. CD. Released 22 April 2016 (contains two songs in reference to honour-based violence and honour killings – 'Double Lives' and 'Benaz').

Ahmed, S. (2003) 'The Politics of Fear in the Making of Worlds', *Qualitative Studies in Education*, Vol. 16, No. 3, 377.

Akers, R.L., Krohn, M.D., Lanza-Kaduce, L. and Radosevich, M. (1979) 'Social Learning and Deviant Behavior: A Specific Test of a General Theory', *American Sociological Review*, Vol. 44 (August), 636.

Akers, R.L. (1990) 'Rational Choice, Deterrence, and Social Learning Theory in Criminology: The Path Not Taken', *The Journal of Criminal Law and Criminology*, Vol. 81, No. 3, 653.

Akers, R.L. and Jensen, G.F. (2003) 'Taking Social Learning Global: Micro-Macro Transitions in Criminological Theory', in Akers, R.L. and Jensen, G.F. (eds), *Social Learning Theory and the Explanation of Crime*, New Jersey: Transaction Publishers, pp.9-38.

Akers, R.L. and Jensen, G.F. (eds) (2003) *Social Learning Theory and the Explanation of Crime*, New Jersey: Transaction Publishers.

Aggunduz, A. (2010) *Introduction to Islamic Law*, Rotterdam: IUR Press.

Akinpar, A. (2003) 'The Honour/Shame Complex Revisited: Violence Against Women in the Migration Context', *Women's Studies International Forum*, Vol. 26, No. 5, 425.

Alanen, J. (2012) 'Shattering the Silence Surrounding Forced and Early Marriage in the United States', Vol. 32, No. 2, *Children's Legal Rights Journal*, 1.

Alexander, C.E. (2000) *The Asian Gang: Ethnicity, Identity, Masculinity*, Oxford: Berg.

Al-Baldawi, R. (2004) 'Long-Term Measures to Combat Honour-Related Violence in Patriarchal Families', in Mojab, S. and Abdo, N. (eds), *Violence in the Name of Honour: Theoretical and Political Challenges*, Istanbul: Istanbul Bilgi University Press, pp.149-156.

Algamo, K.A. (2004) 'Confronting Honour Violence: The Swedish Police at Work', in Mojab, S. and Abdo, N. (eds), *Violence in the Name of Honour: Theoretical and Political Challenges*, Istanbul: Istanbul Bilgi University Press, pp.203-210.

Al-Awani, T.J. (2003) *Source Methodology in Islamic Jurisprudence*, London: The International Institute of Islamic Thought.

Al-Hibri, A. (1997) 'Islam, Law and Custom: Redefining Muslim Women's Rights', *American University Journal of International Law and Policy*, Vol. 44, 1.

Ali, R. (2001) *The Dark Side of 'Honour': Women Victims in Pakistan*, Lahore: Arqam.

Alinia, M. (2013) *Honor and Violence Against Women in Iraqi Kurdistan*, New York: Palgrave Macmillan.

Allum, F. (2003) 'Doing It For Themselves or Standing in for Their Men? Women in the Neopolitan Camorra (1950-2003)', in Fiandaca, G. (ed) *Women and the Mafia: Female Roles in Organized Crime Structures*, Palermon: Springer, pp.9-18.

An-Na'im, A.A. (2005) 'The Role of 'Community Discourse' in Combating 'Crimes of Honour': Preliminary Assessment and Prospects', in Welchman, L. and Hossain, S. (eds), *'Honour': Crimes, Paradigms, and Violence Against Women*, London: Zed Books, pp.64-77.

Ameli, S.R. Elahi, M. and Merali, A. (2004) *British Muslims' Expectations of the Government Social Discrimination: Across the Muslim Divide*, London: Islamic Human Rights Commission.

Amnesty International, Pakistan (22 September 1999) *Violence Against Women in the Name of Honour*, AI Index: ASA 33/17/99.

Amnesty International and CODESRIA (2000) *Monitoring and Investigating Sexual Violence*.

Anderson, K. (2008) 'Violence Against Women: State Responsibilities in International Human Rights Law to Address Harmful Masculinities', *Netherlands Quarterly of Human Rights*, Vol. 26, 173.

Anderson, K., Kanner, M. and Elsaegh, H, (2009) 'Are Feminists Man Haters? Feminists' and Nonfeminists' Attitudes Towards Men', *Psychology of Women Quarterly*, Vol. 33, 216.

Anitha, S. (2008) *Forgotten Women: Domestic Violence, Poverty and South Asian Women with No Recourse to Public Funds*. Manchester: Oxfam Publishing.

Anitha, S. and Gill, A. (2009) 'Coercion, Consent and the Forced Marriage Debate in the UK', *Feminist Legal Studies*, Vol. 17, No. 2, 165.

Anitha, S. and Gill, A.K. (2011) 'Reconceptualising Consent and Coercion Within an Intersectional Understanding of Forced Marriage', in Gill, A.K. and Anitha, S. (eds), *Forced Marriage: Introducing a Social Justice and Human Rights Perspective* (Zed Books, London: 2011), pp.46-66.

Anitha, S. and Gill, A.K. (2011) 'The Social Construction of Forced Marriage and it's "Victim" in Media Coverage and Crime Policy Discourses', in Gill, A.K. and Anitha, S. (eds), *Forced Marriage: Introducing a Social Justice and Human Rights Perspective* (Zed Books, London: 2011), pp.112-136.

Anitha, S. and Gill, A.K. (2015) 'A Moral Panic? The Problematization of Forced Marriage in British Newspapers', *Violence Against Women*, Vol. 21, No. 9, 1123.

Anthias, F. Yuval-Davis, N. and Cain, H. (1992) *Racialised Boundaries: Race, Nation, Gender, Colour and Class and the Anti-Racist Struggle*, London: Routledge.

Anwar, M. (1979) *The Myth of Return – Pakistanis in Britain*, London: Heinemann.

Anwar, M. (1998) *Between Cultures: Continuity and Change in the Lives of Young Asians*, London: Routledge.

Aplin, R. (2017) 'Exploring the Role of Mothers in 'Honour' Based Abuse Perpetration and the Impact on the Policing Response', *Women's Studies International Forum*, Vol. 60, 1.

Appiah, K.A. (2010) *The Honor Code: How Moral Revolutions Happen*, New York: WW Norton and Co.

Araji, S.K. (2000) 'Crimes of Honour and Shame: Violence Against Women in Non-Western and Western Societies', *The Red Feather Journal of Postmodern Criminology*. Online. Available HTTP: <http://critcrim.org/redfeather/journal-pomocrim/vol-8-shaming/araji.html> (last accessed 30 November 2016).

Arnold, K.C. (2001) 'Are the Perpetrators of Honor Killings Getting Away with Murder? Article 340 of the Jordanian Penal Code Analyzed Under the Convention on the Elimination of All Forms of Discrimination Against Women', *American University International Law Review*, Vol. 16, No. 5, 1343.

As-Sadr, M.B. (translated by Mottahdeh, R.P.) (2005) *Lessons in Islamic Jurisprudence*, Oxford: One World.

Ashe, F. (2007) *The New Politics of Masculinity: Men, Power and Resistance*, London: Routledge.

Association of Chief Police Officers of England, Wales and Northern Ireland (ACPO) (2008) *Honour Based Violence Strategy – ACPO Template for the Creation of Guidance/Practice Advice*, 28 October 2010, Version 7.

Athwal, S.K. (2013) *Shamed*, London: Virgin Books.

Atmore, C. (1999). 'Victims, Backlash, and Radical Feminist Theory (or, The Morning after They Stole Feminism's Fire)', in Lamb, S. (ed) *New Versions of Victims: Feminists Struggle with the Concept*, New York: New York University Press, pp.183–212.

Aujla, W. and Gill, A.K. (2014) 'Conceptualizing "Honour" Killings in Canada: An Extreme Form of Domestic Violence' *International Journal of Criminal Justice Sciences*, Vol. 9, No. 1, 153.

Awwad, A.M. (2001) 'Gossip, Scandal, Shame and Honor Killing: A Case for Social Constructionism and Hegemonic Discourse', *Social Thought and Research*, Vol. 24, No. 1/2, 39.

Bacchi, C. (2009) *Analysing Policy: What's the Problem Represented to Be?*, New South Wales: Pearson.

Bachman, R. and Schutt, R.K (2003) *The Practice of Research in Criminology and Criminal Justice*, California: Sage Publications, 2nd Edition.

Back, L., M. Keith, Khan, A., Shukra, K. and Solomos, J. (2002) 'The Return of Assimilation: Race, Multiculturalism and New Labour', *Sociological Research Online* Vol. 7, No. 2. Available at <http://www.socresonline.org.uk> (last accessed 30 November 2016).

Baden, S. and Goetz, A.M. (1998) 'Who Needs [Sex] When You Can Have [Gender]? Conflicting Discourses on Gender at Beijing', in Jackson, C. and Pearson, R. (eds) *Feminist Visions of Development – Gender Analysis and Policy*, London: Routledge, pp. 18-37.

Badshah, N. (2010) 'The Taxi Driver who Doubled as a Bounty Hunter', *The Guardian*, 29 August 2010.

Baily, J. *What Happens When Men Get Involved in Feminism? Contemporary Mixed-Gender Feminist Activism in England*, PhD Thesis, University of Sheffield, Unpublished.

Baker, N.V. Gregware, P.R. and Cassidy, M.A. (1999) 'Family Killing Fields: Honour Rationales in the Murder of Women', *Violence Against Women*, Vol. 5, No. 2, 164-184.

Ballard, C. (1978) 'Arranged Marriages in the British Context', *New Community*, Vol. VI, No. 3, Summer 1978, 181-196.

Ballard, R. (1994) 'The Emergence of Desh Pardesh', in Ballard, R. (ed) *Desh Pardesh: The South Asian Presence in Britain*, London: Hurst and Co, pp.1-35.

Ballinger, A. (2005) 'Reasonable Women Who Kill: Re-Interpreting and Re-Defining Women's Responses to Domestic Violence in England and Wales 1900-1965', *Outlines*, No. 2, 65.

Balzani, M. (2010) 'Masculinities and Violence Against Women in South Asian Communities:

Transnational Perspectives', in Thiara, R.K and Gill, A.K. (eds), *Violence Against Women in South Asian Communities – Issues for Policy and Practice*, London: Jessica Kingsley, pp.80-101.

Banaz: A Love Story (2012) (Short film, 1 hour, 8 minutes), Directed by Deeyah Khan, FUUSE Films.

Bano, S. (2010) 'Tackling Crimes of Honour: Evaluating the Social and Legal Responses to Combating Forced Marriages in the United Kingdom', in Idriss, M.M. and Abbas, T. (eds), *Honour, Violence, Women and Islam*, London: Routledge-Cavendish, pp.201-217.

Bano, S. (2012) *Muslim Women and Shari'ah Councils – Transcending the Boundaries Between Community and Law*, London: Palgrave MacMillan.

Banyard, K. (2010) *The Equality Illusion: The Truth about Women and Men Today*, London: Faber and Faber.

Banwell, S. (2011) 'Women, Violence and Gray Zones: Resolving the Paradox of the Female Victim-Perpetrator', *Internet Journal of Criminology*, Online. Available at [HTTP: http://www.internetjournalofcriminology.com/Banwell Women Violence and Gray Zones IJC September 2011.pdf](http://www.internetjournalofcriminology.com/Banwell%20Women%20Violence%20and%20Gray%20Zones%20IJC%20September%202011.pdf) (last accessed 30 November 2016).

Barot, R. Harriet Bradley and Steve Fenton (eds) (1999) *Ethnicity, Gender and Social Change*,

London: Macmillan.

Barzilai, G. (2004) 'Culture of Patriarchy in Law: Violence from Antiquity to Modernity', *Law and Society Review*, Vol. 38, No. 4, 867.

Basit, T. (1996) 'Obviously I'll Have an Arranged Marriage: Muslim Marriage in the British Context,' *Muslim Education Quarterly*, Vol. 13, No. 2, 4.

Baumeister, R.F. (1982) 'A Self-Presentational View of Social Phenomena', *Psychological Bulletin*, Vol. 91, 3.

BBC Panorama (2012) 'Britain's Crimes of Honour', BBC 1, 19 March 2012.

BBC News (2017) 'MP Nusrat Ghani Bids to Ban 'Honour Killing' Term', available at <http://www.bbc.co.uk/news/uk-politics-38813589> (last accessed 6 October 2017).

Begikhani, N. (2005) 'Honour-Based Violence Among the Kurds: The Case of Iraqi Kurdistan', in Welchman, L. and Hossain, S. (eds), *'Honour' – Crimes, Paradigms, and Violence Against Women*, London: Zed Books, pp.209-229.

Begikhani, N., Gill, A. and Hague, G. (2010) *Final Report – Honour-Based Violence (HBV) and Honour-Based Killings in Iraqi Kurdistan and in the Kurdish Diaspora in the UK*. University of Bristol.

Begikhani, N., and Hague, G. (2013) 'Honour-Based Violence: Moving Towards Action in Iraqi Kurdistan', *The Copernicus Journal of Political Studies*, Vol. 2, No. 4, 211.

Begikhani, N., Gill, A.K. and Hague, G. (2015) *Honour-Based Violence – Experiences and Counter-Strategies in Iraqi Kurdistan and the UK Kurdish Diaspora*, London: Ashgate.

Belfrage, H., Strand, S., Ekman, L. and Hasselborg, A-K (2012) 'Assessing Risk of Patriarchal Violence with Honour as a Motive: Six Year's Experience Using the PATRIARCH Checklist', *International Journal of Police Science and Management*, Vol. 14, No. 1, 20.

Bell, L. (2014) 'Ethics and Feminist Research', in Hesse-Biber, S.N. (ed) *Feminist Research Practice - Primer*, Los Angeles: Sage, 2nd Edition, pp.73-107.

Bergh, L. (2004) 'Swedish Government Initiatives to Help Young People at Risk of Honour-Related Violence', in Mojab, S. and Abdo, N. (eds), *Violence in the Name of Honour: Theoretical and Political Challenges*, Istanbul: Istanbul Bilgi University Press, pp.193-202.

Berk, R.A. and Adams, J.M. (1970) 'Establishing Rapport with Deviant Groups', *Social Problems*, Vol. 18, 102.

Bernasco, W. (2010) (ed), *Offenders on Offending – Learning About Crime from Criminals*, Devon: Willan Publishing.

Bernasco, W. (2010) 'Learning about Crime from Criminals: Editor's Introduction' in Bernasco, W. (ed), *Offenders on Offending – Learning About Crime from Criminals*, Devon: Willan Publishing, pp.3-12.

Berry, D.B. (1995) *The Domestic Violence Sourcebook – Everything You Need to Know*, Los Angeles: NTC Contemporary.

Bettiga-Boukerbout, M.G. (2005) 'Crimes of Honour in the Italian Penal Code: An Analysis of History and Reform', in Welchman, L. and Hossain, S. (eds), *'Honour' – Crimes, Paradigms, and Violence Against Women* (London: Zed Books), pp.230-244.

Bhavnani, R. Mirza, H.S., and Meeto, V. (2005) *Tackling the Roots of Racism: Lessons for Success*, Bristol: Policy Press.

Bhui, H.S. (2013) 'Introduction: Humanizing Migration Control and Detention', in Aas, K.F. and Bosworth, M. (eds), *The Borders of Punishment – Migration, Citizenship and Social Exclusion*, Oxford: Oxford University Press, pp. 1-20.

Bhopal, K. (1997) *Gender, 'Race' and Patriarchy: A Study of South Asian Women*, Aldershot: Ashgate.

Bhopal, K. (1999) 'South Asian Women and Arranged Marriages in East London', in Barot, R. Bradley, H. and Fenton, S. (eds), *Ethnicity, Gender and Social Change*, London: MacMillan Press Limited, pp.117-134.

Bingham, J. (2011) 'Hidden Tide of "Honour" Violence in Britain's Communities, *The Telegraph*, 28 December 2011, <http://www.telegraph.co.uk/news/uknews/crime/8961352/Hidden-tide-of-honour-violence-in-Britains-communities.html> (last accessed 30 November 2016).

Bingham, J. (2012) 'Five-Year-Old Girl a Victim of Forced Marriage', *The Telegraph*, 31 March 2012, <http://www.telegraph.co.uk/news/religion/9176207/Five-year-old-girl-a-victim-of-forced-marriage.html> (last accessed 30 November 2016).

Birmingham Violence Against Women Board (2012) *Birmingham Violence Against Women Strategy 2013-15*, 1 December 2012.

Bjalkande, O. et al (2012) 'Female Genital Mutilation in Sierra Leone: Who Are the Decision Makers?', *African Journal of Reproductive Health*, Vol. 16, No. 4, 119.

Bond, J. (2012) 'Honour as Property', *Columbia Journal of Gender and Law*, 23(2), 202.

Bond, J. (2014) 'Honour as Familial Value', in Gill, A.K., Strange, C. and Roberts, K. (eds), *Honour Killing and Violence: Theory, Policy and Practice*, Hampshire: Palgrave MacMillan, pp.89-107.

Boschi, D. (1998) 'Homicide and Knife Fighting in Rome, 1845-1914', in Spierenburg, P. (ed), *Men and Violence: Gender, Honor and Rituals in Modern Europe and America*, Columbus: Ohio State University Press, pp.128-158.

Boyle, E.H. (2002) *Female Genital Cutting – Cultural Conflict in the Global Community*, Baltimore: The John Hopkins University Press.

Brah, A. (1994) "'Race" and "Culture" in the Gendering of Labour Markets: South Asian Young Muslim Women and the Labour Market', in Afshar, H. and Maynard, M. (eds), *The Dynamics of 'Race' and 'Gender'*, London: Taylor and Francis, pp.151-171.

Bradby, H. (1999) 'Negotiating Marriage: Young Punjabi Women's Assessment of their Individual and Family Interests', Barot, R., Bradley, H. and Fenton, S. (eds), *Ethnicity, Gender and Social Change*, London: MacMillan Press Limited, pp.152-166.

Brady, B. (2008) 'A Question of Honour: Police Say 17,000 Women are Victims Every Year', *The Independent*.

Branagh, E. (2012) 'Shafiea Ahmed's Sister Avoids Jail After Judge Describes 'Extraordinary and Terrifying Story' as a 'Case for Mercy', *The Independent*, Friday 16 November 2012.

Brandon and Hafez (2008) *Crimes of the Community – Honour-Based Violence in the UK*, Centre for Social Cohesion. A Civitas Project.

Bredal, A. (2014) 'Ordinary v. Other Violence? Conceptualising Honour-Based Violence in Scandinavian Public Policies', in Gill, A.K., Strange, C. and Roberts, K. (eds), *Honour Killing and Violence: Theory, Policy and Practice*, Hampshire: Palgrave MacMillan, pp.135-155.

Britten, N. (2003) 'Cousins in "Honour Killing" Face Life for Knifing Bride', *The Telegraph*, 16 October 2003.

Brod, H. and Kaufman, M, (eds) (1994) *Theorizing Masculinities*, California: Sage Publications.

Brod, H. (1998) 'To Be a Man, or Not to Be a Man—That is the Feminist Question', in Digby, T. (ed.) *Men Doing Feminism*, New York: Routledge, pp.197- 212.

Brookman, F., Mullins, C., Bennett, T. and Wright, R. (2007) 'Gender, Motivation and the Accomplishment of Street Robbery in the United Kingdom', *British Journal of Criminology*, Vol. 47, No. 6, 861.

Brookman, F. (2010) 'Beyond the Interview: Contemplating and Validating Accounts of Incarcerated Violent Offenders' in Bernasco, W. (ed), *Offenders on Offending – Learning About Crime from Criminals*, Devon: Willan Publishing, pp.84-105.

Brownmiller, S. (1975) *Against Our Will – Men, Women and Rape*, New York: Fawcett Columbine.

Brownmiller, S. (1986) *Femininity*, London: Paladin Books.

Brownmiller, S. (1999) *In Our Time – Memoir of a Revolution*, New York: Dell Publishing.

Bryden, D.P. and Grier, M.M. (2011) 'The Search for Rapists' 'Real' Motives', *Journal of Criminal Law and Criminology*, Vol. 101, No. 1, 171.

Bryson, V. (1999) *Feminist Debates: Issues of Theory and Political Practice*, Basingstoke: Palgrave.

Bunch, C. (1990) 'Women's Rights as Human Rights: Toward a Re-Vision of Human Rights', *Human Rights Quarterly*, Vol. 12, No. 4, 486.

Burman, E. and Chantler, K. (2004) 'There's No Place Like Home: Emotional Geographies of Researching "Race" and Refuge Provision in Britain', *Gender, Place and Culture*, Vol. 11, No. 3, 375.

Burman, E., Smailes, S.L. and Chantler, K. (2004) "'Culture" as a Barrier to Service Provision and Delivery: Domestic Violence Services for Minoritized Women', *Critical Social Policy*, Vol. 24, No. 3, 332.

Burnham, J.C. (1993) *Bad Habits – Drinking, Smoking, Taking Drugs, Gambling, Sexual Misbehavior, and Swearing in American History*, New York: New York University Press.

Burton, M. (2008) *Legal Approaches to Domestic Violence*, London: Routledge-Cavendish.

Buxton, R. (2000) 'The Human Rights Act and Private Law', *Law Quarterly Review*, Vol. 116, 48.

Cahalan, D. (1968) 'Correlates of Respondent Accuracy in the Denver Reliability Survey', *Public Opinion Quarterly*, Vol. 32, 608.

Campbell, J.K. (1964) *Honour, Family and Patronage: A Study of Institutions and Moral Values in a Greek Mountain Community*, Oxford: Oxford University Press.

Card, C. (2000) 'Women, Evil and Gray Zones', *Metaphilosophy*, Vol. 31, No. 5, 509.

Cardarelli, A.P. (ed) (1997) *Violence Between Intimate Partners: Patterns, Causes, and Effects*, Boston: Allyn and Bacon Publishers.

Carline, A. (2010) 'Honour and Shame in Domestic Homicide – A Critical Analysis of the Provocation Defence', in Idriss, M.M. and Abbas, T. (eds), *Honour, Violence, Women and Islam*, London: Routledge-Cavendish, pp.80-95.

Carline, A. (2005) 'Zoora Shah: An "Unusual Woman"', *Social and Legal Studies*, Vol. 14, No. 2, 215.

Carter, H. (2012) 'Shafiea Ahmed's Tragic History of Violence', *The Guardian*, Friday 3 August 2012.

Centre for Egyptian Women's Legal Assistance (2005) 'Crimes of Honour as Violence Against Women in Egypt', in Welchman, L. and Hossain, S. (eds), *'Honour' – Crimes, Paradigms, and Violence Against Women*, London: Zed Books, pp.137-159.

Chakravarti, U. (2005) 'From Fathers to Husbands: of Love, Death and Marriage in North India', in Welchman, L. and Hossain, S. (eds), *'Honour' – Crimes, Paradigms, and Violence Against Women*, London: Zed Books, pp.308-331.

Chantler, K., Gangoli, G. and Hester, M. (2009) 'Forced Marriages in the UK: Religious, Cultural, Economic or State Violence', Vol. 29, *Critical Social Policy* 587.

Chantler, K. (2006) 'Independence, Dependency and Interdependence: Struggles and Resistances of Minoritized Women within and on Leaving Violent Relationships', *Feminist Review*, Vol. 82, 27.

Charlesworth, H. (1994) 'What Are 'Women's International Human Rights''?', in Cook, R.J. (ed), *Human Rights of Women – National and International Perspectives*, Philadelphia, University of Pennsylvania.

Choudhary, S.K. (2014) 'Political Colonization of Multi-Ethnic Britain: A Study of Indian Diaspora', *Diaspora Studies*, Vol. 7, No. 2, 100.

Chesler, P. (2009) 'Are Honor Killings Simply Domestic Violence?', *Middle Eastern Quarterly*, Vol. 16, No. 2, 61.

Chesler, P. (2015) 'When Women Commit Honor', *Middle Eastern Quarterly*, Vol. 22, No. 4, 1.

Chorley, M. and Stevenson, C. (2011) 'Forced Marriage to be a Crime', *The Independent*, Sunday 11 December 2011.

Choudry, S. (1996) *Pakistani Women's Experience of Domestic Violence in Great Britain*, Research Findings No. 43, Home Office Research and Statistics Directorate.

Choudhry, S. (2011) 'Forced Marriage: The European Convention and the Human Rights Act 1998', in Gill, A.K. and Anitha, S. (eds), *Forced Marriage: Introducing a Social Justice and Human Rights Perspective*, Zed Books, London, pp.67-89.

Christie, N. (1986) 'The Ideal Victim', in Fattah, E.A. (ed), *From Crime Policy to Victim Policy – Reorientating the Justice System*, Macmillan, London, pp.17-30.

Cindoglu, D. (1997) 'Virginity Tests and Artificial Virginity in Modern Turkish Medicine', *Women's Studies International Forum*, Vol. 20, No. 2, 253.

Clark, B. and Richards, C. (2008) 'The Prevention and Prohibition of Forced Marriages – A Comparative Approach', *International Comparative Law Quarterly*, Vol. 57, 501.

CNN (2007) 'Four Arrested in Iraq 'Honor Killing'', 21 May 2007, available at <http://www.cnn.com/2007/WORLD/meast/05/18/iraq.honorkilling/index.html> (last accessed 24 November 2017).

Cohen, D., Vandello, J. and Rantilla, A.K. (1998) 'The Sacred and The Social – Cultures of Honor and Violence', in Gilbert, P. and Andrews, B. (eds), *Shame – Interpersonal Behavior, Psychopathology and Culture*, New York: Oxford University Press, pp.261-282.

Cohen, S. (2002) *Folk Devils and Moral Panics*, London: Routledge, 3rd Edition.

Connell, R.W. (1987) *Gender and Power – Society, the Person and Sexual Politics*, Cambridge: Polity Press.

Connell, R. W. (2002) *Gender*, Cambridge: Polity Press.

Connell, R. W. (2005) *Masculinities*, 2nd Edition, Cambridge: Polity Press.

Connors, J. (2005) 'United Nations Approaches to "Crimes of Honour"', in Welchman, L. and Hossain, S. (eds), *'Honour' – Crimes, Paradigms, and Violence Against Women*, London: Zed Books, pp.22-41.

Conaghan, J. (2009) 'Intersectionality and the Feminist Project in Law', in Grabham E., Cooper, D., Krishnadas, J. and Herman, D. (eds) *Intersectionality and Beyond: Law, Power and the Politics of Location*, Oxford: Routledge-Cavendish, pp.21-48.

Cook, R.J. (1993) 'Women's International Human Rights Law: The Way Forward, *Human Rights Quarterly*, Vol. 15, 230.

Cook, R.J. (1994) (ed), *Human Rights of Women – National and International Perspectives*, Philadelphia, University of Pennsylvania.

Copelon, R. (2003) 'International Human Rights Dimensions of Intimate Violence: Another Strand in the Dialectic of Feminist Lawmaking', City of New York Academic Works, available at http://academicworks.cuny.edu/cl_pubs/238/ (last accessed 12 October 2017).

Copes, H. and Hochstetler, A. (2010) 'Interviewing the Incarcerated: Pitfalls and Promises' in Bernasco, W. (ed), *Offenders on Offending – Learning About Crime from Criminals*, Devon: Willan Publishing, pp.49-67.

Cowburn, M., Gill, A.K., and Harrison, K. (2015) 'Speaking About Sexual Abuse in British South Asian Communities: Offenders, Victims and the Challenges of Shame and Reintegration', *Journal of Sexual Aggression*, Vol. 21, No. 1, 4.

Coyne, C.J. and Coyne, R.L. (2014) 'The Identity Economic of Female Genital Mutilation', *The Journal of Developing Areas*, Vol. 48, No. 2, 137.

Crooks, C.V., Goodhall, G.R., Hughes, R., Jaffe, P.G. and Baker, L.L. (2007) 'Engaging Men and Boys in Preventing Violence Against Women', *Violence Against Women*, Vol. 13, No. 3, 217.

Crenshaw, K. (1989) 'Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics', *University of Chicago Legal Forum*, 139-167.

Cressey, G. (2006) *Diaspora Youth and Ancestral Homeland – British Pakistani/Kashmiri Youth Visiting Kin in Pakistan and Kashmir*, Leiden: Brill.

Critcher, C., Hughes, J., Petley, J. and Rohloff, A. (eds.) (2013) *Moral Panics in the Contemporary World*, New York: Bloomsbury Academic.

Critelli, F.M. (2010) 'Women's Rights = Human Rights: Pakistani Women Against Gender Violence', *Journal of Sociology and Social Welfare*, Vol. 37, No. 2, 135.

Crowell, N.A. and Burgess, A.W. (1996) *Understanding Violence Against Women*, Washington: National Academy Press.

Crown Prosecution Service (CPS) (2008) *CPS Pilot on Forced Marriage and So-Called Honour Crime - Findings*, London, December 2008.

Crown Prosecution Service (2012) *Violence Against Women and Girls – Crime Report*. October.

Crown Prosecution Service (2013) *Violence Against Women and Girls – Crime Report*. July.

Crown Prosecution Service (2014) *Violence Against Women and Girls – Crime Report*. July.

Crown Prosecution Service (2015) *Violence Against Women and Girls – Crime Report*. July.

Crown Prosecution Service (2016) *Violence Against Women and Girls – Crime Report*.
September.

Crown Prosecution Service (2017) *Violence Against Women and Girls Report – Tenth Edition, 2016-17*. November.

Curry, C. (2004) 'Acting with Honour: Justice Note Excuses in Crimes of So-Called "Honour"', in Mojab, S. and Abdo, N. (eds), *Violence in the Name of Honour: Theoretical and Political Challenges*, Istanbul: Istanbul Bilgi University Press, pp.177-192.

Dale, A. and Ahmed, S. (2011) 'Marriage and Employment Patterns Amongst UK-Raised Indian, Pakistani and Bangladeshi Women', *Ethnic and Racial Studies*, Vol. 34, No. 6, 902.

Davies, P. (2007a) 'Lessons from the Gender Agenda', in Sandra Walklate (ed), *Handbook of Victims and Victimology*, Cullompton, Devon: Willan Publishing, at pp.175-201.

Davies, P. (2007b) 'Women, Victims and Crime', in Pamela Davies, Peter Francis and Chris Greer (eds.) *Victims, Crime and Society*, London: Sage, pp.165-201.

Davies, P. (2011) *Gender, Crime and Victimisation*, London: Sage Publications.

Deckha, M. (2004) 'Is Culture Taboo? Feminism, Intersectionality and Culture Talk in Law', *Canadian Journal of Women and Law*, Vol. 16, 14.

Delaney, C. (1987) 'Seeds of Honor, Fields of Shame', in David D. Gilmore (ed), *Honor and Shame and the Unity of the Mediterranean*, Virginia: American Anthropological Association, pp.35-48.

Delmar, R. (1986) 'What Is Feminism?', in Mitchell, J. and Oakley, A. (eds.) *What Is Feminism?*, Oxford: Basil Blackwell, pp.8-33.

Derne, S. (1994) 'Hindu Men Talk About Controlling Women: Cultural Ideas as a Tool of the Powerful', *Sociological Perspectives*, Vol. 37, 203.

Desmarais, S.L., Gibas, A. and Nicholls, T.L. (2010) 'Beyond Violence Against Women: Gender Inclusiveness in Domestic Violence Research, Policy and Practice', in Ferguson, C.J. (ed) *Violent Crime – Clinical and Social Implications*, California: Sage, pp.184-206.

Dias, D. and Proudman, C. (2014) 'Let's Stop Talking About "Honour Killing"'. There is No Honour in Murder', *The Guardian*, Monday 23 June 2014, <https://www.theguardian.com/commentisfree/2014/jun/23/stop-honour-killing-murder-women-oppressive-patriarchy> (last accessed 30 November 2016).

Dias, D. (2017) *The Ten Types of Human: A New Understanding of Who We Are*, London: William Heinemann.

Dickson, P. (2014) 'Understanding Victims of Honour-Based Violence', *Community Practitioner*, Vol. 87, No. 7, 30.

Digby, T. (ed.) (1998) *Men Doing Feminism*, New York: Routledge.

Din, I. (2006) *The New British – The Impact of Culture and Community on Young Pakistanis*, Aldershot: Ashgate.

Dobash, R.E. and Dobash, R. (1979), *Violence Against Wives – A Case Against the Patriarchy*, New York: The Free Press.

Dogan, R. (2011) 'Is Honor Killing a 'Muslim Phenomenon'? Textual Interpretations and Cultural Representations', *Journal of Muslim Minority Affairs*, Vol. 31, No. 3, 423.

Dogan, R. (2013) 'Honour Killings in the UK Communities: Adherence to Tradition and Resistance to Change', *Journal of Muslim Minority Affairs*, Vol. 33, No. 3, 401.

Dogan, R. (2014) 'Different Cultural Understandings of Honour that Inspire Killing: An Inquiry into the Defendant's Perspective', *Homicide Studies*, Vol. 18, No. 4, 363.

Dogan, R. (2018) 'Do Women Kill for Honor? Conceptualizing Women's Involvement in Honor Killings', *Deviant Behavior*, 1 [ONLINE FIRST].

Donaldson, M. (1993) 'What is Hegemonic Masculinity?', *Theory and Society*, Vol. 22, No. 5, 643.

Doiuki, S., Nacef, F., Belhadj, A., Bousasker, A. and Ghachem, R. (2003) 'Violence Against Women in Arab and Islamic Countries', *Archives of Women's Mental Health*, Vol. 6, 165.

Dorjee, T., Baig, N. and Ting-Toomey, S. (2012) 'A Social Ecological Perspective on Understanding 'Honor Killing': A Intercultural Moral Dilemma', *Journal of Intercultural Communication Research*, Vol. 42, No. 1, 1.

Downing, L. (2013) *The Subject of Murder: Gender, Exceptionality and the Modern Killer*, Chicago: Chicago University Press.

Dunn, J.L. (2005) "Victims' and 'Survivors': Emerging Vocabularies of Motive for 'Battered Women Who Stay'", *Sociological Inquiry*, Vol. 75, No. 1, 1.

Dustin, M. (2006) *Gender Equality, Cultural Diversity: European Comparisons and Lessons*, London: London School of Economics.

Dustin, M. and Phillips, A. (2008) 'Whose Agenda is it?', *Ethnicities*, Vol. 8, No. 3, 405.

Dutton, D.G. (1985) 'An Ecologically Nested Theory of Male Violence Towards Intimates', *International Journal of Women's Studies*, Vol. 8, No. 4, 404.

Dworkin, A. (1979) *Pornography – Men Possessing Women*, New York: Plume.

Dwyer, C. (2000) 'Negotiating Diasporic Identities: Young British South Asian Women', *Women's Studies International Forum*, Vol. 23, No. 4, 475.

Dyer, E. (2015) *Britain's Forgotten Women: Speaking to Survivors of 'Honour'-Based Abuse – Case Studies and Policy Recommendations*, The Henry Jackson Society.

EACH (2009) *Asian Women, Domestic Violence and Mental Health – A Toolkit for Health Professionals*, Government Office for London.

Easteal, P., Bartels, L., Nelson, N. and Holland, K. (2015) 'How Are Women Who Kill Portrayed in Newspaper Media? Connections with Social Values and the Legal System', *Women's Studies International Forum*, Vol. 51, 31.

Edwards, A. (2011) *Violence Against Women Under International Human Rights Law*, Cambridge, Cambridge University Press.

Eisner, M. and Ghuneim, L. (2013) 'Honour Killings Attitudes Among Adolescents in Amman, Jordan', *Aggressive Behaviour*, Vol. 39, No. 5, 405.

Elakkary, S., Franke, B., Shokri, D., Hartwig, S., Tsokos, M. and Püschel, K. (2014) 'Honour Crimes: Review and Proposed Definition', *Forensic Science, Medicine, and Pathology*, Vol. 10, No. 1, 76.

Elden, A. (2004) 'Life and Death Honour: Young Women's Violent Stories About Reputation, Virginity and Honour – In a Swedish Context', in Mojab, S. and Abdo, N. (eds), *Violence in the Name of Honour: Theoretical and Political Challenges*, Istanbul: Istanbul Bilgi University Press, pp.91-100.

Elden, A. (2010) 'Men's Violence and Women's Responsibility: Mother's Stories About Honour Violence', in Idriss, M.M. and Abbas, T. (eds), *Honour, Violence, Women and Islam*, London: Routledge-Cavendish, pp.128-141.

Elffers, H. (2010) 'Misinformation, Misunderstanding and Misleading as Validity Threats to Offenders' Accounts of Offending', in Bernasco, W. (ed), *Offenders on Offending – Learning About Crime from Criminals*, Devon: Willan Publishing.

Elliott, C. (2008) 'Can Men Be Feminists?', *The Guardian*, 23 April 2008, available at <https://www.theguardian.com/commentisfree/2008/apr/23/canmenbefeminists> (last accessed 27 December 2017).

Ellis, J. and Thiara, R.K. (eds) (2014) *Preventing Violence Against Women and Girls – Educational Work With Children and Young People*, Bristol: Policy Press.

Ellison, C.G., Trinitapoli, J.A., Anderson, K.L. and Johnson, B.R. (2007) 'Race/Ethnicity, Religious Involvement and Domestic Violence', *Violence Against Women*, Vol. 13, No. 11, 1094.

Ellison, L. (2007) 'Witness Preparation and the Prosecution of Rape', *Legal Studies*, Vol. 27, No. 2, 171.

Enright, M. (2009) 'Choice, Culture and the Politics of Belonging: The Emerging Law of Forced and Arranged Marriage', *Modern Law Review*, Vol. 72, No. 2, 331.

Ercan, S.A. (2014) 'Same Problem, Different Solutions: The Case of 'Honour Killing' in Germany and Britain', in Gill, A.K., Strange, C. and Roberts, K. (eds), *Honour Killing and Violence: Theory, Policy and Practice*, Hampshire: Palgrave MacMillan, pp.199-217.

Erturk, Y. (2004) 'Violence in the Name of Honour Within the Context of International Regimes', in Mojab, S. and Abdo, N. (eds), *Violence in the Name of Honour: Theoretical and Political Challenges*, Istanbul: Istanbul Bilgi University Press, pp.165-176.

Erturk, Y. (2009) 'Towards a Post-Patriarchal Gender Order: Confronting the Universality and the Particularity of Violence', *Sociologisk Forskning*, Vol. 46, No. 4, 61.

Erturk, Y. (2012) 'Culture versus Rights Dualism: A Myth or Reality?', *Development*, Vol. 55, No. 3, 273.

Eshareturi, C., Lyle, C. and Morgan, A. (2014) 'Policy Responses to Honor-Based Violence: A Cultural or National Problem?', *Journal of Aggression, Maltreatment and Trauma*, Vol. 23, 369.

Fagot, B.I. (1978) 'The Influence of Sex of Child on Parental Reactions to Toddler Children', *Child Development*, Vol. 49, No. 2, 459-465.

Falkof, N. (2007) 'Twenty-First Century Boys', *Stopgap* (Fawcett Society Magazine), Autumn, 8.

Faqir, F. (2001) 'Intrafamily Femicide in Defence of Honour: The Case of Jordan', *Third World Quarterly*, Vol. 22, No. 1, 65.

Farrington, D.P. (1973) 'Self-Reports of Deviant Behaviour: Predictive and Stable?', *Journal of Criminal Law and Criminology*, Vol. 64, 99.

Fattah, E.A. (ed) (1986) *From Crime Policy to Victim Policy – Reorientating the Justice System*, Macmillan, London.

Fekete, L. (2004) 'Anti-Muslim Racism and the European Security State', *Race and Class*, Vol. 46, No. 1, 3.

Feldman, S. (2010), 'Shame and Honour: The Violence of Gendered Norms Under Conditions of Global Crisis', *Women's Studies International Forum*, Vol. 33, No. 4, 305.

Ferguson, C.J. (ed) (1998) *Violent Crime – Clinical and Social Implications*, California: Sage.

Fernandez, M. (1997) 'Domestic Violence by Extended Family Members in India', *Journal of Interpersonal Violence*, Vol. 12, No. 3, 433.

Ferrell, J. and Sanders, C.R. (1995) 'Introduction: Culture, Crime and Criminology', in Ferrell, J. and Sanders, C.R. (eds), *Cultural Criminology*, Boston: Northeastern University Press, pp.3-21.

Ferrell, J. and Sanders, C.R. (eds) (1995) *Cultural Criminology*, Boston: Northeastern University Press.

Fiandaca, G. (ed) (2003) *Women and the Mafia: Female Roles in Organized Crime Structures*, Palermon: Springer.

Flood, M. (2017) 'The Turn to Men in Gender Politics', *Women's Studies Journal*, Vol. 31, No. 1, 48.

Foley, M. and Cummins, I. (2015) 'Reading the Death of Mrs A: A Serious Case Review', *The Journal of Adult Protection*, Vol. 17, No. 5, 321.

Foreign and Commonwealth Office and Home Office (2006) *Forced Marriage: A Wrong Not a Right – Summary of Responses to the Consultation on the Criminalisation of Forced Marriage*, 7 June 2006.

Foreign and Commonwealth Office and Home Office, *Forced Marriage: A Survivors Handbook* (undated).

Forst, B. (2008) *Terrorism, Crime and Public Policy*, Cambridge: Cambridge University Press.

Foster, S. (2011) *Human Rights and Civil Liberties*, Essex: Pearson, 3rd Edition.

Fukuyama, F. (1989) 'The End of History', *The National Interest*, Summer 1989.

Fukuyama, F. (1992) *The End of History and the Last Man*, New York: MacMillan.

Frenz, M. (2013) 'Migration, Identity and Post-Colonial Change in Uganda: A Goan Perspective', *Immigrants and Minorities*, Vol. 31, No. 1, 48.

Frevert, U. (1998) 'The Taming of the Noble Ruffian: Male Violence and Dueling in Early Modern and Modern Germany', in Spierenburg, P. (ed), *Men and Violence: Gender, Honor and Rituals in Modern Europe and America*, Columbus: Ohio State University Press, pp.37-63.

Gadd, D., Fox, C. L., and Hale, R. (2014) 'Preliminary Steps Towards a More Preventative Approach to Eliminating Violence Against Women in Europe', *European Journal of Criminology*, Vol. 11, No. 4, 464.

Gaffney-Rhys, R. (2009) 'The Implementation of the Forced Marriage (Civil Protection) Act 2007', Vol. 31, No. 3, *Journal of Social Welfare and Family Law*, 245.

Gangoli, G., Razak, A. and McCarry, M. (2006) *Forced Marriage and Domestic Violence Among South Asian Communities in North East England*, Bristol, UK: University of Bristol.

Gangoli, G. (2007) *Indian Feminisms – Law, Patriarchies and Violence in India*, Hampshire: Ashgate Publishing Limited.

Gangoli, G. and Chantler, K. (2009) 'Protecting Victims of Forced Marriage: Is Age a Protective Factor?', Vol. 17, *Feminist Legal Studies*, 267.

Gangoli, G., Chantler, K., Hester, M. and Singleton, A. (2011) 'Understanding Forced Marriage: Definitions and Realities', in Gill, A.K. and Anitha, S. (eds), *Forced Marriage: Introducing a Social Justice and Human Rights Perspective* (Zed Books, London: 2011), pp.25-45.

Garland, T.S., Phillips, N. and Vollum, S. (2016) 'Gender Politics and The Walking Dead: Gendered Violence and the Reestablishment of Patriarchy', *Feminist Criminology*, 1.

Geetha, V. (2015) *Patriarchy*, Kolkata: Mandira Sen for STREE.

Gelsthorpe, L. (2009) 'Feminist Research Methodologies in Criminology: A New Approach or Old Wine in New Bottles', in Newburn, T. (eds) *Key Readings in Criminology*, Oxford: Willan Publishing, pp.875-881.

Germet, F.V. (2010) 'Repeat, Triangulate, Reflect: Ethnographic Validity in a Study on Urban Minority Youth', in Bernasco, W. (ed), *Offenders on Offending – Learning About Crime from Criminals*, Devon: Willan Publishing.

Giddens, A. (2002) *Runaway World – How Globalization is Reshaping Our Lives*, London: Profile Books.

Gilbert, P. and Andrews, A. (eds) (1998) *Shame – Interpersonal Behavior, Psychopathology and Culture*, New York: Oxford University Press.

Gill, A. (2004) 'Voicing the Silent Fear: South Asian Women's Experiences of Domestic Violence', *Howard Journal of Criminal Justice*, Vol. 43, No. 5, 465.

Gill, A. and Rehman, G. (2004) 'Empowerment Through Activism: Responding to Domestic Violence in the South Asian Community in London', *Gender and Development*, Vol. 12, No. 1, 75.

Gill, A. (2006) 'Patriarchal Violence in the Name of Honour', *International Journal of Criminal Justice Sciences*, Vol. 1, No. 1, 1 (January).

Gill, A. and Anitha, S. (2009) 'The Illusion of Protection? An Analysis of Forced Marriage Legislation and Policy in the UK', *Journal of Social Welfare and Family Law*, Vol. 31, No. 3, 257.

Gill, A. (2009) 'Honor Killings and the Quest for Justice in Black and Minority Ethnic Communities in the United Kingdom', *Criminal Justice Policy Review*, Vol. 20, 475.

Gill, A. (2010) 'Reconfiguring 'Honour-Based Violence as a Form of Gendered Violence', in Idriss, M.M. and Abbas, T. (eds), *Honour, Violence, Women and Islam*, London: Routledge-Cavendish, pp.218-231.

Gill, A.K. (2011) *Exploring the Viability of Creating a Specific Offence for Forced Marriage in England and Wales: Report on Findings* (University of Roehampton, July 2011),

Gill, A.K. and Anitha, S. (2011) 'Introduction: Framing Forced Marriage as a Form of Violence Against Women', in Gill, A.K. and Anitha, S. (eds), *Forced Marriage: Introducing a Social Justice and Human Rights Perspective* (Zed Books, London: 2011), pp.1-24.

Gill, A.K. and Anitha, S. (2011) 'Forced Marriage Legislation in the UK – A Critique', in Gill, A.K. and Anitha, S. (eds), *Forced Marriage: Introducing a Social Justice and Human Rights Perspective* (Zed Books, London: 2011), pp.137-157.

Gill, A.K. and Anitha, S. (2011) (eds), *Forced Marriage: Introducing a Social Justice and Human Rights Perspective*, London: Zed Books.

Gill, A. (2012) 'Honour-Based Violence Runs Deep and Wide', *The Guardian*, 1 February 2012.

Gill, A.K., Begikhani, N. and Hague, G, (2012) 'Honour-Based Violence in Kurdish Communities', *Women Studies International Forum*, Vol. 35, No. 2, 75.

Gill, A.K. (2013) 'Feminist Reflections of Researching So-Called 'Honour' Killings', *Feminist Legal Studies*, Vol. 21, 241.

Gill, A.K. and Brah, A. (2014) 'Interrogating Cultural Narratives about 'Honour'-Based Violence', *European Journal of Women's Studies*, Vol. 21, No. 1, 72.

Gill, A.K. and Engeland, A.V. (2014), 'Criminalization or 'Multiculturalism without Culture'? Comparing British and French Approaches to Tackling Forced Marriages', *Journal of Social Welfare and Family Law*, Vol. 36, No. 3, 241.

Gill, A.K., Strange, C. and Roberts, K. (eds) (2014) *Honour Killing and Violence: Theory, Policy and Practice*, Hampshire: Palgrave MacMillan.

Gill, A.K. (2014) 'Introduction: "Honour" and "Honour"-Based Violence: Challenging Common Assumptions', in Gill, A.K., Strange, C. and Roberts, K. (eds), *Honour Killing and Violence: Theory, Policy and Practice*, Hampshire: Palgrave MacMillan, pp.1-26.

Gill, A.K. (2014) "'All They Think About is Honour": The Murder of Shafiea Ahmed', in Gill, A.K., Strange, C. and Roberts, K. (eds), *Honour Killing and Violence: Theory, Policy and Practice*, Hampshire: Palgrave MacMillan, pp.177-198.

Gill, A.K. and Harrison, K. (2015) 'Child Grooming and Sexual Exploitation: Are South Asian Men the UK Media's New Folk Devils?', *International Journal for Crime, Justice and Social Democracy*, Vol. 4, No. 2, 34.

Gill, A.K. and Harrison, K. (2016) 'Police Responses to Intimate Partner Sexual Violence in South Asian Communities', *Policing*, Vol. 10, No. 4, 446.

Gillum, T.L., Sullivan, C.M., and Bybee, D.I. (2006) 'The Importance of Spirituality in the Lives of Domestic Violence Survivors', *Violence Against Women*, Vol. 12, No. 3, 240.

Gilmore, D.D. (ed) (1987) *Honor and Shame and the Unity of the Mediterranean*, Virginia: American Anthropological Association.

The Guardian, 'Businessman is First Person Jailed Under Forced Marriage Laws', 10 June 2015 <https://www.theguardian.com/society/2015/jun/10/34-year-old-man-first-person-to-be-convicted-under-forced-marriage-laws> (last accessed 30 November 2016).

Go, V.F., Johnson, S.C., Bentley, M.E., Sivaram, S., Srikrishnan, A.K, Celentano, D.D., and Solomon, S. (2003) 'Crossing the Threshold: Engendered Definitions of Socially Acceptable Domestic Violence in Chennai, India', *Culture, Health and Sexuality*, Vol. 5, No. 5, 393.

Goldrick-Jones, A. (2002) *Men Who Believe in Feminism*, Westport, CT: Praeger.

Gondolf, E.W. and Fisher, E.R. (1988) *Battered Women as Survivors – An Alternative to Treating Learned Helplessness*, Lexington Books.

Grabham E., Cooper, D., Krishnadas, J. and Herman, D. (eds) (2009) *Intersectionality and Beyond: Law, Power and the Politics of Location*, Oxford: Routledge-Cavendish.

Grans, L. (2015) 'The State Obligation to Prevent Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment: The Case of Honour-Related Violence', *Human Rights Law Review*, Vol. 15, 695.

Grans, L. (2016) 'A Right Not to Be Left Alone – Utilising the Right to Private Life to Prevent Honour-Related Violence', *Nordic Journal of International Law*, Vol. 85, 169.

Grewal, I. (2013) 'Outsourcing Patriarchy: Feminist Encounters, Transnational Mediation and the Crime of 'Honour Killings'', *International Feminist Journal of Politics*, Vol. 15, No. 1, 1.

Gryzb, M.A. (2016) 'An Explanation of Honour-Related Killings of Women in Europe Through Bourdieu's Concept of Symbolic Violence and Masculine Domination', *Current Sociology*, Vol. 64, No. 7, 1036.

Gupta, R. (2003) (ed) *From Homebreakers to Jailbreakers: Southall Black Sisters*, London: Zed Books.

Gupta, R. (2014) "'Victim" vs "Survivor": Feminism and Language', *Open Democracy*, 16 June 2014 <https://www.opendemocracy.net/5050/rahila-gupta/victim-vs-survivor-feminism-and-language> (last accessed 30 November 2016).

Guru, S. (2006) 'Working with Asian Perpetrators of Domestic Violence – The British Experience', *Practice*, Vol. 18, No. 3, 153.

Haddad, T. (ed.) (1993) *Men and Masculinities: A Critical Anthology*, Toronto: Canadian Scholars' Press.

Hadidi, M., Kulwicki, A. and Jahshan, H. (2001) 'A Review of 16 Cases of Honour Killings in Jordan in 1995', *International Journal of Legal Medicine*, Vol. 114, 357.

Hague, G. and Mullender, A. (2005) 'Listening to Women's Voices: The Participation of Domestic Violence Survivors in Services', in Skinner, T., Hester, M. and Malos, E. (eds), *Researching Gender Violence: Feminist Methodology in Action*, Devon: Willan Publishing, pp.146-166.

Hague, G. and Bridge, S. (2008) 'Inching Forward on Domestic Violence: The "Co-Ordinated Community Response" and Putting it in Practice in Cheshire, *Journal of Gender Studies*, Vol. 17, No. 3, 185.

Hague, G., Gill, A.K., and Begikhani, N. (2013) 'Honour-Based Violence and Kurdish Communities: Moving Towards Action and Change in Iraqi Kurdistan and the UK', *Journal of Gender Studies*, Vol. 22, No. 4, 383.

Hall, S. (1999) 'Life for "Honour" Killing of Pregnant Teenager by Mother and Brother', *The Guardian*, Wednesday 22 May 1999.

Hall, A. (2014) "'Honour' Crimes", in Davies, P., Francis, P. and Wyatt, T. (eds) *Invisible Crimes and Social Harms*, Palgrave MacMillan, pp. 81-101.

Hanman, N. (2006) 'Male Feminists March On', *The Guardian*, 7 August 2006, available at <https://www.theguardian.com/world/2006/aug/07/gender.lifeandhealth> (last accessed 27 December 2017).

Hapke, H.M. (2013) 'Theorizing Patriarchy: Development and the Gender Geography of Gender in South Asia', *Gender, Technology and Development*, Vol. 17, No. 1, 1.

Harris, D.A. (2010) 'Theories of Female Sexual Offending', in Theresa A. Gannon and Franca Cortoni (ed.) *Female Sexual Offenders – Theory, Assessment, and Treatment*, Chichester: John Wiley and Sons Ltd, pp.31-52.

Harrison, K. and Gill, A.K. (2017) 'Breaking Down Barriers: Recommendations for Improving Sexual Abuse Reporting Rates in British South Asian Communities', *British Journal of Criminology*, <http://dx.doi.org/10.1093/bjc/azx027> (Online first, last accessed 15 November 2017).

Hasan, M. (2002) 'The Politics of Honor: Patriarchy, the State and the Murder of Women in the Name of Family Honor', *Journal of Israeli History*, Vol. 21, No. 1-2, 1.

Hassan, R.A. and Welchman, L. (2005) 'Changing the Rules? Developments on Crimes of Honour in Jordan', in Welchman, L. and Hossain, S. (eds), *'Honour' – Crimes, Paradigms, and Violence Against Women*, London: Zed Books, pp.199-208.

Hayes, B.E., Mills, C.E., Freilich, J.D. and Chermak, S.M. (2017) 'Are Honor Killings Unique? A Comparison of Honor Killings, Domestic Violence Homicides, and Hate Homicides by Far-Right Extremists', *Homicide Studies*, ONLINE FIRST, 1.

Hearn, J. (2004) 'From Hegemonic Masculinity to the Hegemony of Men', *Feminist Theory*, Vol. 5, No. 1, 49.

Heath, S. (2013) 'Male Feminism', in Jardine, A. and Smith, P. (eds.) *Men in Feminism*,

Abingdon: Routledge, pp.1-32.

Hebert, L.A. (2007) 'Taking 'Difference' Seriously: Feminisms and the 'Man Question'', *Journal of Gender Studies*, Vol. 16, No. 1, 31.

Heise, L.L. (1998) 'Violence Against Women – An Integrated, Ecological Framework', *Violence Against Women*, Vol. 4, No. 3, 262.

Hellgren, Z. and Hobson, B. (2008) 'Cultural Dialogues in the Good Society: The Case of Honour Killings in Sweden', *Ethnicities*, Vol. 8, 385.

Her Majesty's Government (2014) *Caught Red Handed: Why We Can't Count on Police Recorded Crime Statistics*, Government Response to the Thirteenth Report From the Public Administration Select Committee. July, CM 8910.

Her Majesty's Inspectorate of Constabulary (HMIC) (2013), *Essex Police's Approach to Managing Cases of Domestic Abuse*. Report, 13 June 2013.

Her Majesty's Inspectorate of Constabulary (HMIC) (2014), *Everyone's Business: Improving the Police Response to Domestic Abuse*. Report, 27 March 2014.

Her Majesty's Inspectorate of Constabulary (HMIC) (2015), *The Depths of Dishonour: Hidden Voices and Shameful Crimes*. Report, 8 December 2015.

Her Majesty's Government (2016) *Ending Violence Against Women and Girls – Strategy 2016-2020*, March 2016.

Herbert, I. (2007) 'Life for Man who Abused and then Killed Teenage Bride from Pakistan', *The Independent*, Friday 12 January.

Herbert, J. (2012) 'The British Ugandan Asian Diapora: Multiple and Contested Belongings', *Global Networks*, Vol. 12, No. 3, 296.

Hesse-Biber, S.N. (ed) (2014) *Feminist Research Practice - Primer*, Los Angeles: Sage, 2nd Edition.

Hesse-Biber, S.N. (2014) 'Feminist Approaches to In-depth Interviewing', in Sharlene Nagy Hesse-Biber (ed) *Feminist Research Practice - Primer*, Los Angeles: Sage, 2nd Edition, pp.182-233.

Hester, M. and Westmarland, N. (2005) *Tackling Domestic Violence: Effective Interventions and Approaches*, Home Office Research Study 290.

Hester, M. (2009) *Who Does What to Whom? Gender and Domestic Violence Perpetrators*, Violence Against Women Research Group, School for Policy Studies, University of Bristol, June 2009.

Hester, M., Gangoli, G., Gill, A.K. and Mulvihill, N. (2015) *Victim/Survivor Voices – A Participatory Research Project (Report for HMIC HBV Inspection)*, 31 August 2015, University of Bristol.

Holmgren, L.E. and Hearn, J. (2009) 'Framing Men in Feminism: Theoretical Locations, Local Contexts and Practical Passings in Men's Gender-Conscious Positionings on Gender Equality and Feminism', *Journal of Gender Studies*, Vol. 18, No. 4, 403.

Holtz, T.H., Salama, P., Cardozo, B.L. and Gotway, C.A. (2002) 'Mental Health Status of Human Rights Workers, Kosovo, June 2000', *Journal of Traumatic Stress*, Vol. 15, No. 5, 389.

Home Office (2000) *A Choice by Right: The Report of the Working Group on Forced Marriage*, Great Britain, Home Office.

Home Office (2005) *Forced Marriage: A Wrong Not a Right*, Great Britain, Home Office: September 2005.

Home Office (2012) *Forced Marriages – A Consultation, Summary of Responses*, June.

Home Office (2016) *Forced Marriage Unit Statistics 2015*, 8 March 2016.

Home Office (2017), *Forced Marriage Unit Statistics 2016*, 9 March 2017.

hooks, b. (2000) *Feminism is for Everybody – Passionate Politics*, Cambridge, MA: South End Press.

hooks, b. (2004) *The Will to Change – Men, Masculinity and Love*, New York: Atria Books.

Hossain, S. (2011) 'Wayward Girls and Well-Wisher Parents: Habeas Corpus, Women's Rights to Personal Liberty, Consent to Marriage and the Bangladeshi Courts', in Gill, A.K. and

Anitha, S. (eds), *Forced Marriage: Introducing a Social Justice and Human Rights Perspective* (Zed Books, London: 2011), pp.221-240.

House of Commons Home Affairs Committee (2008) *Domestic Violence, Forced Marriage and 'Honour'-Based Violence*, Sixth Report of Session 2007-08, Volume I, 13 June 2008, HC 263-I.

House of Commons Home Affairs Committee (2011) *Forced Marriage*, Eighth Report of Session 2010-12, 17 May 2011, HC 880.

Howe, A. (2010) 'Every Time You Said 'Penis'', *Australian Feminist Studies*, Vol. 25, No. 64, 209.

Hoyek, D., Sidawi, R.R. and Mrad, A.A. (2005) 'Murders of Women in Lebanon: Crimes of Honour Between Reality and the Law', in Welchman, L. and Hossain, S. (eds), *'Honour' – Crimes, Paradigms, and Violence Against Women*, London: Zed Books, pp.111-136.

Hughes, S. (1998) 'Men of Steel: Dueling, Honor, and Politics in Liberal Italy', in Spierenburg, P. (ed), *Men and Violence: Gender, Honor and Rituals in Modern Europe and America*, Columbus: Ohio State University Press, pp.64-81.

Human Rights Watch (1999) *Crime or Custom? Violence Against Women in Pakistan*, New York.

Hunnicut, G. (2009) 'Varieties of Patriarchy and Violence Against Women – Resurrecting 'Patriarchy' as a Theoretical Tool', *Violence Against Women*, 553.

Hunt, M. (1998) 'The 'Horizontal Effect' of the Human Rights Act', Public Law, 423.

Huntington, S.P. (1993), 'The Clash of Civilizations?', *Foreign Affairs*, Vol. 72, 22.

Hurwitz, E.J., Gupta, J., Liu, R., Silverman, J.G. and Raj, A. (2006) 'Intimate Partner Violence Associated with Poor Health Outcomes in U.S. South Asian Women, *Journal of Immigrant and Minority Health*, Vol. 8, No. 3, 251.

Hussein, M. (2006) 'Take My Riches, Give Me Justice: A Contextual Analysis of Pakistan's Honor Crimes Legislation', *Harvard Journal of Law and Gender*, Vol. 29, 223.

Husseini, R. (2002) 'From Jordan', *Al-Raida*, Vol. 20, No. 99, 7.

Husseini, R. (2010) 'A Comparative Study of the Reform Work Conducted in Asia and Europe to Combat Violence and 'So-Called' Honour Murders', in Idriss, M.M. and Abbas, T. (eds), *Honour, Violence, Women and Islam*, London: Routledge-Cavendish, pp154-167.

Iacono, E.L. (2014) 'Victims, Sex Workers and Perpetrators: Gray Areas in the Trafficking of Nigerian Women', *Trends in Organized Crime*, Vol. 17, No. 1-2, 110.

Idriss, M.M. (2010) 'Honour, Violence, Women and Islam – An Introduction', in Idriss, M.M. and Abbas, T. (eds), *Honour, Violence, Women and Islam*, London: Routledge-Cavendish, pp.1-15.

Idriss, M.M. and Abbas, T. (eds) (2010) *Honour, Violence, Women and Islam*, London: Routledge-Cavendish.

Idriss, M.M. (2015a) 'Sentencing Guidelines for HBV and Honour Killings', *Journal of Criminal Law*, Vol. 79, No. 3, 198.

Idriss, M.M. (2015b) 'Forced Marriages – The Need for Criminalisation?', *Criminal Law Review*, No. 9, 663.

Idriss, M.M. (2016) 'Criminalisation of the Burqa in the UK', *Journal of Criminal Law*, Vol. 80, No. 2, 124.

Idriss, M.M. (2017a) 'Not Domestic Violence or Cultural Tradition: Is HBV Distinct From Domestic Violence?', *Journal of Social Welfare and Family Law*, Vol. 39, No. 1, 3.

Idriss, M.M. (2017b) 'Key Agent and Survivor Recommendations for Intervention in Honour-Based Violence in the UK', *International Journal of Comparative and Applied Criminal Justice*, 1 (Published ONLINE FIRST).

Idriss, M.M. (2017c) "'The Mosques are the Biggest Problem We've Got Right Now" – Key Agent and Survivor Accounts of Engaging Mosques with Domestic and Honour-Based Violence in the United Kingdom', *Journal of Interpersonal Violence*, 1 (Published ONLINE FIRST).

IKWRO (2017) 'Why Banning the Term 'Honour' Based Violence and Conflating it with Domestic Violence Will Put Victims at Increased Risk', 8 February 2017, available at: <http://ikwro.org.uk/2017/02/conflating-domestic-increased/> (last accessed 6 October 2017).

Illife, G. and Steed, L.G. (2000) 'Exploring the Counselor's Experience of Working With Perpetrators and Survivors of Domestic Violence', *Journal of Interpersonal Violence*, Vol. 15, No. 4, 393.

Imkaan (2011) *The Missing Link: A Joined Up Approach to Addressing Harmful Practices in London*, September 2011.

Imkaan (2014) *Violence Against Black and Minority Women and Girls in the UK – Imkaan Briefing For Rashida Manjoo, UN Special Rapporteur on Violence Against Women, its Causes and Consequences*, March 2014.

Ineichen, B. (2008) 'Suicide and Attempted Suicide Among South Asians in England: Who is at Risk?' *Mental Health in Family Medicine*, Vol. 5, No. 3, pp.135-138.

Inman, A.G. (2006) 'South Asian Women: Identities and Conflicts', *Cultural Diversity and Ethnic Minority Psychology*, Vol. 12, No. 2, 306.

Islamic Supreme Council of Canada (2012) 'Fatwa on Honour Killings, Misogyny and Domestic Violence', 4 February 2012, available at <http://www.islamicsupremecouncil.com/fatwa-on-honour-killings-misogyny-and-domestic-violence/> (last accessed 17 December 2017).

Itzin, C., Taket, A. and Barter-Godfrey, S. (eds) (2010) *Domestic and Sexual Violence and Abuse: Tackling the Health and the Mental Health Effects*, London: Routledge.

Izzidien, S. (2008) *Domestic Abuse within South Asian Communities: The Specific Needs of Women, Children and Young People*, NSPCC Inform.

Jackson, C. and Pearson, R. (eds) (1998) *Feminist Visions of Development – Gender Analysis and Policy*, London: Routledge.

Jacques, S. and Wright, R. (2010) 'Apprehending Criminals: the Impact of Law on Offender-Based Research', in Bernasco, W. (ed), *Offenders on Offending – Learning About Crime from Criminals*, Devon: Willan Publishing.

Jafar, A. (2005) 'Women, Islam and the State in Pakistan', *Gender Issues*, Vol. 22, No. 1, 35.

Jardine, A. and Smith, P. (eds.) (2013) *Men in Feminism*, Abingdon: Routledge.

Jiwaniis, Y. and Hoodfaris, H. (2012) 'Should We Call it "Honour Killing"? No!', *The Montreal Gazette*, 30 January 2012, available at <http://www.violenceisnotourculture.org/News-and-Views/should-we-call-it-%E2%80%98honour-killing%E2%80%99-no> (last accessed 30 November 2016).

Johal, A. (2003) 'Struggle not Submission: Domestic Violence in the 1990s', in Gupta, R. (ed), *From Homebreakers to Jailbreakers: Southall Black Sisters*, London: Zed Books, pp.28-50.

Johnson, M.P. (2008) *Intimate Terrorism, Violent Resistance, and Situational Couple Violence*, Boston: University of New England Press.

Jolly, S., Cornwall, A. and Hawkins, K. (eds) (2013), *Women, Sexuality and the Political Power of Pleasure*, London: Zed Books.

Joppke, C. (2004) 'The Retreat of Multiculturalism in the Liberal State: Theory and Policy', *The British Journal of Sociology*, Vol. 55, No. 2, 237.

Joscelyne, A., Knuckey, S., Satterthwaite, M.L., Bryant, R.A., Li, M., Qian, M. and Brown, A.D. (2015) *Mental Health Functioning in the Human Rights Field: Findings from an International Internet-Based Survey*, PLOS, 23 December 2015, available at <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0145188> (last accessed 28 December 2017).

Julios, C. (2015) *Forced Marriage and 'Honour' Killings in Britain – Private Lives, Community Crimes and Public Policy Perspectives*, Surrey: Ashgate.

Jupp, V., Davies, P. and Francis, P. (eds) (2006) *Doing Criminological Research*, London: Sage Publications.

Kakakhel, N.A.S. (2004) 'Honour Killings: Islamic and Human Rights Perspectives', *Northern Ireland Legal Quarterly*, Vol. 55, 78.

Kamali, M.H. (1989) *Principles of Islamic Jurisprudence*, Cambridge: The Islamic Texts Society.

Kandiyoti, D. (1988) 'Bargaining with Patriarchy', *Gender and Society*, Vol. 2, No. 3, 274.

Kandiyoti, D. (1998) 'Gender, Power and Contestation: 'Rethinking Bargaining with Patriarchy', in Jackson, C. and Pearson, R. (eds) *Feminist Visions of Development – Gender Analysis and Policy*, London: Routledge, pp. 138-154.

Karim, K.H. and Eid, M. (2012) 'Clash of Ignorance', *Global Media Journal*, Vol. 5, No. 1, 7.

Kaufman, M. (ed) (1987) *Beyond Patriarchy: Essays by Men on Pleasure, Power and Change*, Toronto, Oxford University Press of Canada.

Kaufman, M. (1994) 'Men, Feminism and Men's Contradictory Experiences of Power', in Brod, H. and Kaufman, M. (eds) *Theorizing Masculinities*, California: Sage Publications, pp.142-164.

Kaufman, M. (2001) 'Building a Movement of Men Working to End Violence Against Women', *Development*, Vol. 44, No. 3, 9.

Kausar, S., Hussain, S. and Idriss, M.M. (2010) 'Does the Qu'ran Condone Domestic Violence?', in Idriss, M.M. and Abbas, T. (eds), *Honour, Violence, Women and Islam*, London: Routledge-Cavendish, pp.96-113.

Keeping, J. (2012) 'Honour Killings in Canada: What Needs to be Said? What Needs to be Done?' in MacIntosh, H. and Shapiro, D. (eds), *Gender, Culture and Religion: Tackling Some Difficult Questions*, Calgary: Sheldon Chumir Foundation for Ethics in Leadership, pp.10-20.

Kelly, L. (1988) *Surviving Sexual Violence*, Oxford: Polity Press.

Kelly, L. (2005) 'Inside Outsiders', *International Feminist Journal of Politics*, Vol. 7, No. 4, 471.

Kelemen, N. (2004) 'The Dialogue Project to Prevent Violence: Discussions with Fathers and Sons', in Mojab, S. and Abdo, N. (eds), *Violence in the Name of Honour: Theoretical and Political Challenges*, Istanbul: Istanbul Bilgi University Press, pp.157-164.

Keyhani, N. (2013) 'Honour Crimes as Gender-Based Violence in the UK: A Critical Assessment', *UCL Journal of Law and Jurisprudence*, Vol. 2, 255.

Khadria, B. (2006) 'Migration Between the UK and India', *Public Policy Research*, September-December 2006.

Khan, Imam F.R. (2006) 'A Muslim Response to Domestic Violence', *Journal of Religion and Abuse*, Vol. 8, No. 1, 79.

Khanum, N. (2008) *Forced Marriage, Family Cohesion and Community Engagement: National Learning Through a Case Study of Luton* (Bartham Press (Watford) Ltd, 2008).

Khanum, N. (2009) *Forced Marriage and Honour-Based Violence in Oxford – Key Findings and Areas for Improvement (Summary Version of Main Report)*, Oxford City Council Communities and Partnership Scrutiny Committee.

Kimmel, M. S. (1992) 'Introduction', in Kimmel, M.S. and Mosmiller, T.E. (eds.) *Against the Tide: Pro-Feminist Men in the United States 1776-1990*, Boston, MA: Beacon Press, pp.1-51.

Kimmel, M.S. and Mosmiller, T.E. (eds.) (1992) *Against the Tide: Pro-Feminist Men in the United States 1776-1990*, Boston, MA: Beacon Press.

Klocke, B. (2013) 'Roles of Men with Feminism and Feminist Theory', NOMAS (National Organization for Men Against Sexism, 8 July 2013, available at <http://nomas.org/roles-of-men-with-feminism-and-feminist-theory/> (last accessed 27 December 2017).

Knudsen, A. (2004) *License to Kill: Honour Killings in Pakistan*, WMP 2004: 1, Chr. Michelsen Institute Development Studies and Human Rights.

Konradi, A. (1996) 'Understanding Rape Survivors' Preparation for Court: Accounting for the Influence of Legal Knowledge, Cultural Stereotypes, Personal Efficacy, and Prosecutor Contact', *Violence Against Women*, Vol. 2, No. 1, 25.

Kool, R. (2012) 'Step Forward, or Forever Hold Your Peace: Penalising Forced Marriages in the Netherlands', Vol. 30, No. 4, *Netherlands Quarterly of Human Rights*, 388.

Korkodeilou, J. (2017) 'No Place to Hide': Stalking Victimisation and its Psycho-Social Effects', *International Review of Victimology*, Vol. 23, No. 1, 17.

Korteweg, A.C. and Yurdakul, (2010) *Religion, Culture and the Politicization of Honour-Related Violence: A Critical Analysis of Media and Policy Debates in Western Europe and North America*, Gender and Development Programme Paper Number 12, United Nations Research Institute for Social Development, October 2010.

Korteweg, A.C. (2013) 'Honour Killing' in the Immigration Context: Multiculturalism and the Racialization of Violence Against Women', *Politikon: South African Journal of Political Studies*, Vol. 41, No. 2, 183.

Kressel, G. (1981) 'Sorricide/Filiacide/Homicide for Family Honour' [and Comments and Reply], *Current Anthropology*, Vol. 22, 141-158.

Kulczycki, A. and Windle, S. (2011) 'Honor Killings in the Middle East and North Africa: A Systematic Review of the Literature', *Violence Against Women*, Vol. 17, 1442.

Kurkiala, M. (2003) 'Interpreting Honour Killings: The Story of Fadime Sahindal (1975-2002) in the Swedish Press', *Anthropology Today*, Vol. 19, No. 1, 6.

L'Armand, K. and Pepitone, A. (1982) 'Judgements on Rape: A Study of Victim-Rapist Relationship and Victim Sexual History', *Personality and Social Psychology Bulletin*, Vol. 8, No. 1, 134.

Latif, Z. (2010) 'The Silencing of Women from the Pakistani Muslim Mirpuri Community in Violent Relationships', in Idriss, M.M. and Abbas, T. (eds), *Honour, Violence, Women and Islam*, Routledge-Cavendish, pp.29-41.

Lehr-Lehnardt, R. (2002) 'Treat Your Women Well: Comparisons and Lessons From an Imperfect Example Across the Waters', *Southern Illinois University Law Journal*, Vol. 26, 403.

Lerner, G. (1986) *The Creation of Patriarchy*, New York: Oxford University Press.

Letherby, G. (2003) *Feminist Research in Theory and Practice*, Buckingham: Open University Press.

Libal, K. and Parekh, S. (2009) 'Reframing Violence Against Women as a Human Rights Violation: Evan Stark's Coercive Control', *Violence Against Women*, Vol. 15, No. 12, 1477.

Lindegaard, M.R. (2010) 'Method, Actor and Context Triangulations: Knowing What Happened During Criminal Events and the Motivations for Getting Involved', in Bernasco, W. (ed), *Offenders on Offending – Learning About Crime from Criminals*, Devon: Willan Publishing, pp.109-129.

Luxton, M. (1993) 'Dreams and Dilemmas: Feminist Musings on 'the Man Question'', in Haddad, T. (ed.) *Men and Masculinities: A Critical Anthology*, Toronto: Canadian Scholars' Press, pp.347-374.

Mackay, F. (2015) *Radical Feminism – Feminist Activism in Movement*, London: Palgrave Macmillan.

MacIntosh, H. and Shapiro, D. (eds) (2012) *Gender, Culture, Religion: Tackling Some Difficult Questions*, Calgary: Sheldon Chumir Foundation for Ethics in Leadership.

Macionis, J.J. and Plummer, K. (2012) *Sociology – A Global Introduction*, London: Pearson Education Limited, 5th Edition.

Madek, C.A. (2005) 'Killing Dishonor: Effective Eradication of Honor Killing', *Suffolk Transnational Law Review*, Vol. 29, No. 1, 53.

Madoc-Jones, I., Hughes, C. and Humphries, K. (2015) 'Where Next for Victim Services in England and Wales?', *The Journal of Adult Protection*, Vol. 17, No. 4, 245.

Malina, B.J. (2001) *The New Testament World: Insights from Cultural Anthropology*, 3rd Edition, Louisville, Kentucky: Westminster John Knox Press.

Manderson, L. and Bennett, L.R. (2003) 'Introduction: Gender Inequality and Technologies of Violence', in Manderson, L. and Bennett, L.R. (eds), *Violence Against Women in Asian Societies*, London: Routledge Curzon, pp.1-12.

Manderson, L. and Bennett, L.R. (eds) (2003) *Violence Against Women in Asian Societies*, London: Routledge Curzon.

Manea, E. (2016) *Women and Shari'a Law: The Impact of Legal Pluralism in the UK*, IB Tauris.

Maran, D.A., Varetto, A., Zedda, M., and Franscini, M. (2017) 'Health Care Professionals as Victims of Stalking: Characteristics of the Stalking Campaign, Consequences, and Motivation in Italy', *Journal of Interpersonal Violence*, Vol. 32, No. 17, 2605.

Marcus, R. (1993) *Violence Against Women in Bangladesh, Pakistan, Egypt, Sudan, Senegal and Yemen – Report Prepared for Special Programme WID, Netherlands Ministry of Foreign Affairs (DGIS)*, Bridge, Report No. 10, March 1993.

Marsh, I., Keating, M., Punch, S. and Harden, J. (2009) *Sociology – Making Sense of Society*, London: Pearson Education Limited, 4th Edition.

Martinez, S.K. (2017) 'Men Can Be Feminists, Too', The State Press, 9 April 2017, available at <http://www.statepress.com/article/2017/04/spopinion-what-is-a-mans-role-in-the-feminist-movement> (last accessed 27 December 2017).

Mason, D. (2000) *Race and Ethnicity in Modern Britain*, Oxford: Oxford University Press.

Mason, J. (2002) 'Qualitative Interviewing: Asking, Listening and Interpreting', in May, T. (ed), *Qualitative Research in Action*, London: Sage, pp.225-241.

Matthew, S. (2015) 'Mother who Brutally Tortured Four-Year-Old Son to Death 'Killed Herself' in Prison Cell the Day Before his Eighth Birthday', The Daily Mail, 14 July 2015,

<http://www.dailymail.co.uk/news/article-3161181/Mother-jailed-life-brutally-torturing-starving-four-year-old-son-death-DEAD-prison.html> (last accessed 19 September 2017).

May, T. (ed) (2002), *Qualitative Research in Action*, London: Sage.

Mayor of London (2010) *The Way Forward – Taking Action to End Violence Against Women and Girls*, Final Strategy 2010-2013 (March 2010).

McLaughlin, E. and Neal, S. (2004) 'Misrepresenting the Multicultural Nation: The Policy Making Process, News Media Management and the Parekh Report', *Policy Studies*, Vol. 25, No. 3, 155.

McVeigh, K. (2007) 'The Kiss of Death', *The Guardian*, Monday 11 June 2007.

Mcveigh, T. (2015) 'Abuse Going Unreported in Britain's South Asian Communities – Study', *The Guardian*, Saturday 19 September 2015.

Meeto, V. and Mirza, H.S. (2010) 'There is Nothing "Honourable" about Honour Killings – Gender, Violence and the Limits of Multiculturalism', in Idriss, M.M. and Abbas, T. (eds), *Honour, Violence, Women and Islam*, London: Routledge-Cavendish, pp.42-66.

Metlo, Z. (2012) *The Perception of Honour Among the British-Pakistani Community in Watford, United Kingdom*, PhD Thesis: University of Leeds, April 2012.

Metropolitan Police Service (2007) *Honor-Based Violence Action Plan and MPS Strategy*.

Merchant, M. (2000) 'A Comparative Study of Agencies Assisting Domestic Violence Victims: Does the South Asian Community Have Special Needs?', *Journal of Social Distress and the Homeless*, Vol. 9, No. 3, 249.

Mernissi, F. (1987) *Beyond the Veil – Male-Female Dynamics in Modern Muslim Society*, Bloomington and Indianapolis, Indiana University Press (Revised Edition).

Merry, S.E. (2003) 'Rights Talk and the Experience of Law: Implementing Women's Human Rights to Protection from Violence', *Human Rights Quarterly*, Vol. 25, No. 2, 343.

Merry, S.E. (2003) 'Constructing a Global Law-Violence Against Women and the Human Rights System', *Law and Social Inquiry*, Vol. 28, No. 4, 941.

Merry, S.E. (2006) *Human Rights and Gender Violence – Translating International Law into Local Justice*, Chicago, University of Chicago Press.

Mies, M. (1986) *Patriarchy and Accumulation on a World Scale – Women in the International Division of Labour*, London: Zed Books.

Miller, A.M. (2004) 'Sexuality, Violence Against Women, and Human Rights: Women Make Demands and Ladies Get Protection', *Health and Human Rights*, Vol. 7, No. 2, 16.

Millett, K. (1969) *Sexual Politics*, Chicago: University of Illinois Press.

Minhas, N., Hollows, A., Kerr, Y.S. and Ibbotson, R. (2002) *South Asian Women's Experiences of Domestic Violence: Pillar of Support*. Sheffield: Survey and Statistical Research Centre.

Ministry of Justice (2009) *'One Year On: The Initial Impact of the Forced Marriage (Civil Protection) Act 2007 in its First Year of Operation'*.

Mirza, N. (2016) 'The UK Government's Conflicting Agendas and 'Harmful' Immigration Policies: Shaping South Asian Women's Experiences of Abuse and Exit', *Critical Social Policy*, 1.

Mitchell, J. and Oakley, A. (eds.) (1986) *What Is Feminism?*, Oxford: Basil Blackwell.

Modood, T., Bethoud, R., Lakey, J., Nazroo, J., Smith, P., Virdee, S. and Beishon, S. (1997) *Ethnic Minorities in Britain – Diversity and Disadvantage*, London: Policy Studies Institute.

Mojab, S. and Hassanpour, A. (2002) 'In Memory of Fadime Sahindal: Thoughts on the Struggle Against 'Honour Killing'', available at <http://www.kvinnonet.org/essays/EN0041.html> (last accessed 30 November 2016).

Mojab, S. and Abdo, N. (eds) (2004) *Violence in the Name of Honour: Theoretical and Political Challenges*, Istanbul: Istanbul Bilgi University Press.

Mojab, S. and Abdo, N. (2004) 'Introduction', in Mojab, S. and Abdo, N. (eds), *Violence in the Name of Honour: Theoretical and Political Challenges*, Istanbul: Istanbul Bilgi University Press, pp.1-14.

Mojab, S. (2004) 'The Particularity of "Honour" and the Universality of "Killing"', in Mojab, S. and Abdo, N. (eds), *Violence in the Name of Honour: Theoretical and Political Challenges*, Istanbul: Istanbul Bilgi University Press, pp.15-38.

Moore, A.M. (1997) 'Intimate Violence: Does Socioeconomic Status Matter?', in Cardarelli, A.P. (ed), *Violence Between Intimate Partners: Patterns, Causes, and Effects*, Boston: Allyn and Bacon Publishers, pp.90-100.

Moore, S.E.H. (2013) 'The Cautionary Tale: A New Paradigm for Studying Media Coverage of Crime', in Critcher, C., Hughes, J., Petley, J. and Rohloff, A. (eds.) *Moral Panics in the Contemporary World*, New York: Bloomsbury Academic, pp.33-50.

Moore, S.E.H. (2014) *Crime and the Media*, Hampshire: Palgrave Macmillan.

Mora, N. (2009) 'Violence as a Communicative Action: Customary and Honor Killings', *International Journal of Human Sciences*, Vol. 6, No. 2, 499.

Morrissey, B. (2003) *When Women Kill – Questions of Agency and Subjectivity*, London: Routledge.

Morselli, C. and Tremblay, P. (2010) 'Interviewing and Validity Issues in Self-Report Research with Incarcerated Offenders: The Quebec Inmate Survey' in Bernasco, W. (ed), *Offenders on Offending – Learning About Crime from Criminals*, Devon: Willan Publishing, pp.68-83.

Morrison, A.M. (2006) 'Changing the Domestic Violence (Dis)Course: Moving from White Victim to Multi-Cultural Survivor', *University of California Davis Law Review*, Vol. 39, 1061.

Mosquera, P.M.R., Manstead, A.S.R and Fischer, A.H. (2002) 'Honor in the Mediterranean and Northern Europe', *Journal of Cross-Cultural Psychology*, Vol. 33, No. 1, 16.

Muir, H. (2007) 'Safe Houses Move Offers Security to Gang Members Eager to Abandon Life of Crime', <http://www.theguardian.com/uk/2007/aug/25/ukguns.london> 25 August 2007 (last accessed 30 November 2016).

Mulvihill, N., Gangoli, G., Gill, A.K. and Hester, M. (2018) 'The Experience if Interactional Justice for Victims of 'Honour'-Based Violence nd Abuse Reporting to the Police in England and Wales', *Policing and Society*, 1 [ONLINE FIRST].

Myhill, A. (2015) 'Measuring Coercive Control: What Can We Learn From National Population Surveys?', *Violence Against Women*, Vol. 21, No. 3, 355.

Myhill, A. (2017) 'Measuring Domestic Violence Context is Everything', *Journal of Gender-Based Violence*, Vol. 1, No. 1, 33.

Nammi, D. (2016) 'Iranian & Kurdish Women's Rights Organisation and filmmaker join forces to launch campaign in remembrance of Banaz Mahmood on 10th Anniversary of her murder', <http://ikwro.org.uk/2016/01/iranian-kurdish-womens-rights-organisation-and-filmmaker-join-forces-to-launch-campaign-in-remembrance-of-banaz-mahmod-on-10th-anniversary-of-her-murder/> (last accessed 30 November 2016).

National Police Chief's Council (NPCC) (2015) *Honour Based Abuse, Forced Marriage and Female Genital Mutilation: A Policing Strategy for England, Wales and Northern Ireland – Eradicating Honour Based Abuse, Force Marriage and Female Genital Mutilation Together*, 8 December 2015.

Nayak, R. (2010) 'Whose Honour are they Protecting by Killing their Children?', *The Hindu*, 3 July 2010.

Nesheiwat, F.K. (2004) 'Honor Crimes in Jordan: Their Treatment under Islamic and Jordanian Criminal Laws', *Pennsylvania State International Law Review*, Vol. 23, No. 2, 251.

Newburn, T. (eds) (2009) *Key Readings in Criminology*, Oxford: Willan Publishing.

Newburn, T. (2013) *Criminology*, London: Routledge, 2nd Edition.

Newton, M. (2008) *Criminal Investigations: Gangs and Gang Crimes*, New York: Infobase Publishing.

Nisbett, R.E. and Cohen, D. (1996) *Culture of Honour – The Psychology of Violence in the South*, Boulder, CO: Westview Press.

Nissim-Sabat, M. (2009) *Neither Victim Nor Survivor – Thinking Toward a New Humanity*, Plymouth, Lexington Books.

Nywangweso, M. (2014) *Female Genital Cutting in Industrialized Countries – Mutilation or Cultural Tradition?*, Santa Barbara: Praeger.

Nye, R. (1998) 'The End of the Modern French Duel', in Spierenburg, P. (ed), *Men and Violence: Gender, Honor and Rituals in Modern Europe and America*, Columbus: Ohio State University Press, pp.82-102.

Office of National Statistics (ONS) (2011), *Ethnicity and National Identity in England and Wales: 2011*, 11 December 2012.

Office of National Statistics (ONS) (2013), *2011 Census: Key Statistics and Quick Statistics for Local Authorities in the United Kingdom*, 11 October 2013.

Office of National Statistics (ONS) (2014), *2011 Census Analysis: Ethnicity and Labour Market, England and Wales: 2011*, 13 November 2014.

Office of National Statistics (ONS) (2016), *Domestic Abuse in England and Wales: Year Ending March 2016*, Statistical Bulletin, 8 December 2016.

Olwan, D.M. (2014) "'No Place in Canada": Triumphant Discourses, Murdered Women and the "Honour Crime"', in Gill, A.K., Strange, C. and Roberts, K. (eds), *Honour Killing and Violence: Theory, Policy and Practice*, Hampshire: Palgrave MacMillan, pp.218-236.

Onal, A. (2008) *Honour Killing* (Saqi Books).

Ortner, S. (1978) 'The Virgin and the State', *Feminist Studies*, Vol. 4, 19.

Osman, H. (2017) 'Laws That Allow Rapists to Marry Their Victims Come from Colonialism, Not Islam', *The Independent*, Wednesday 2 August 2017, available at <http://www.independent.co.uk/voices/rape-conviction-laws-marry-rapist-jordan-egypt-morocco-tunisia-came-from-french-colonial-times-a7872556.html> (last accessed 10 October 2017).

Ouattara, M., Sen, P. and Thomson, M. (1998) 'Forced Marriage, Forced Sex: The Perils of Childhood for Girls,' *Gender and Development*, Vol. 6, No. 3, 27-33.

Pan, A., Daley, S., Rivera, L. M., Williams, K., Lingle, D. and Reznik, V. (2006) 'Understanding the Role of Culture in Domestic Violence: The Ahimsa Project for Safe Families', *Journal of Immigrant and Minority Health*, Vol. 8, No. 1, 35.

Parliamentary Select Committee on Home Affairs, *Domestic Violence, Forced Marriage and Honour-Based Violence*, (Sixth Report of Session 2007-2008), Vol. 1, HC 263-I, 20 May 2008.

Pashael, T. et al (2016) 'Daughters at Risk of Female Genital Mutilation: Examining the Determinants of Mothers' Intentions to Allow their Daughters to Undergo Female Genital Mutilation', *PLOS ONE*, Vol. 11, No. 3. Available at <http://dx.doi.org/10.1371/journal.pone.0151630> (last accessed 30 November 2016).

Patel, P. (2003) 'The Tricky Blue Line: Black Women and Policing', in Gupta, R. (ed), *From Homebreakers to Jailbreakers: Southall Black Sisters*, London: Zed Books, pp.160-187.

Patil, V. (2013) 'Patriarchy to Intersectionality: A Transnational Feminist Account of How Far We've Really Come', *Signs*, Vol. 38, No. 4, 847.

Payton, J. (2010) 'Collective Crimes, Collective Victims: A Case Study of the Murder of Banaz Mahmood', in Idriss, M.M. and Abbas, T. (eds), *Honour, Violence, Women and Islam*, London: Routledge-Cavendish, pp.67-79.

Payton, J. (2014) 'Honor, Collectivity and Agnation: Emerging Risk Factors in Honor-Based Violence', *Journal of Interpersonal Violence*, 1.

Peach, C. (2006) 'Islam, Ethnicity and South Asian Religions in the London 2001 Census', *Transactions of the Institute of British Geographers*, Vol. 31, No. 3, 353.

Pease, B. (2002) '(Re)Constructing Men's Interests', *Men and Masculinities*, Vol. 5, No. 2, 165.

Peristiany, J.G. (ed.) (1965) *Honour and Shame: The Values of Mediterranean Society*, London: Weidenfeld and Nicolson.

Pervizat, L. (2004) 'In the Name of Honour', in Mojab, S. and Abdo, N. (eds), *Violence in the Name of Honour: Theoretical and Political Challenges*, Istanbul: Istanbul Bilgi University Press, pp.139-141.

Petherick, W. and Sinnamon, G. (eds) (2017) *The Psychology of Crime and Antisocial Behavior – Victim and Offender Perspectives*, London: Academic Press.

Phillips, A. (2003) 'When Culture Means Gender: Issues of Cultural Defence in the English Courts', *Modern Law Review*, Vol. 66, 510.

Phillips, A. and Dustin, M. (2004) 'UK Initiatives on Forced Marriage: Regulation, Dialogue and Exit', *Political Studies*, Vol. 52, No. 3, 531-551.

Phillips, A. (2009) *Multiculturalism Without Culture*, NJ: Princeton University Press.

Phillipson, G. (1999) 'The Human Rights Act, 'Horizontal Effect' and the Common Law: A Bang or a Whimper?', *Modern Law Review*, Vol. 62, 824.

Pimental, S., Pandjarian, V. and Belloque, J. (2005) 'The Legitimate Defence of Honour, or Murder with Impunity? A Critical Study of Legislation and Case Law in Latin America', in

Welchman, L. and Hossain, S. (eds), *'Honour' – Crimes, Paradigms, and Violence Against Women* (London: Zed Books), pp.245-262.

Pitt-Rivers, J. (1961) *The People of the Sierra*, Chicago: University of Chicago Press.

Pope, N. (2004) 'Honour Killings: Instruments of Patriarchal Control', in Mojab, S. and Abdo, N. (eds), *Violence in the Name of Honour: Theoretical and Political Challenges*, Istanbul: Istanbul Bilgi University Press, pp.101-112.

Pope, N. (2012) *Honor Killings in the Twenty-First Century*, New York: Palgrave Macmillan.

Poros, M.V. (2011) *Modern Migrations – Gujarati Indian Networks in New York and London*, Stanford: Stanford University Press.

Presser, L. (2004) 'Violent Offenders, Moral Selves: Constructing Identities and Accounts in the Research Interview', *Social Problems*, Vol. 51, 82.

Purvin, D.M. (2007) 'At the Crossroads and in the Crosshairs: Social Welfare Policy and Low Income Women's Vulnerability to Domestic Violence', *Social Problems*, Vol. 54, 188.

Quek, K. (2012) 'A Civil Rather than Criminal Offence? Forced Marriage, Harm and the Politics of Multiculturalism in the UK', *British Journal of Politics and International Relations*, Vol. 15, 626.

Radford, J. and Russell, D. (eds) (1992), *Femicide – The Politics of Killings Women*.
Buckingham, Open University Press.

Rai, D.K. and Thiara, R.K. (1997) *Redefining Spaces: The Needs of Black Women and Children and Black Workers in Women's Aid*. Bristol: Women's Aid Federation England.

Rake, K. (2006) 'Let's Reclaim the F-Word', *The Guardian*, 8 August 2006, available at <http://www.guardian.co.uk/commentisfree/2006/aug/08/comment.gender> (last accessed 24 August 2011).

Raleigh, S. (1996) 'Suicide Patterns and Trends in People of Indian Subcontinent and Caribbean Origin in England and Wales', *Ethnicity and Health*, Vol. 1, No. 1 (March), pp.55-63.

Ramaseshan, G. (2010) 'The Construction of Honour in Indian Criminal Law: An Indian Lawyer's Perspective', in Idriss, M.M. and Abbas, T. (eds), *Honour, Violence, Women and Islam*, London: Routledge-Cavendish, pp.14-127.

Razack, S.H. (1998) 'What is to be Gained by Looking White People in the Eye? Race in Sexual Violence Cases', in Razack, S.H. (ed), *Looking White People in the Eye: Gender, Race, and Culture in Courtrooms and Classrooms*, Toronto: University of Toronto Press, pp. 56-87.

Razack, S.H. (2004) 'Imperilled Muslim Women, Dangerous Muslim Men and Civilised Europeans: Legal and Social Responses to Forced Marriages', Vol. 12, *Feminist Legal Studies*, 129.

Reavey, P., Ahmed, B. and Majumdar, A. (2006) "How Can We Help When She Won't Tell Us What's Wrong?' Professionals Working with South Asian Women Who Have Experienced Sexual Abuse', *Journal of Community and Applied Social Psychology*, Vol. 16, 171.

Reddy, R. (2008) 'Gender, Culture and the Law: Approaches to Honour Crimes in the UK', *Feminist Legal Studies*, Vol. 16, No. 3, 305.

Reddy, R. (2014) 'Domestic Violence or Cultural Tradition? Approaches to 'Honour Killing' as Species and Subspecies in English Legal Practice', in Gill, A.K., Strange, C. and Roberts, K. (eds), *Honour Killing and Violence: Theory, Policy and Practice*, Hampshire: Palgrave MacMillan, pp.27-45.

Rehman, Y., Kelly, L. and Siddiqui, H. (eds) (2013) *Moving in the Shadows: Violence in the Lives of Minority Women and Children*, London: Ashgate.

Reimers, E. (2007) 'Representations of an Honor Killing – Intersections of Discourses on Culture, Gender, Equality, Social Class and Nationality', *Feminist Media Studies*, Vol. 7, No. 3, 239.

Rennison, C. and Planty, M. (2003) 'Non-Lethal Intimate Partner Violence: Examining Race, Gender and Income Patterns', *Violence and Victims*, Vol. 18, No. 4, 433-443.

Rexvid, D. and Schlytter, A. (2012) 'Heroes, Hymen and Honour: A Study of the Character of Attitude Change Among Male Youth with Their Roots in an Honour-Based Context', *Review of European Studies*, 4(2), 22.

Richardson, D. and Robinson, V. (eds) (1993) *Introducing Women's Studies*, Hampshire: Macmillan.

Rights of Women (2010) *Measuring Up? UK Compliance with International Commitments on Violence Against Women in England and Wales*, A Report by Rights of Women, London.

Rizvi, J. (2004) 'Violence in the Name of Honour in Swedish Society: What Lessons can be Learnt from the Swedish Experience', in Mojab, S. and Abdo, N. (eds), *Violence in the Name of Honour: Theoretical and Political Challenges*, Istanbul: Istanbul Bilgi University Press, pp.211-226.

Roberts, K., Campbell, G. and Lloyd, G. (2014) *Honor-Based Violence: Policing and Prevention*, *Advances in Police Theory and Practice*, London: Routledge.

Roberts, K. (2014) 'Towards a Psychologically Oriented Motivational Model of Honour-Based Violence', in Gill, A.K., Strange, C. and Roberts, K. (eds), *Honour Killing and Violence: Theory, Policy and Practice*, Hampshire: Palgrave MacMillan, pp.69-88.

Robinson, A.L. (2006) 'Reducing Repeat Victimization Among High-Risk Victims of Domestic Violence – The Benefits of a Coordinated Community Response in Cardiff, Wales', *Violence Against Women*, Vol. 12, No. 8, 761.

Rogers, M. (2017) 'Transphobic "Honour"-Based Abuse: A Conceptual Tool,' *Sociology*, January, 1.

Ruane, R.A. (2000) 'Murder in the Name of Honor: Violence Against Women in Jordan and Pakistan', *Emory International Law Review*, Vol. 14, 1523.

Rubin, H. S. (1998) 'Reading like a (Transsexual) Man', in Digby, T. (ed.) *Men Doing Feminism*, New York: Routledge, pp.305-324.

Ruggi, S. (1998) 'Commodifying Honor in Female Sexuality: Honor Killings in Palestine', *Middle East Report*, No. 206 (Spring), 12.

Russell, B.L. (2013) 'Perceptions of Female Offenders: How Stereotypes and Social Norms Affect Criminal Justice Responses', in Russell, B.L. (ed.) *Perception of Female Offenders – How Stereotypes and Social Norms Affect Criminal Justice Responses*, New York: Springer, pp.1-9.

Ryan, G.W. and Barnard, H.R. (2003) 'Techniques to Identify Themes', *Field Methods*, Vol. 15, No. 1, 85.

Sahoo, A.K. (2006) 'Issues of Identity in the Indian Diaspora: A Transnational Perspective, *Perspectives on Global Development and Technology*, Vol. 5, No. 1-2, 81.

Said, E.W. (1985) *Orientalism*, London: Penguin Books.

Said, E.W. (2001) 'The Clash of Ignorance', *The Nation*, Vol. 273, No. 12, October 22, 11.

Salazar, C.F. and Casto, C. (2008) 'Moving From Victim to Survivor of Cultural Violence: A Conceptual Model', *Journal of Humanistic Counselling, Education and Development*, Vol. 47, No. 1, 82.

Samad, Y. and Eade, J. (2003) *Community Perceptions of Forced Marriage*, Foreign and Commonwealth Office, 2003.

Samad, Y. (2010) 'Forced Marriage Among Men: An Unrecognized Problem', Vol. 30, *Critical Social Policy*, 189.

Saul, J. (2003) *Feminism: Issues and Arguments*, Oxford: Oxford University Press.

Schmidt, L.M. and O'Reilly, J.T. (2007) *Gangs and Law Enforcement: A Guide for Dealing with Gang-Related Violence*, Springfield, Illinois: Charles C. Thomas Publisher Limited.

Schneider, J. (1971) 'Of Vigilance and Virgins: Honor, Shame and Access to Resources in Mediterranean Societies', *Ethnology*, Vol. 10, No. 1, 1.

Scully, D. and Marolla, J. (1984) 'Convicted Rapists' Vocabulary of Motives: Excuses and Justifications', *Social Problems*, Vol. 31, No. 5, 530.

Scutt, J.A. (1994) 'Judicial Vision – Rape, Prostitution and the Chaste Woman', *Women's Studies International Forum*, Vol. 17, No. 4, 345.

Seal, L. (2010) *Women, Murder and Femininity: Gender Representations of Women Who Kill*, Hampshire: Palgrave Macmillan.

Sedem, M. and Ferrer-Wreder, L. (2015) 'Fear of the Loss of Honor: Implications of Honor-Based Violence for the Development of Youth and Their Families', *Child Youth Care Forum*, Vol. 44, 225.

Sev'er, A. and Yurdakul, G. (2001) 'Culture of Honor, Culture of Change', *Violence Against Women*, Vol. 7, No. 9, 964.

Sen, P. (2005) "'Crimes of Honour", Value and Meaning', in Welchman, L. and Hossain, S. (eds), *'Honour' – Crimes, Paradigms, and Violence Against Women*, London: Zed Books, pp.42-63.

Shalhoub-Kevorkian, N. (1999) 'Towards a Cultural Definition of Rape: Dilemmas in Dealing with Rape Victims in Palestinian Society', *Women Studies International Forum*, Volume 22, No. 2, pp.157-173.

Shalhoub-Kevorkian, N. (2003) 'Reexamining Femicide: Breaking the Silence and Crossing "Scientific" Borders', *Journal of Women in Culture and Society*, Volume 28, No. 2, pp.581-608.

Shalhoub-Kevorkian, N. (2005) 'Researching Women's Victimisation in Palestine: A Socio-Legal Analysis', in Welchman, L. and Hossain, S. (eds), *'Honour' – Crimes, Paradigms, and Violence Against Women*, London: Zed Books, pp.160-180.

Shaw, A. (2001) 'Kinship, Cultural Preference and Immigration: Consanguineous Marriage among British Pakistanis', *The Journal of the Royal Anthropological Institute*, Vol. 7, No. 2, 315.

Sharma, J. (2013) 'Challenging the Pleasure versus Danger Binary – Reflections on Sexuality Workshops with Rural Women's Rights Activists in North India', in Jolly, S., Cornwall, A. and Hawkins, K. (eds), *Women, Sexuality and the Political Power of Pleasure*, London: Zed Books, pp.42-57.

Sharma, K. and Gill, A.K. (2010) 'Protection for All? The Failures of the Domestic Violence Rule for (Im)migrant Women', in Thiara, R.K. and Gill, A.K. (eds), *Violence Against Women in South Asian Communities – Issues for Policy and Practice*, London: Jessica Kingsley, pp.211-237.

Siddiqui, D.M. (2005) 'Of Consent and Contradiction: Forced Marriages in Bangladesh', in Welchman, L. and Hossain, S. (eds), *'Honour' – Crimes, Paradigms, and Violence Against Women*, London: Zed Books, pp.282-307.

Siddiqui, H. (2005) 'There is No "Honour" in Domestic Violence, Only Shame! Women's Struggles Against "Honour" Crimes in the UK', in Welchman, L. and Hossain, S. (eds), *'Honour' – Crimes, Paradigms, and Violence Against Women*, London: Zed Books, pp.263-281.

Siddiqui, S. and Patel, M. (2010) 'Asian and Minority Women, Domestic Violence and Mental Health – The Experience of Southall Black Sisters', in Itzin, C., Taket, A. and Barter-Godfrey, S., *Domestic and Sexual Violence and Abuse: Tackling the Health and the Mental Health Effects*, London: Routledge, pp.114-122.

Siddiqui, H. and Bhardwaj, A. (2014) 'Pandora's Box': Preventing Violence Against Black and Minority Ethnic Women and Girls', in Ellis, J. and Thiara, R.K. (eds) *Preventing Violence Against Women and Girls – Educational Work With Children and Young People*, Bristol: Policy Press, pp.85-102.

Siddiqui, H. (2016) 'What Will it Take to End Honour Based Violence in the UK?', *Open Democracy*, 28 November 2016 <https://www.opendemocracy.net/5050/hannana-siddiqui/lasting-change-to-end-honour-based-violence> (last accessed 30 November 2016).

Simmons, F. and Burns, J. (2013) 'Without Consent: Forced Marriage in Australia', *Melbourne University Law Review*, Vol. 36, 970.

Sirman, N. (2004) 'Kinship, Politics and Love: Honour in Post-Colonial Contexts – The Case of Turkey', in Mojab, S. and Abdo, N. (eds), *Violence in the Name of Honour: Theoretical and Political Challenges*, Istanbul: Istanbul Bilgi University Press, pp.39-56.

Skinner, T., Hester, M. and Malos, E. (eds) (2005), *Researching Gender Violence: Feminist Methodology in Action*, Devon: Willan Publishing.

Smith, D.J. (2007) 'UK: Sins of the Father', EKurd Daily, <http://ekurd.net/mismas/articles/misc2007/11/kurdswworldwide262.htm> 12 November 2007 (last accessed 30 November 2016).

Snodgrass, J. (ed.) (1977) *A Book of Readings: For Men against Sexism*, Albion, CA: Times Change Press.

Snodgrass, J. (1977) 'Introduction: Men and the Feminist Movement', in Snodgrass, J. (ed.) *A Book of Readings: For Men against Sexism*, Albion, CA: Times Change Press, pp.6-11.

Snowden, K. (2016) 'Honour-Based Violence Reports to Police Reveal Only Minority of Alleged Crimes Result in Charge', Huffington Post, 12 November 2016, available at <http://www.huffingtonpost.co.uk/entry/honour-based-violence-reports-to-police-reveal->

[minority-of-alleged-crimes-actually-result-in-charge uk 581a0f81e4b0b7155dbf7f9c](#) (last accessed 6 October 2017).

Sokoloff, N.J. and Dupont, I. (2005) 'Domestic and Gender', *Violence Against Women*, Vol. 11, No. 1, 38-64.

Sooch, R., Kalyan, G., and Rai, J. (2006) *Oppressed Voices: Understanding the Effects of Domestic Violence on Mental Health for South Asian Women in North West Kent, Surrey: Rethink*.

Southall Black Sisters (1994) *Domestic Violence and Asian Women: A Collection of Reports and Briefings*, Southall: Southall Black Sisters.

Spierenburg, P. (1998) 'Knife Fighting and Popular Codes of Honor in Early Modern Amsterdam', in Spierenburg, P. (ed), *Men and Violence: Gender, Honor and Rituals in Modern Europe and America*, Columbus: Ohio State University Press, pp.103-127.

Spierenburg, P. (1998) 'Masculinity, Violence and Honor: An Introduction', in Spierenburg, P. (ed), *Men and Violence: Gender, Honor and Rituals in Modern Europe and America*, Columbus: Ohio State University Press, pp.1-36.

Spierenburg, P. (ed) (1998) *Men and Violence: Gender, Honor and Rituals in Modern Europe and America*, Columbus: Ohio State University Press.

Spivak, G. (1994) 'Can the Subaltern Speak?', in Williams, P. and Chrisman, L. (eds) *Colonial Discourse in Postcolonial Theory: A Reader*, New York: Columbia University Press, pp.66-111.

Stacey, J. (1993) 'Untangling Feminist Theory', in Richardson, D. and Robinson, V. (eds) *Introducing Women's Studies*, Hampshire: Macmillan, pp.49-73.

Stafford, N.K. (2010) 'Ending Honour Crimes in Sub-Saharan Africa: Looking at a Long Hard Death', in Idriss, M.M. and Abbas, T. (eds), *Honour, Violence, Women and Islam*, London: Routledge-Cavendish, pp.168-181.

Standish, K. (2014) 'Understanding Cultural Violence and Gender: Honour Killings; Dowry Murder; the Zina Ordinance and Blood Feuds', *Journal of Gender Studies*, Vol. 23, No. 2, 111.

Stanko, E. (1990) *Everyday Violence – How Women and Men Experience Sexual and Physical Danger*. Pandora.

Stanko, E.A. (1995) 'Women, Crime and Fear', *The Annals of the American Academy of Political and Social Science*, Vol. 539, Reactions to Crime and Violence (May), pp.46-58.

Stark, E. (2007) *Coercive Control: How Men Entrap Women in Personal Life*, Oxford: Oxford University Press.

Stark, E. (2009) 'Rethinking Coercive Control', *Violence Against Women*, Vol. 15, No. 12.

1509.

Strange, C. (2014) 'Adjusting the Lens of Honour-Based Violence: Perspectives from Euro-American History', in Gill, A.K., Strange, C. and Roberts, K. (eds), *Honour Killing and Violence: Theory, Policy and Practice*, Hampshire: Palgrave MacMillan, pp.46-68.

Storkey, E. (2015) *Scars Across Humanity – Understanding and Overcoming Violence Against Women*, London: SPCK.

Strand, S. (2015) *Ethnicity, Deprivation and Educational Achievement at Age 16 in England: Trends Over Time*, Department for Education, June 2015.

Straus, M.A. (1973) 'A General Systems Theory Approach to a Theory of Violence Between Family Members', *Social Science Information*, Vol. 12, No. 3, 105.

Swan, S.C., Gambone, L.J., Caldwell, J.E., Sullivan, T.P., and Snow, D.L. (2008) 'A Review of Research on Women's Use of Violence With Male Intimate Partners', *Violence and Victims*, Vol. 23, 301.

Talwar, D. and Ahmad, A. (2015) 'Honour Crime': 11,000 UK Cases Recorded in Five Years', BBC News, 9 July 2015, <http://www.bbc.co.uk/news/uk-33424644> (last accessed 12 September 2017).

Tapp, D. and Jenkinson, S. (2013) 'Forced Marriage – Culture or Crime? Part 1', Vol. 177, *Criminal Law and Justice Weekly*, 5.

Taylor, V. and Whittier, N.E. (1992) 'Collective Identity in Social Movement Communities: Lesbian Feminist Mobilization', in Morris, A.D. and Mueller, C.M. (eds) *Frontiers in Social Movement Theory*, New Haven, CT: Yale University Press, pp.104–130.

Temple, J.R., Weston, R., Marshall, L.L. (2005) 'Physical and Mental Health Outcomes of Women in Nonviolent, Unilateral Violent and Mutually Violent Relationships', *Violence and Victims*, Vol. 20, 335.

Terman, R.L. (2010) 'To Specify or Single Out: Should We Use the Term 'Honour Killing'', *Muslim World Journal of Human Rights*, Vol. 7, No. 1, 1.

Thapar-Björkert, S. (2007) *State Policy, Strategies and Implementation in Combating Patriarchal Violence, Focusing on "Honour Related-Violence* (Integrationsverket), INT-23-05-103.

Thapar-Björkert, S. (2010) 'Conversations Across Borders – Men and Honour-Related Violence in the UK and Sweden', in Idriss, M.M. and Abbas, T. (eds), *Honour, Violence, Women and Islam*, London: Routledge-Cavendish, pp.182-200.

The Halo Project <http://www.haloproject.org.uk/honour-based-violence-W21page-3-> (last accessed 12 September 2017).

The Right to Choose: Multi-Agency Statutory Guidance for Dealing with Forced Marriage (2010), 2nd Revised Edition.

Thiara, R.K. (2005) *The Need for Specialist Domestic Violence Services for Asian Women and Children*. London: Imkaan.

Thiara, R.K. (2010) 'Continuing Control – Child Contact and Post-Separation Violence', in Thiara, R.K. and Gill, A.K. (eds), *Violence Against Women in South Asian Communities – Issues for Policy and Practice*, London: Jessica Kingsley, pp.156-181.

Thiara, R.K. and Gill, A.K. (2010) 'Understanding Violence Against South Asian Women: What it Means in Practice', in Thiara, R.K. and Gill, A.K. (eds), *Violence Against Women in South Asian Communities – Issues for Policy and Practice*, London: Jessica Kingsley, pp.29-54.

Thiara, R.K. and Gill, A.K. (2010) *Violence Against Women in South Asian Communities – Issues for Policy and Practice*, London: Jessica Kingsley.

Thomas, D.Q. and Beasley, M.E. (1994-1995) 'Domestic Violence as a Human Rights Issue', *Albany Law Review*, Vol. 58, 1119.

Thompson, K. (1998) *Moral Panics*, London: Routledge.

'Three Men Jailed for Honour Killings of Walsall Man' *Birmingham Post*, 13 July 2011, <http://www.birminghampost.co.uk/news/local-news/three-men-jailed-honour-killing-3919546> (last accessed 30 November 2016).

Tolman, R.M. and Raphael, J. (2000) 'A Review of Research on Welfare and Domestic Violence', *Journal of Social Issues*, Vol. 56, No. 4, 655.

Tomasevski, K. (1993) *Women and Human Rights*, London: Zed Books.

Tong, R. (2009) *Feminist Thought – A More Comprehensive Introduction*, 3rd Edition, University of North Carolina, Charlotte: Westview Press.

Touma-Sliman, A. (2005) 'Culture, National Minority and the State: Working Against the Crime of Family Honour Within the Palestinian Community in Israel', in Welchman, L. and Hossain, S. (eds), *'Honour' – Crimes, Paradigms, and Violence Against Women* (London: Zed Books), pp.181-198.

Townley, L. and Pasha, S. (2011) 'Forced Marriage: Recent Legislative and Policy Initiatives', *Criminal Law and Justice Weekly*, Vol. 175, 751.

Tozer, J. (2009) 'Care Worker Stabbed to Death by 'Samurai' Ex-Boyfriend Despite Begging Police for Protection', *Daily Mail Online*, 6 October 2009, available at <http://www.dailymail.co.uk/news/article-1218319/Care-worker-stabbed-death-violent-ex-boyfriend-despite-begging-police-protection.html> (last accessed 28 December 2017).

Tripathi, A. and Yadav, S. (2004) 'For the Sake of Honour: But Whose Honour? 'Honour Crimes' Against Women, *Asia-Pacific Journal on Human Rights and the Law*, Vol. 2, 63.

Travis, A. (2012) 'Forced Marriage to Become Criminal Offence, David Cameron Confirms', *The Guardian*, Friday 8 June.

Trivedi, J.K., Mishra, M. and Kendurkar, A. (2007) 'Depression Among Women in the South Asian Region: The Underlying Issues', *Journal of Affective Disorders*, Vol. 102, 219.

Tucker, J. (2008) *Women, Family, and Gender in Islamic Law*, Cambridge: Cambridge University Press.

United Nations Human Rights (2014) *Women's Rights Are Human Rights*, New York and Geneva, HR/PUB/14/2.

UNICEF (2000) *Domestic Violence Against Women and Girls*, Innocenti Digest, No. 6, May 2000. Innocenti Research Centre, Florence: Italy.

United Nations Population Fund (2008) *State of World Population 2008 – Reaching Common Ground: Culture, Gender and Human Rights*, UNPF.

UN Women (2015) *A Framework to Underpin Action to Prevent Violence Against Women*, November.

Vandello, J. and Cohen, D. (2003) 'Male Honor and Female Fidelity: Implicit Cultural Scripts that Perpetuate Domestic Violence', *Journal of Personality and Social Psychology*, Vol. 84, No. 5, 997.

Varol, N. et al (2015) 'The Role of Men in Abandonment of Female Genital Mutilation: A Systematic Review', *BMC Public Health*, Vol. 15, 1034.

Verkaik, R. (2007) 'Grandmother Gets Life for Honour Killing', *The Independent*, available at <http://www.independent.co.uk/news/uk/crime/grandmother-gets-life-for-honour-killing-402932.html> (last accessed 30 November 2016).

Villacampa, C. and Torres, N. (2015) 'Trafficked Women in Prison: The Problem of Double Victimization', *European Journal on Criminal Policy and Research*, Vol. 21, No. 1, 99.

Volpp, L. (2000) 'Blaming Culture for Bad Behavior', Vol. 12, *Yale Journal of Law and the Humanities*, 89.

Wade, W. (2000) 'Horizons of Horizontality', *Law Quarterly Review*, Vol. 116, 217.

Waheed, M. (2004) 'Domestic Violence in Pakistan: The Tension Between Intervention and Sovereign Autonomy in Human Rights Law', *Brook Journal of International Law*, Vol. 29, No. 2, 937.

Walby, S. (1989) 'Theorising Patriarchy', *Sociology*, Vol. 23, 213.

Walby, S. (1990) *Theorizing Patriarchy*, Oxford: Blackwell.

Walby, S. and Allen, J. (2004) *Domestic Violence, Sexual Assault and Stalking: Findings From the British Crime Survey*, Home Office Research Study, No. 276, London: Home Office.

Walby, S. (2009) *Globalisation and Inequalities – Complexity and Contested Modernities*, London: Sage.

Walker, G. (1998) 'Rereading Rape and Sexual Violence in Early Modern England, *Gender and History*, Vol. 10, No. 1, 1.

Walklate, S. (ed) (2007) *Handbook of Victims and Victimology*, Cullompton, Devon: Willan Publishing.

Walter, N. (1999) *The New Feminism*, London: Virago.

Warraich, S.A. (2005) 'Honour Killings and the Law in Pakistan', in Welchman, L. and Hossain, S. (eds), *'Honour' – Crimes, Paradigms, and Violence Against Women*, London: Zed Books, pp.78-110.

Warrick, C. (2005) 'The Vanishing Victim: Criminal Law and Gender in Jordan', *Law and Society Review*, Vol. 39, No. 2, 315.

Warrick, C. (2009) *Law in the Service of Legitimacy: Gender and Politics in Jordan*, Surrey: Ashgate.

WASS Collective (2007) 'Gender Transformations in Higher Education', *Sociological Research Online*, Vol. 12, No. 1, available at <http://www.socresonline.org.uk/12/1/lambert.html> (last accessed 27 December 2017).

Weeramantry, C.G. (1988) *Islamic Jurisprudence*, New York: Palgrave Macmillan.

Welchman, L. and Hossain, S. (eds) (2005) *'Honour': Crimes, Paradigms and Violence Against Women*, London: Zed Books.

Welchman, L. and Hossain, S. (2005) 'Introduction: "Honour", Rights and Wrongs', in Welchman, L. and Hossain, S. (eds) *'Honour': Crimes, Paradigms and Violence Against Women*, London: Zed Books, pp.1-21.

Werbner, P. (1990) *The Migration Process: Capital, Gifts and Offerings Among British Pakistanis*, Oxford: Berg Publishers.

Werbner, P. (2005) 'Honor, Shame and the Politics of Sexual Embodiment Among South Asian Muslims in Britain and Beyond: An Analysis of Debates in the Public Sphere', *HAGAR International Social Science*, Vol. 6, No. 1, 25.

Werbner, P. (2007) 'Veiled Interventions in Pure Space: Honour, Shame and Embodied Struggles Among Muslims', *Theory Culture Society*, Vol. 24, No. 2, 161.

Wheatcroft, J.M. (2017) 'Witness Assistance and Familiarisation in England and Wales: The Right to Challenge', *The International Journal of Evidence and Proof*, Vol. 21, No. 1-2, 158.

Whitehead, T. (2012) 'One in Five Young Asians Think Honour Violence Can Be Justified', *The Telegraph*, 19 March 2012, <http://www.telegraph.co.uk/news/uknews/law-and-order/9151526/One-in-five-young-Asians-think-honour-violence-can-be-justified.html> (last accessed 30 November 2016).

White, K.R. and Dutton, D.G. (2013) 'Perceptions of Female Perpetrators', in Russell, B.L. (ed.) *Perception of Female Offenders – How Stereotypes and Social Norms Affect Criminal Justice Responses*, New York: Springer, pp.101-116.

Whitaker, D. J., Morrison, S., Lindquist, C., Hawkins, S. R., O'Neil, J. A., Nesius, A. M., Mathew, A. and Reese, L. (2006) 'A Critical Review of Interventions for the Primary Perpetration of Partner Violence', *Aggression and Violent Behavior*, Vol. 11, 151.

World Health Organization (2012) *Understanding and Addressing Violence Against Women*, WHO/RHR/12.36

Wikan, U. (2008) *In Honor of Fadime: Murder and Shame*, Chicago: University of Chicago Press.

Wiklund, M., Bengs, C., Malmgren-Olsson, E-B and Ohman, A. (2010) 'Young Women Facing Multiple and Intersecting Stressors of Modernity, Gender Orders and Youth', *Social Science and Medicine*, Vol. 71, 1567.

Wikstrom, E. and Ghazinour, M. (2010) 'Swedish Experience of Sheltered Housing and Conflicting Theories in Use with Special Regards to Honour Related Violence (HRV)', *European Journal of Social Work*, Vol. 13, No. 2, 245,

Wiley, S., Srinivasan, R., Finke, E., Firnhaber, J. and Shilinsky, A. (2012) 'Positive Portrayals of Feminist Men Increase Men's Solidarity with Feminists and Collective Action Intentions', *Psychology of Women Quarterly*, Vol. 37, No. 1, 61.

Williams, P. and Chrisman, L. (1994) (eds) *Colonial Discourse in Postcolonial Theory: A Reader*, New York: Columbia University Press.

Williams, R. (2011) 'Honour Crimes Against Women in UK Rising Rapidly, Figures Show', *The Guardian*, Saturday 3 December 2011.

Wilson, A. (1978) *Finding a Voice: Asian Women in Britain*. London: Virago Press.

Wilson, A. (2006) *Dreams, Questions, Struggles – South Asian Women in Britain*, London: Pluto Press.

Wilson, A. (2007) 'The Forced Marriage Debate and the British State', *Race and Class*, Vol. 49, 25.

Wilson, A. (2010) 'Charting South Asian Women's Struggles Against Gender-Based Violence', in Thiara, R.K. and Gill, A.K. (eds), *Violence Against Women in South Asian Communities – Issues for Policy and Practice*, London: Jessica Kingsley, pp.55-79.

Wilson, M. (ed) (2009) *Opposing Viewpoints – Domestic Violence*, New York: Greenhaven Press.

Wind-Cowie, M., Cheetham, P. and Gregory, T. (2012) *Ending Forced Marriage*, Demos.

Wolfgang, M.E. and Ferracuti, F. (1967) *The Subculture of Violence*, London: Tavistock Publications Limited.

Wollenberg, A. (2007) 'Socially Acceptable?', *The Guardian*, Tuesday 20 November 2007.

Women's Aid (2016) *Annual Survey*, Bristol: Women's Aid. Available at:

<https://www.womensaid.org.uk/research-and-publications/annual-survey-2016/>

(Last accessed 6 October 2017).

Wormer, K.V. (2010) *Working with Female Offenders – A Gender Sensitive Approach*, New Jersey: John Wiley and Sons Inc.

Worrall, A. (1989) *Offending Women – Female Lawbreakers and the Criminal Justice System*, London: Routledge.

Xavier, C., Petherick, W. and Sinnamon, G. (2017) 'Honor Killings and Domestic Violence: The Same or Different?', in Petherick, W. and Sinnamon, G. (eds), *The Psychology of Crime and Antisocial Behavior – Victim and Offender Perspectives*, London: Academic Press, pp.361-383.

Yamani, M. (ed) (1996) *Feminism and Islam: Legal and Literary Perspectives*, London: Ithaca Press.

York, M.R. (2011) *Gender Attitudes and Violence Against Women*, El Paso: LFB Scholarly Publishing LLC.

Yoshihama, M., Ramakrishnan, A., Hammock, A. C. and Khaliq, M. (2012) 'Intimate Partner Violence Prevention Program in an Asian Immigrant Community: Integrating Theories, Data and Community', *Violence Against Women*, Vol. 18, No. 7, 763.

Yoshihama, M., Blazecski, J. and Bybee, D. (2014) 'Enculturation and Attitudes Towards Intimate Partner Violence and Gender Roles in an Asian Indian Population: Implications for Community-Based Prevention', *American Journal of Community Psychology*, Vol. 53, 249.

Young, C. (2009) 'Domestic Violence Has Been a Problem Throughout US History', in Wilson, M. (ed), *Opposing Viewpoints – Domestic Violence*, New York: Greenhaven Press, pp.22-28.

Yurdakul, G. and Korteweg, A.C. (2013) 'Gender Equality and Immigrant Integration: Honor Killing and Forced Marriage Debates in the Netherlands, Germany and Britain', *Women's Studies International Forum*, Vol. 41, 204.

Yuval-Davis, N. (1997) *Gender and Nation*, London: Sage.

Zee, M. (2014) 'Five Options for the Relationship Between the State and Sharia Councils: Untangling the Debate on Sharia Councils and Women's Rights in the United Kingdom', *Journal of Religion and Society*, Vol. 16, (no page number).

Zee, M. (2015) *Choosing Sharia? Multiculturalism, Islamic Fundamentalism and Sharia Councils*, Eleven International Publishing.

Zhang, S.X. Chin, K-L and Miller, J. (2007) 'Women's Participation in Chinese Transnational Human Smuggling: A Gendered Market Perspective', *Criminology*, Vol. 45, No. 3, 699.

Zosky, D. (2011) 'A Matter of Life and Death: The Voices of Domestic Violence Survivors', *Journal of Women and Social Work*, Vol. 26, No. 2, 201.